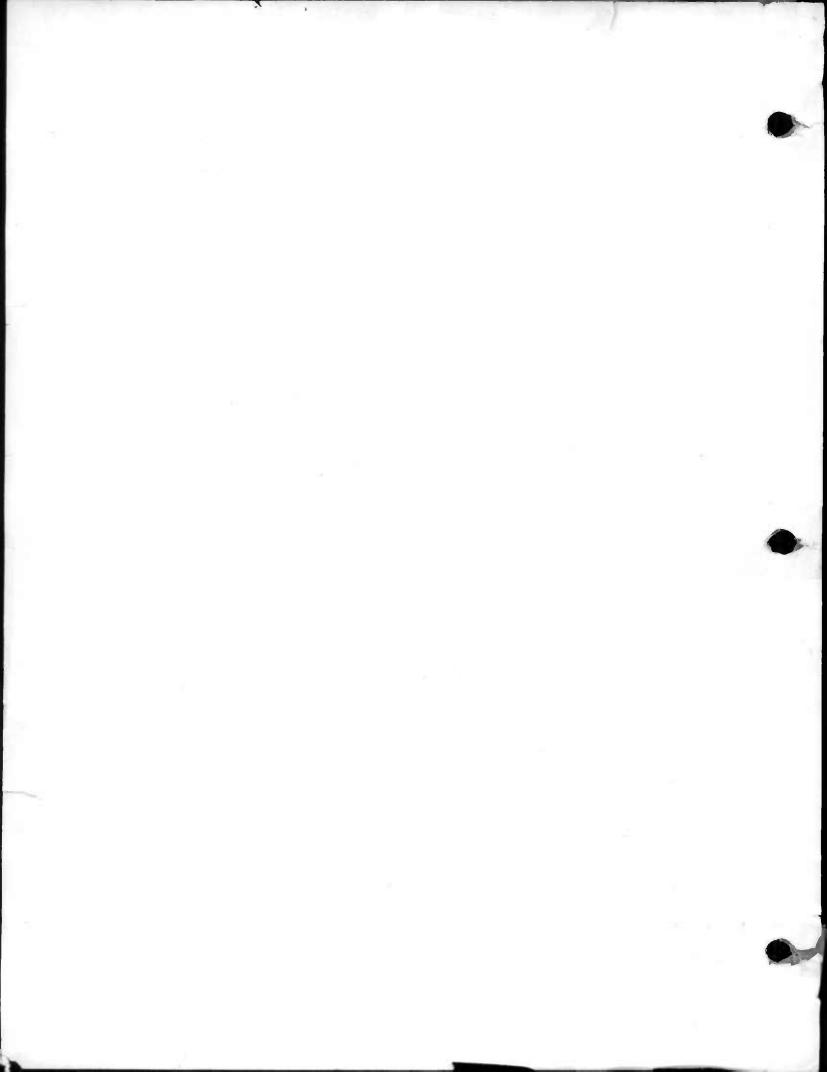
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| ì | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within . Jurs after death. Page 6 may be retained by the | TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be d | De med within (2 hours after began with the State Copy, or nearly and injury, or other traumatic event, the medical examiner must be notified at o |
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| DECEDENT'S NAME (First, Middle, L. | esi) | | CERTIF | | | | | E OF DEATH | | | 3. TIME OF DEATH |
|--|--|--|--|-----------------------------|--|--|--|--|--|---------------------------------|--|
| | | SIE A. | SCHAF | ER | | | Mon' | TH DA | 7 | YEAR | 131 |
| 1. SOCIAL SECURITY NUMBER | 5. SEX 1 M 2 F | 6. AGE (In yrs. 86 | i, lest birthday) YRS. | IF UNDER 1 | DAYS | HOURS MIN. | (Mon | e of Birth hth, Day, Year) NE 7,19 | 04 | Country | PLACE (State or Foreign y) RYLAND |
| e. FACILITY NAME (If not institution, g | give street and number) | | | 9b. CITY, | TOWN O | R LOCATION OF D | EATH | | 9c. COUN | TY OF D | EATH |
| UNION MEMORIAL | HOSPITAL | | | BA | LTIM | ORE CIT | Υ . | | | | |
| Oe. STATE 10b. CO | | | 10c. CIT | Y, TOWN O | R LOCATI | ON | | | | | 10d. INSIDE CITY LIMITS? |
| MARYLAND | | • | | BA | | MORE | | | | | 1 YES 2 NO |
| 00. STREET AND NUMBER 5717 ALAMEDA BL | VD | | | | 101. | 21239 | | | | | VHAT COUNTRY? |
| 1, MARITAL STATUS | 12. WAS DECEDENT | EVER IN H C | ABMED | 12.4 | WAS DECE | ENDENT OF HISPA | NIC OBIG | IN2 /Specify Ves | _ | . S. | A . |
| Never Merried 2 Married Divorced Divor | FORCES? 1 | YES 2- | ₽ NO | - 11 | l yes, spe | city Cuban, Maxic | an, Puerto | | or No- | Black | WHITE |
| 15. DECEDENT'S (Specify only highest) | EDUCATION grade completed) | 16a | Give kind of | work done a | CUPATIO luring mos | N at of working | -16 | Bb. KIND OF BUS | SINESS/INC | DUSTRY | - |
| Elementary/Secondary (0-12) NA | College (1-4 or 5+ | | STENOG | | ER | | | | | & WI | LKENS CO |
| IT, FATHER'S NAME (First, Middle, Last JOSEPH PLUHAR | | | | | | 18. MOTHER'S N ANTAN | ET FA | ANTA | | | |
| HARRY W. SCHAFE | | | | | | BLVD., | | | | | 39 |
| 20e, METHOD OF DISPOSITION | Removal from State | | ACE OF DISPO | SITION (Na | me of cem | netury, crematory or | | | CATION — | | |
| 1 Donation 5 Other (Specify) | | | | ØF FA | HTI | CEMETER | RY | В | ALTI | MORE | , MD. |
| 21. SIGNATURE OF FUNERAL SERVICE | | | | 7 | | | | | | | |
| 21. SIGNATURE OF FUNERAL SERVICE | CE LICENSEE | | | 22. I | NAME AN | D ADDRESS OF F | JNERA | AL HOME | S, I | NC. | |
| 23. PART I. Enter the diseases ahock, or heart fall | - I to | | | 3 | CHIN 3331 | MUNEK FU BREHMS | JNERA LANI | E, BALT | IMOR | Е. М | D. 21213 Approximate Interval Batwo Onset and De |
| 23. PART I. Enter the diseases shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate | a | c k | line. | S 3 not anter | SCHIN 3331 the mo | MUNEK FU BREHMS da of dying, au | JNERA LANI | E, BALT ardiac or resp | IMOR | E M | Approximate Interval Batwe |
| 23. PART I. Enter the diseases shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, | a. DUE TO | OR AS A CO | MSEQUENCE O | not antar | SCHIN 3331 the mo | MUNEK FU BREHMS da of dying, au | JNERA LANI | E, BALT ardiac or resp | IMOR | E M | Approximate Interval Batwe |
| 23. PART I. Enter the diseases shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | a. DUE TO b. DUE TO d. | (OR AS A CO | INSEQUENCE O | S g not anter | SCHIN 3331 the mod | D ADDRESS OF FMUNEK FU BREHMS da of dying, au | JNERA LANI Ich as ca | E. BALT | IMOR Iratory ar | E. M | Approximate Interval Batwe |
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| 23. PART I. Enter the diseases shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | a. DUE TO b. DUE TO d. dittions contributing to | (OR AS A CO | INSEQUENCE O | not antar | SCHIN 3331 the moderlying | D ADDRESS OF FMUNEK FU BREHMS da of dying, au | JNERA LANI ich aa ca | 24a. WAS APPERFO | IMOR Iratory ar | E. M | Approximate interval Batwo Onset and De |
| 23. PART I. Enter the diseases shock, or heart fell immediate CAUSE (Final disease or condition reaulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions of the | a | (OR AS A CO (OR AS A CO (OR AS A CO | INSEQUENCE O | orhei | CHINGS AND THE MENT OF THE PROPERTY OF THE PRO | D ADDRESS OF IMUNEK FU BREHMS da of dying, au g cause given to | JNERA LANI ich aa ca n Part I. | 24a. WAS APPERFO | IMOR Iratory ar | E. M reet, | Approximate interval Batwo Onset and De |
| 23. PART I. Enter the diseases shock, or heart fell immediate CAUSE (Final disease or condition reaulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions of the | a. DUE TO b. DUE TO d. DUE TO d. HOSPITAL: 1 ⊠Inpatient 2 28e. DATE OF (Month, Contribution) | GOR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO ER/Oulpetle FINJURY Day, Year) | INSEQUENCE OF THE PROPERTY OF | OTHELUTY M | 26. PI | D ADDRESS OF FMUNEK FU BREHMS da of dying, au G G G G G Cause given in LACE OF DEATH (THE 5 Residence JURY AT 2 VES 2 NO | INERAL LANI LANI LANI LANI LANI LANI LANI LA | 24a. WAS APPERED 1 YES | IMOR Iratory ar | E. M. Treet, | Approximate interval Batwo Onaet and De Onae |
| 23. PART I. Enter the diseases shock, or heart fall iMMEDIATE CAUSE (Final disease or condition reaulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions and initiated events resulting in death) LAST | a. DUE TO b. DUE TO d. DUE TO d. DUE TO d. LESSPITAL: 1 Separate 2 280 DATE OF (Month, Cot be building, out to be building, cot be could be co | GOR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO ER/Oulpetle FINJURY Day, Year) | INSEQUENCE OF THE PROPERTY OF | OTHELUTY M | 26. PI | D ADDRESS OF FMUNEK FU BREHMS da of dying, au G G G G G Cause given in LACE OF DEATH (THE 5 Residence JURY AT 2 VES 2 NO | INERAL LANI ich aa ca | 24a, WAS AP PERFO 1 YES | IMORI Iratory er A AUTOPSY RMED? 2 NO | E. M. Treet, | Approximate interval Batwo Onaet and De Onae |
| 23. PART I. Enter the diseases. ahock, or heart fell immediate CAUSE (Final disease or condition reauting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions of the | a. DUE TO b. DUE TO d. DUE TO d. DUE TO d. LESSPITAL: 1 Separate 2 280 DATE OF (Month, Cot be building, out to be building, cot be could be co | death but in the second of the | Ine. INSEQUENCE OF THE PROPERTY OF THE PROPER | or antar | the moderlying 26. Pl R: reing Horr 28c. INJ 28c. INJ ttme, date | D ADDRESS OF #MUNEK FU BREHMS da of dying, au G G G G G G G G G G G G G G G G G G G G G G G G G | INERAL LANI LANI LANI LANI LANI LANI LANI LA | 24a. WAS AI PERFO 1 YES CONTINUES TO TOWN, State cause(e) and many cause(e) and ma | AUTOPSY RMEO? INJURY OCHOR OF THE PROPERTY OF | 244 244 ccured er or Rural | Approximate Interval Batwo Onaet and De Onae |
| 23. PART I. Enter the diseases. ahock, or heart fell immediate CAUSE (Final disease or condition reauting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions of the | a. DUE TO b. DUE TO c. DUE TO d. DUE TO d. All HOSPITAL: 1 Morphism 2 28e. DATE OF (Month, D) atton of be ned PHYSICIAN: To the best of a | death but in the second of the | Ine. INSEQUENCE OF THE PROPERTY OF THE PROPER | or antar | the moderlying 26. Pl R: reing Horr 28c. INJ 28c. INJ ttme, date | D ADDRESS OF #MUNEK FU BREHMS da of dying, au G G G G G G G G G G G G G G G G G G G G G G G G G | IN ERALL LANI LANI LANI LANI LANI LANI LANI L | 24a. WAS AI PERFO 1 YES CONTINUES TO TOWN, State cause(e) and many cause(e) and ma | IMORI Iratory ar AUTOPSY RMED? 2 NO INJURY OR and Number bring as st | 244 CCURED er or Rural ated. | Approximate Interval Batwo Onaet and De Onae |
| 23. PART I. Enter the diseases shock, or heart fall immediate CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent cone 25. WAS CASE REFERRED TO MEOIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigs and investigs of Could in determing the cone of Could in determine of Could in determ | a. DUE TO b. DUE TO c. DUE TO d. All HOSPITAL: 1 12 Inpatient 2 28e. DATE OF (Month, Control of be bed) 26e. PLACE Coulding. PHYSICIAN: To the best of a MINER: On the best of | GR AS A CO (OR AS | Inne. INSEQUENCE OF THE PROPERTY OF THE PROPE | OTHER OF JURY M street, fac | the moderlying 26. Pl R: reing Horr 28c. INJ 28c. INJ ttme, date | D ADDRESS OF #MUNEK FU BREHMS da of dying, au g cause given to the seldence pury at part of the seldence pury at part of the seldence pury at part of the seldence the seldence of the seldenc | INERAL LANI LANI LANI LANI LANI LANI LANI LANI | 24a. WAS AI PERFO 1 YES CONTINUES TO TOWN, State cause(e) and many cause(e) and ma | IMORI Iratory ar AUTOPSY RMED? 2 NO INJURY OR and Number bring as st | 244 CCURED er or Rural ated. | Approximate interval Batwo Onaet and De Onae |

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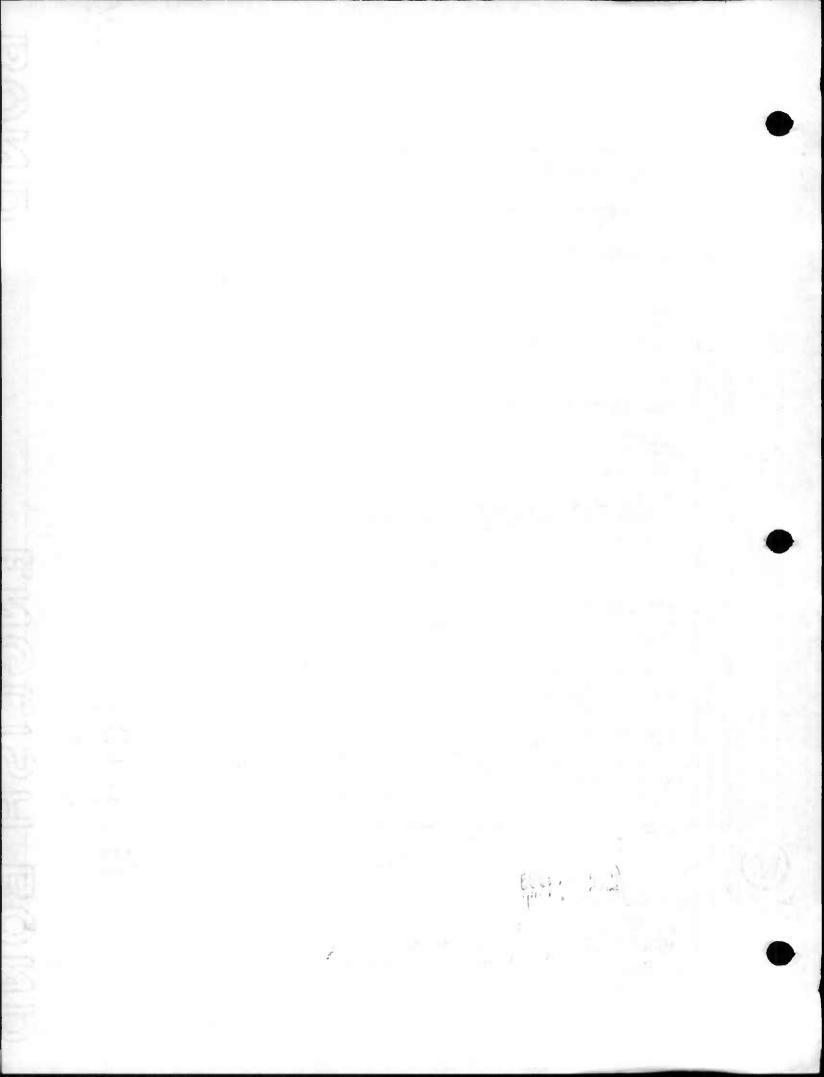
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24, curs after death. Page 6 may be retained by the hospital or attending physician. | TO THE FINE TAKE THE CASE THE CASE THE CASE TO BE STATED FOR THE ATTENDING PLASSICAL AND COMPLETED MINE TO THE TAKE THE CASE TO THE CASE THE DESTRUCT FOR THE CASE THE STATE DESTRUCT FOR THE STATE DESTRUCT F | IMPORTANT THE 2. It marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. |
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| | 1 - FOR STATE OF MARYLAND / DEPARTMENT OF H CERTIFICATE OF | | ITAL HYGIENE 9 | 1 07 | 502 |
|---------------|--|--------------------------|---|---------------------------------|------------------------------------|
| - | 1, DECEDENT'S NAME (First, Middle, Last) | | DATE OF DEATH | YEAR 3. TI | ME OF OEATH |
| | , Stella Diane Walzak | | | 1991 7 | 7:00 A.M |
| | 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) # UNDER 1 YEAR | MOLERE MAN (F | NATE OF BIRTH Month, Day, Year) | Country) | E (State or Foreign |
| | 191-34-2476 1 M 2N F 93 YRS. | 3- | -28-1897 | Delaw | are |
| _ | | OR LOCATION OF OEATH | 9c. C | COUNTY OF OEATH | |
| 0 | 319 Folcroft Street Baltin | more | | | |
| DIRECTOR | 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCAT | TION | | 10d. | INSIDE CITY |
| 占 | Maryland = Baltimon | re | | | LIMITS? YES 2 NO |
| A | 10e. STREET AND NUMBER 10f | , ZIP CODE | 10g. | CITIZEN OF WHAT | COUNTRY? |
| FUNERAL | 319 Folcroft Street 2: | 1224 | | I.S.A. | |
| 5 | 11. MARITAL STATUS 12. WAS OECEOENT EVER IN U.S. ARMEO 1 Nover Married 13. WAS DECEMBER 1 STATUS 11. WAS DECEMBER 1 STATUS 12. WAS DECEMBER 1 STATUS 13. WAS DECEMBER 1 STATUS 14. WAS DECEMBER 1 STATUS 15. WAS DECEMBER 1 STATUS 16. WAS DECEMBER 1 STATUS 17. WAS DECEMBER 1 STATUS 18. WAS DECEMBER 1 STATUS 19. WAS DECEMBER 1 STAT | ecify Cuban, Mexican, Pu | RIGIN? (Specify Yes or No- erto Rican, etc.) | - 14. RACE - Ar Black, White | merican Indian, la, etc. |
| BY | | 2 NO Specify: | | White | 9 |
| | | ON | 16b. KIND OF BUSINESS | - | |
| COMPLETED | (Specify only highest grade completed) (Give kind of work done during mo life. Do NOT use retired.) (Elementary/Secondary (0-12) College (1-4 or 5 +) | ist of working | | | |
| MPL | 12th Homemaker | | Home | | |
| 00 | 17. FATHER'S NAME (First, Middle, Last) | | First, Middle, Maiden Surnam | 10) | |
| BE | Salvatore Testa | Louise | | | |
| 2 | | | | | 224 |
| | 20g, METHOD OF DISPOSITION 20b, PLACE AND DATE OF DISPOSITION | | | N — City or Town, Si | |
| | 1 X Burtal 2 Cremation 3 Removal from State Sacrical Ht. OI | Jesus Cem | 3-22-91 | Balto. | |
| | | ND ADDRESS OF FACILITY | | | |
| | Jose Jose | eph N. Za | nnino Jr. | Funera | al Home |
| | A. PART I. Enter the diseases, or complications that coused the death. Do not antar the mo | de of dying, auch as | cardiac or reapiratory | arrest, | Approximate |
| | shoot by hear failure. List only one cause on each line. | | 0 | | Onset and Death |
| | disease or condition continue curves outling in deuting | 1 Am | rest | | |
| ı | DUE TO (OR AS A CONSEQUENCE OF): |) | | | |
| NO | Sequentially list conditions, Due to los as a consequence op: | | | | |
| CERTIFICATION | If any, leading to immediate cause. Enter UNDERLYING | | | i | |
| FIC | CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF): | | | | |
| TH | resulting in death) LAST | | | | |
| | | o ceuse given in Part | I. 24a, WAS AN AUTOR | PSY 24b, WER | E AUTOPSY FINDINGS |
| CAL | | g g | PERFORMED? | AMAIL | LABLE PRIOR TO PLETION OF CAUSE |
| MEDIC | 100 | | 1 TYES 2 NO | 0, 0 | YES 2 NO |
| 2 | | | | , , | |
| MA | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | LACE OF DEATH (Check of | inly one) | | |
| SIC | EXAMINER? 1 YES 2 NO 1 Inpatient 2 SR/Outpatient 3 DOA 4 Nursing Hor | ne 5 Residence 6 🗆 | Other (Specify) | | |
| PHYSICIAN: | 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF UNDERLY WY WY 28c. IN, WY | DRK? | 1. DESCRIBE HOW INJURY | OCCURED | |
| BY | 2 Accident Investigation | YES 2 NO | | | |
| 100 | 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) | 261. | LOCATION (Street and Nu City or Town, State) | mber or Rural Route : | Number, |
| Pess | 29a. CERTIFIER | | | | |
| Æ | (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, or | | | | manner as stated |
| COM | | 29c, LICENSE NUMBER | 500 | DATE SIGNED (Mon | |
| TO BE | Milelinsy | 10-27 | 921 | 3/ | 21/9/ |
| ٦ | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DIAHH (ITEM 27) (Type, Print) | 157 | 2_1 | 2-28 | , |
| | 31. DATE FILED (Month, Day, Year) 12. REGISTRAR SIGNATURE | | | | |
| | 3/21 VIXIMAR 2.2. 1991, Julia Savida in 1836,00 | 2 | | | |
| _ | | | | | DHMH-16 Rev 1/89 |

DHMH-16 Rev 1/89

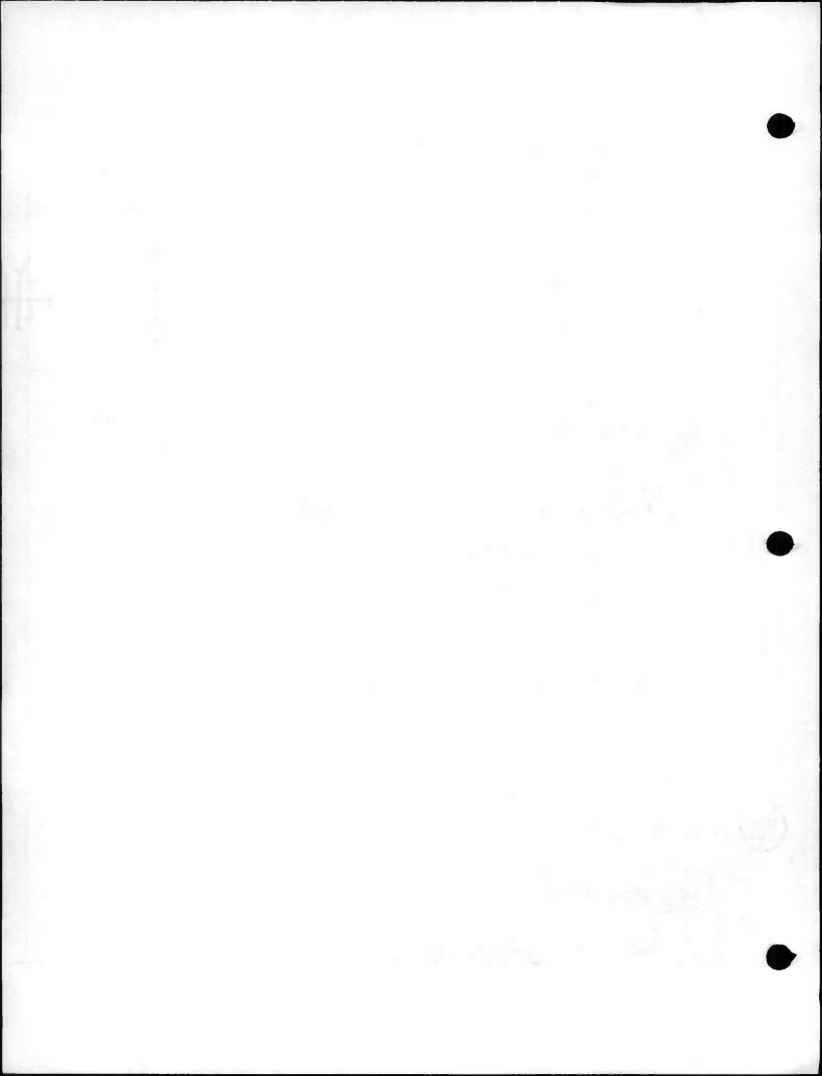
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| | FOR STATE REGISTRAR | STATE OF MARYL | AND / DEPARTM | | | MENTAL | REG. NO. | | 100 | , , , , , , |
|------------------------|--|---|--|------------------------|---|------------------|--------------------------------------|--------------|---------------------------|--|
| 1000 | 1. DECEDENT'S NAME (First, Middle, Lest) MARION M. | WESTRA | Y | | | 2. DATE MONTH | | 91 | EAR | 3. TIME OF DEATH |
| | 4. SOCIAL SECURITY NUMBER 217-34-8720 90. FACILITY NAME (If not institution, give st | 1 □XM 2 □ F 5 2 | YRS. MO | UNDER 1 YEAR NTHS DAYS | IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE | (Month | of BIRTH 1, Day, Year) 24 - 38 | (| Country | MD |
| TOR | 1427 WINSTON | | | | MORE, | | | J. COUNTY | | AIII |
| DIREC | 100. STATE 10b. COUNTY | | B A | LTIMOR | RE, CIT | Υ | | | | 10d. INSIDE CITY LIMITS? 1 X YES 2 NO |
| FUNERAL DIRECTOR | 100. STREET AND NUMBER 1427 WINSTON | | | | 21239 | | | U: | SA | HAT COUNTRY? |
| BY | 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced | 12. WAS DECEDENT EVER IF FORCES? 1 YES | 2 NO | If yes, spe | ENDENT OF HISPAN ecify Cuban, Mexica 2 NO Specify | n, Puerto F | | or No— 14. | RACE Black, Specify | - American Indian, White, etc. Y: BLACK |
| COMPLETED | 15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12) 1 2 t h | CATION completed) College (1-4 or 5+) | 16a. DECEDENT'S USI (Give kind of work life. Do NOT use re | done during mos | N st of working | 16b. | . KIND OF BUS | INESS/INDUST | PY | |
| BE CON | 17. FATHER'S NAME (First, Middle, Last) WILLIAM KELL' | Υ | | | 18. MOTHER'S NA CON | | Middle, Melden S EUEl | Surneme) | | |
| TO B | | STRAY | 1427 | WINS | | | | | | . 21239 |
| | 20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remote Proceedings Services Services Control of the Processing Services | oval from State | ARBUTTUS OF | MEMOR | IAL PAR | | ARI | BUTUS | or Tow | m, State 1D. |
| | 21. SIGNATURE OF FUNERAL SERVICE LIC | Wane | | 1 | . MARCH | | H. 110 | 01 E. | N (| ORTH AVE |
| CERTIFICATION | 23. PART i. Enter the diseases, or a shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | s. DUE TO (OR AS A | ech lina. | | Concer | | | | | Approximate interval Between Onset and Death |
| PHYSICIAN: MEDICAL CER | PART II. Other significant condition | e contributing to deeth b | out not resulting in t | he underlying | g cause given in | Part I. | 24a. WAS AN PERFOR 1 TYES 2 | MED? | | WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| SICIAN | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | THER: | ACE OF DEATH (Ch | | | | | |
| r PHY | 27. MANNER OF OEATH 1 Netural 5 Pending | 28e. DATE OF INJURY (Month, Day, Year) | 28b, TIME O | F 28c. INJ | | _ | SCRIBE HOW IF | NURY OCCUR | ED | |
| TED BY | 2 Accident Investigation 3 Suicide 6 Could not be determined | 28e. PLACE OF INJURY building, etc. (Spe | Y — At home, ferm, stre | et, factory, offic | • | | CATION (Street a or Town, State) | nd Number or | Rural R | oute Number, |
| COMPLETED | one) | CIAN: To the best of my know | | | | | | | ause(s |) and manner as stated. |
| BE | 296. SIGNATURE AND TITLE OF CERTIFIER | R | w | | 29c. LICENSE NU | | | | | (Month, Day, Year) |
| 10 | 30. NAME AND ADDRESS OF PERSON WH | | | mo kin c (| ncologia | Cont | 600 En Ra | N. W. | ·le | ST. MD 21205 |
| | 31. OATE FILED (Month, Day, 1991) MAR 2 2 1991 | 33 REGISTRAR'S SIGN | Handall. | | | 2200 | | | | |



| FOR STATE REGISTRAR | STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH | MENTAL HYGIENE REG. NO. |
|--|---|------------------------------|
| 1. DECEDENT'S NAME (First, Middle, Last) | 0 (| 2. DATE OF DEATH MONTH DA |
| LAWRENCE / | .10. (W Euse) WIllis | 3 |

| _ | TICOTOTTOTT | | | | | | | | |
|---------------|--|--|---------------------------------|---------------------------------|-----------------------------------|------------------------|---|--------------------|--|
| j. | 1. DECEDENT'S NAME (First, Middle, Last) | B (1-1- | | Will: | | | DATE OF DEATH DAY | - | 3. TIME OF DEATH |
| Н | A SOCIAL SECURITY NUMBER | SEX 6. AGE (In | yrs. last birthday) | IF UNDER 1 Y | SAR IF UNDER 24 | HRS 7 | DATE OF BIRTH | 20 91 | RTHPLACE (State or Foreign |
| | - 11 11 7-1 | X M 2 D F 5 | / YRS. | | | MIN. | (Month, Day, Year) | | untry) M.A |
| | Se. FACILITY NAME (If not institution, give street | and number) | | 9b. CITY, TO | WN OR LOCATION | OF DEATH | | 9c. COUNTY O | F OEATH |
| PD | University the | OSPITAL | | Dal | timore | , | | | |
| ត្ត | RESIDENCE OF DECEDENT ' 10a, STATE 10b, COUNTY | <i>V</i> | 10c. CIT | Y, TOWN OR I | OCATION | <u>-</u> | | | 10d. INSIDE CITY |
| DIRECTOR | Md | | Re | ister | stown | | | | LIMITS? |
| FUNERAL | 100. STREET AND NUMBER | Meadow (| n, milet | Apt A3 | 101. ZIP CODE | 36 | | 10g. CITIZEN C | S-A |
| 3 | | . WAS DECEDENT EVER IN I | J.S. ARMEO | | DECENDENT OF | HISPANIC | ORIGIN? (Specify Yee | or No- 14. R | ACE — American Indian, lieck, White, etc. |
| BY F | 1 Never Merried 2 Married 3 Divorced | FORCES? 1 YES | | | | Mexican, F Specify: | Puerto Rican, etc.) | | poetly: Black |
| | 15. DECEDENT'S EDUCAT | | I6a. DECEDENT | | | | 16b. KIND OF BUS | I INESS/INDUSTR | γ |
| COMPLETE | (Specify only highest grade cor Elementary/Secondary (0-12) | noleted) College (1-4 or 5+) | (Give kind of life. Do NOT u | work done duri ise retired.) | ng most of working | | | | |
| OMI | 17. FATHER'S NAME (First, Middle, Last) | 11:11 0 | | | 18. MOTHE | R'S NAME | (First, Middle, Maiden | Surname) | |
| BE C | | Willis, Sr | | | EI | YMO | 2 U. U | bot | |
| 10 | 19a. INFORMANT'S NAME (Type/Print). | 3 | 19b. MAILIN | G ADDRESS (S | treet and Number of | Year Pour | dow CI | r cle | Resterstannel |
| | 20s. METHOD OF DISPOSITION 1 | 20b. | PLACE OF DISPO | STION (Name | of cometery, crome | topy of | 20c 10 | cation - city o | Town, State |
| | 21. SIGNATURE OF FUNERAL SERVICE LICEN | SEE | | 22, NA | ME AND ADDRESS | S OF FACIL | TY bet | 200 | , |
| 1 | · Yestin | Elston | 2 | Ya | 4300 | Wal | pash H | be | |
| | 23. PART i. Enter the diseases, or cor shock, or heart failure. Lis | it only one cause on as | ch line. | | | _ | | | Approximata Interval Between |
| | IMMEDIATE CAUSE (Final disease or condition | RIPHMON | Dans | MT=0/b_ | AIRTE | Z An | JEDOUR. | 1 | Onset and Death |
| | resulting in death) a. | DUE TO (OR AS A | CONSEQUENCE | DF): | 01-17 | - //(/ | 201015 | , | |
| z | 6. | A AB | DOMEN | A 1 | POPTE | e i | JEURY SA ANEURY | 15 | |
| ATIO | Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING | DUE TO (OR AS A | CONSEQUENCE | OF): | -57 | | | | |
| CERTIFICATION | CAUSE (Disease or Injury that initiated events | DUE TO (OR AS A | CONSEQUENCE (| DF): | | | | | |
| ERT | resulting in death) LAST | | | | | | | | |
| | PART II. Other significant conditions | contributing to death bu | t not resulting | In the unde | orlying cause of | iven in Pa | Irt I. 24s. WAS AN | AUTOPSY | 24b. WERE AUTOPSY FINDINGS |
| EDICAL | +PARPATHE TO | INATO C | ARORI | MYOPI | 1777 | | PERFOR | RMED? | AMAILABLE PRIOR TO COMPLETION OF CAUSE |
| (ED | | 7 14 | | 101 | 11-1-1 | | _ ' ' ' | | OF DEATH? |
| N. | | | | _ | | | _ | | 0 2 2 7 0 10 |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | OTHER: | 26. PLACE OF DE | ATH (Check | k only one) | <u> </u> | |
| YSI | 1 YES 2 NO | 「Inpetient 2 ☐ ER/Outpe | | 4 - Nurein | g Home 5 🗆 Res | | | AL MARKAL OCCUPA | |
| | 27. MANNER OF DEATH 1 Netural 5 Pending | (Month, Day, Year) | 28b. Ti | ME OF NJURY M | Bc. INJURY AT WORK? 1 YES 2 | _ | 18d. DEŞCRIBE HOW I | NJURY OCCURE | :0 |
| D BY | 2 Accident Investigation 3 Suicide 6 Could not be | 28e. PLACE OF INJURY building, etc. (Speci | — At home, ferm | , street, factor | | | 261. LOCATION (Street City or Town, State) | end Number or R | ural Route Number, |
| COMPLETED | 4 Homicide determined | | | | | | | | |
| APL | (Check only | AN: To the best of my knowle | | | | | | | |
| 80 | A | On the basis of examination | and/or investiga | tion, in my opi | | | | | use(e) and manner as stated. |
| BE | 200. BIGNATURE AND TITLE OF CERTIFIER | v.h | 1.0 |) | 29c. LICE | NSE NUMB | ER | 29d. DATE SIG | SNED (Month, Day, Year) |
| 2 | 30. HAME AND ADDRESS OF PURSON WHO | COMPLETED CAUSE OF DEA | TH (ITEM 27) (74 | oe, Print) | | | | 7/ | 4/9) |
| _ | 1 DOLONG GEET | HB~ | U | MM | 15 | BA | VIImon | EN | 10 21207 |
| W. | MAR 2 2 1991 | Julia Davidan | -Rando 00 | | | | | | / |



DIVISION OF VITAL RECORDS, P.O. BOX 68760,
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

| 1. DE | CEDENT'S NAME (First, Middle, Last) ROBERT L. WILL | SON | | | | | | 2. DATE OF DEATH D | AY OI | YEAR 3. TIME OF DEAT |
|-----------|---|-------------------------|---------------------------------------|-------------|---------------------------------|-----------------------|------------|---|-----------|---|
| | CIAL SECURITY NUMBER | 5. SEX | 6. AGE (in yrs. las | t birthday) | IF UNDER 1 YE | | R 24 HRS. | 7. DATE OF BIRTH (Month, Day, Year) | 7 01 | 8. BIRTHPLACE (State or Fo. Country) |
| 0 | 31-32-0560 | 1 1 1 1 2 F | 44 | YRS. | MONTHS DAY | 8 HOURS | MIN. | 3-26- | 47 | OOD NOT |
| | ACILITY NAME (If not institution, give | street and number) | | | 9b. CITY, TOV | VN OR LOCAT | ION OF DE | ATH | 9c. COU | NTY OF DEATH |
| T RES | HE JOHNS HOPKI | NS HOSPIT | 'AL | | BALT | IMORE | CITY | Y | BAI | TIMORE |
| 10e. S | STATE 10b. COUNT | Υ | | 10c. CIT | Y, TOWN OR LO | CATION | | | | 10d. INSIDE CITY |
| E | mp. | | | 1 | BALT | 0. | | | | 1 WES 2 |
| < | STREET AND NUMBER | Λ. | | 14 | | 10f. ZIP COL | | | 10g. CIT | IZEN OF WHAT COUNTRY? |
| FUNER | | PAATA | AVS | | B | | 21 | | | |
| Ē 11. M/ | ARITAL STATUS Never Merried 2 Merried | FORCES? 1 | TEVEN IN U.S. AR | NO NO | If yes | , specify Cub | gn, Mexica | NIC ORIGIN? (Specify Yen, Puerto Ricen, etc.) | e or No- | 14. RACE — American Indie Black, White, etc. |
| Ø 3□ | Wildowed 4 Divorced | IF YES, GIVE Y | MAR OR DATES | | 10 | YES 2 NO | Specifi | y: | | Specify: BLACI |
| 9 | 15. DECEDENT'S EDI (Specify only highest grad | JCATION e completed) | 18e. DE | CEDENT'S | USUAL OCCUP work done during | ATION most of work | dna | 16b, KIND OF BU | SINESS/IN | DUSTRY |
| E E | lementary/Secondary (0-12) | College (1-4 or 5 | life | . Do NOT u | se retired.) | | | LAB | 00 | |
| 2 | VII BAGOKS (CATHER'S NAME (First, Middle, Last) | AY COLLE | 68 | | | 40.140 | THERIC NA | ME (First, Middle, Maiden | | |
| | Autor | ison | | | | | BIE | GREEN | | 1iLSON |
| 190. 1 | NFORMANT'S NAME (Type/Print) | | | b. MAILING | ADDRESS (Str | | | Route Number, City or Tou | | |
| 2 | ZELMA YOU. | NG WIL | | 1400 | | LATE | A | V. BALTE | . m | 0. 21211 |
| 20a. I | METHOD OF DISPOSITION Burlal 2 Termation 3 G Rer | | 20h PLACE | AND DAT | E OF DISPOSIT | ION (Name | 0.4 | MO BATE BE | CATION - | - City or Town, State |
| 4 🗆 | Donation 8 - Other (Specify) | | MET | RB | CREM | ETOK | 7 00 | mo BA | 1270 | o. mo. |
| 21. SI | IGNATURE OF FUNERAL SERVICE L | | | / | 22. NAM | E AND ADDR | ess of fa | COLITY LER FUND | SRAC | Home |
| | > TEFF MiLLE | R FUNE | RAZ /- | tome | 16 | 39 | N. I | BROAD W. | AY | |
| 23. 1 | PART I. Enter the diseases, or shock, or heart failure | complications the | at caused the de | aath. Do | not antar tha | moda of d | ying, suc | h as cardiac or resp | iratory a | rrest, Approxime |
| | EDIATE CAUSE (Finel | 4.3 | 1. 0 | - 7 | | | | | | Onset and |
| | uiting in death) | . HeDo | OR AS A CONSE | all | Ire | | | | | 4 |
| _ | _ | Dist | 1 1 | 0.1) | | | 1.5 | 1 | | 130 |
| | uentielly list conditions, ny, leading to immediate | DUE TO | OR AS A CONSE | OUENCE C | OF): | ZaCII | 1777 | 4 May | COSY | |
| S CAU | se. Entar UNDERLYING | a Boz | oria | ty | 10000 | vdi | 115 | | | 15 |
| thet resu | Initiated events | OUE TO | (OR AS A CONSE | QUENCE C | OF): | | | | | |
| # | | d | | | | | | | | İ |
| | T II. Other significant condition | ons contributing to | | _ | A / | | | PERFO | | 24b. WERE AUTOPSY FI AVAILABLE PRIOR |
| MEDICAL | ATUS-HO | Quired | Immu, | 120 | reficie | ney 5 | Sindu | Grill 1 TYES | 2 NO | OF DEATH? |
| - 1 | | 0 | | | V | 0 | 1 | _ | | 1 YES 2 N |
| X 25, W | AS CASE REFERRED TO MEDICAL | | | | | 6 PLACE OF | DEATH #2 | neck only one) | | |
| SIC | EXAMINER? | HOSPITAL: | ☐ ER/Outpatient : | 3 DOA | OTHER: | | | 8 Other (Specify) | | |
| > — | ANNER OF DEATH | 28a. DATE O | | 28b. Til | | injury at work? | | 28d. DESCRIBE HOW | INJURY O | CCURED |
| > 1 | Natural 8 Pending Accident Investigation | | -uj, roelij | I IN | | YES 2 | □ NO | | | |
| O 3 | Suicide 6 Could not be | 28e. PLACE | OF INJURY — At he , etc. (Specify) | ome, farm, | atreet, factory, | offica | | 28f. LOCATION (Street City or Town, State | | er or Rural Route Number, |
| L | Homicide determined | | | | | | | | | |
| d 294. | one) | | | | | | | to the cause(e) end me | | |
| 8 | 2 MEDICAL EXAMIN | | axamination and/or | Investigati | lon, in my opini | | | | | the ceuse(e) end manner ee s |
| 29b, | SIGNATURE AND TITLE OF CERTIFI | ER | ~ 1 | | | 29c. Li | CENSE NU | MBER | 29d, DA | TE SIGNED (Month, Day, Year) |
| 0 4 | AME AND ADDRESS OF PERSON W | HO COMPLETED CAL | JSE OF DEATH (ITE | EM 27) (Tvo | e, Print) | | 000 | Baito. | m do | 2/14/4/ |
| 7 | - 11 | am n | Johns + | JAN | time 1 | Vosni | 101 | 600 | 1). | 11) Fo St = |
| 31. D. | ATE FILED (Month, Day, Year) | 32. REGISTR | AR'S SIGNATURE | 1 | 141) | 1 - 111 | 1 4/ |) * | - | |
| | MAR 2 2 19 | 91 July | a Davidson | -Rand | 00 | | | | | |
| | | 9 | - www. | -Mand | 497 | | | | | DHMH |

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signed by the attending physician a Health and Mental Hygiene prior to

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DIRECTOR: A hours after di .00 ETED

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| DIVISION | AL OR ATTENDING PHYSICIA! |
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| J | HOSPITAL |
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH DAY March 14, 1991 Milton Birchard Whittemore 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 5. SEX DAYS HOURS OC M 2 | F 84 Aug. 17, 1906 043 03 4939 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR Holy Cross Hospital Silver Spring Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a, STATE Florida Pinellas Pinellas Park 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 101, ZIP CODE FUNERAL 9301 49th St., North, Lot 83 34666 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 ∑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 K Merried 1 YES 2 XNO Specify BY 3 Widowed 4 Divorced WW II 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade comple Elementary/Secondery (0-12) College (1-4 or 5+) Government Printing Office 12 Supervisor 16. MOTNER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) Neta Birchard Milton Whittemore BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 17504 Skyline Dr., Ashton, MD Douglas Rivenbark 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State Burlal 2 Cremation 3 Removal from State ★□ Burlet 2 □ Cremmer. 4 □ Donation 5 □ Other (Specify) Wilmington, NC Greenlawn Memorial Park 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE David L. Sauers Funeral Home Falls Church, VA 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heert fellure. Liet only one ceuse on each line IMMEDIATE CAUSE (Final Cardiac Arrest

DUE TO (OR AS A CONSEQUENCE OF):

Multiple Cerebrovascular Accident disease or condition reaulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY MEDICAL Sever Dementia 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER?

1 YES 2 NO HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpetient 3 | DOA ng Nome 5 - Residence 6 - Other (Specify) 28s. DATE OF INJURY 27. MANNER OF GEATH 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED Matural . 5 Pending 84 1 YES 2 NO BY 2 Accident

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(a) and menner as stated.

296. SIGNATURE AND TIME OF CENTIFIERS 29c. LICENSE NUMBER 29d, DATE SIGNED (Month IDay, Year) les

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Michael Berard, M.D. 7305 Baltimore Ave., College Park, Maryland

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

31. DATE FILED (Month, Day, Year)

avela

3 Suicide

4 🗌 Homicide

6 Could not be determined

32, BEGISTRAR'S SIGNATURE Navidson-Randall



91 07506

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1 14 YES 2 | NO

Interval Between

Onset and Death

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

26287

minut

9:20

8. BIRTNPLACE (State or Foreign

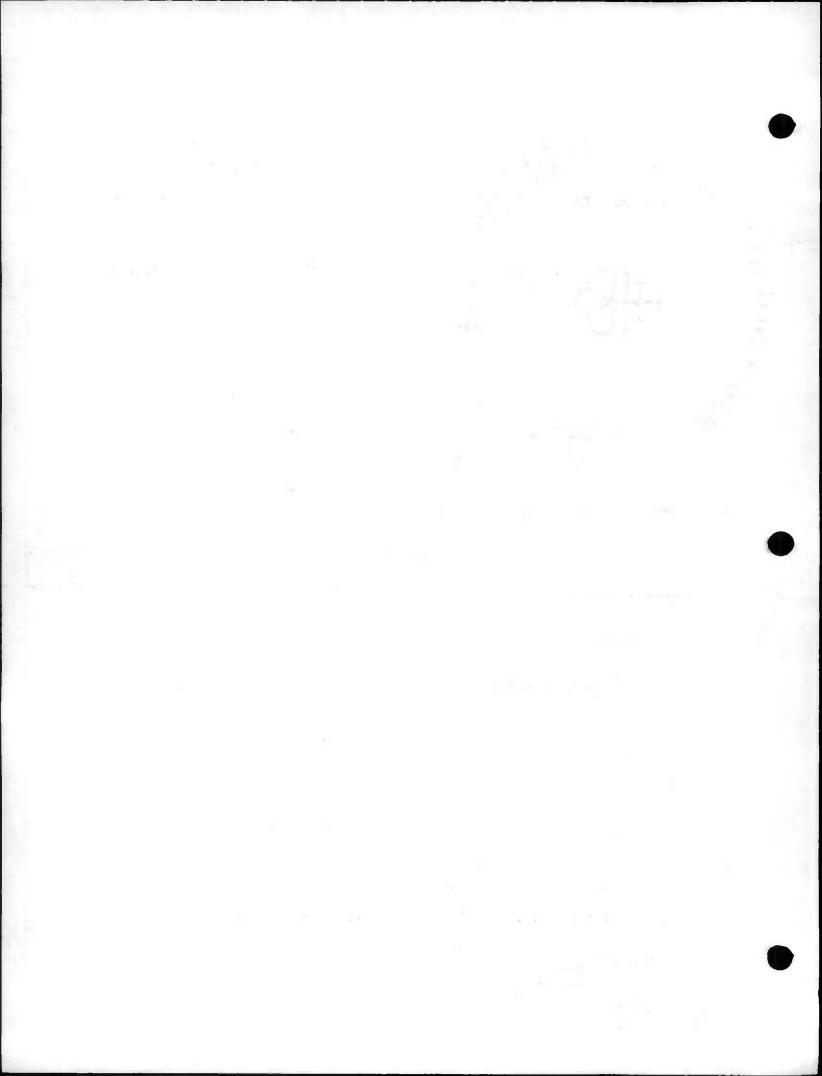
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YEAR

U.S.A.

Specify:

White

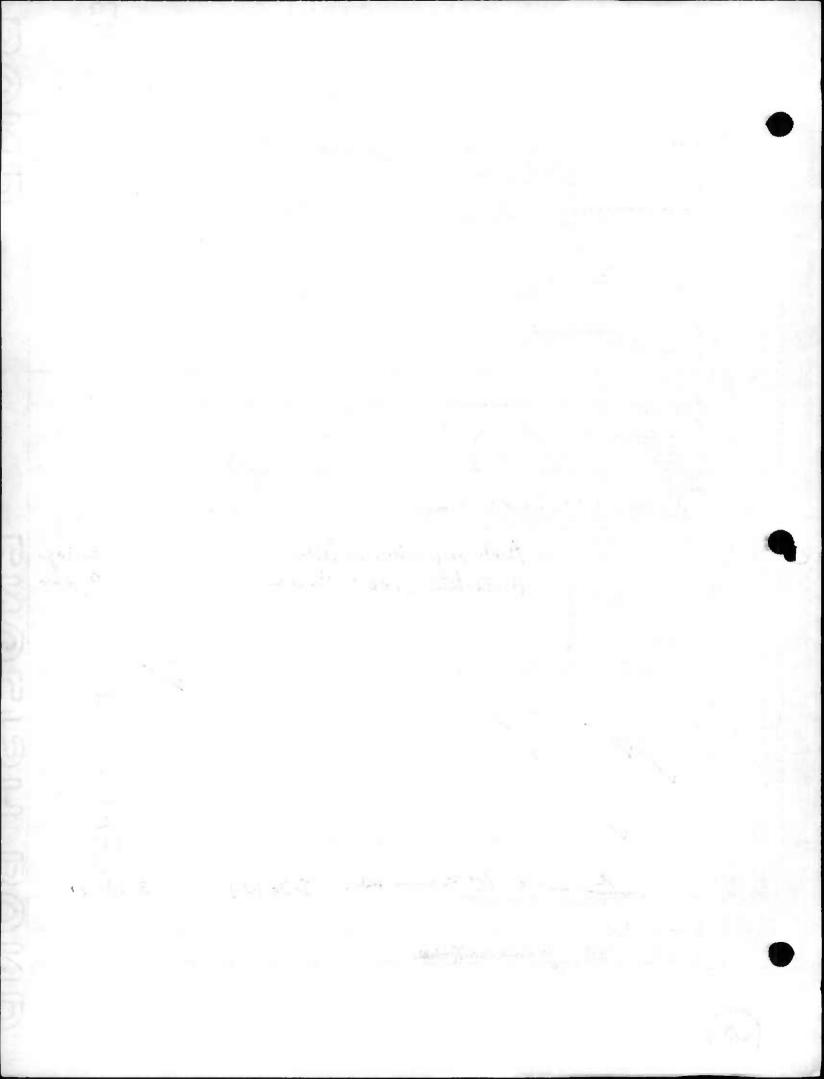


BALTIMORE, MARYLAND 21215-0020

| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. | TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buniat-tran | | fled at once. |
|---|---|----------------------|--|
| 6 may be ret | ctor, page 5 s | | nust be not |
| death. Page | funeral direct | 4 | examilyer n |
| 4 nours after | filled in by the | n, or remove | e medical |
| uted within 2 | completely 1 | mai, cremano | ic event, th |
| ficate be exec | physician and | ne phor to bu | ner traumat |
| ne death certi | the attending | Mental Hygie | njury, or oth |
| equires that the | in signed by | if Health and | nows any in |
| N: The law re | icate has been | State Dept. o | Item 23 sl |
| NG PHYSICIA | fter this certif | eath with the | marked, or |
| OR ATTENDI | DIRECTOR: A | hours after de | tem 28 is |
| TO THE HOSPITAL | TO THE FUNERAL | be filed within 72 I | IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once. |

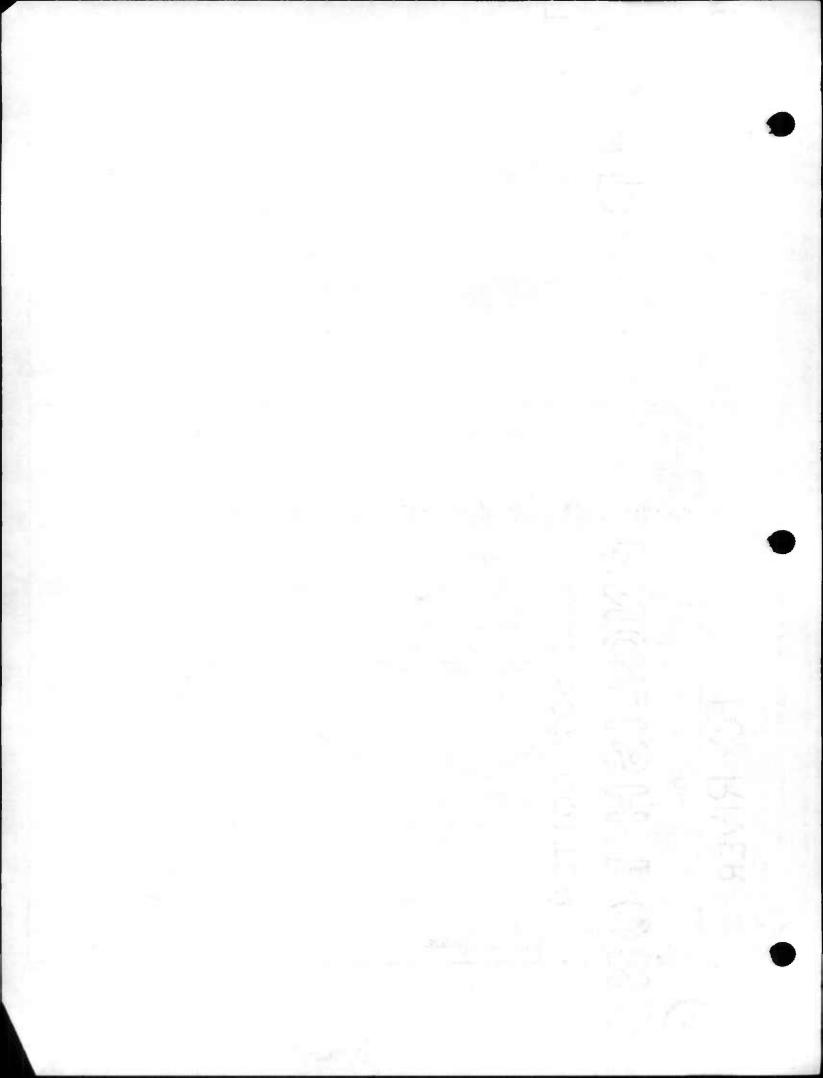
| * REGISTRAR | | CERTIF | ICALE OF | DLAIN | REG. NO | | |
|--|---|--|-------------------------------------|---|--|---|---|
| 1. DECEDENT'S NAME (First, Middle, List) 30 ANN | | WII | EDENHOEF | T | 3 DATE OF DEATH D | NY <u>91</u> YEA | AL TIME OPMATH |
| 4, SOCIAL SECURITY NUMBER | 5. SEX 1 M 2 F | 6. AGE (In yrs. lest birthday) 5 1 YRS. | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. | 7. OATE OF BIRTH (Month, Day, Year) 10-8-39 | V | IRTHPLACE (State or Foreign ountry) IRGINIA |
| 98. FACILITY NAME (If not institution, give st NORTH ARUNDEL HOSE | | OCIATION | GLEN I | OR LOCATION OF D | | 9c. COUNTY (| COUNTY |
| RESIDENCE OF DECEDENT 100. STATE 100. COUNTY | , | T to cur | Y, TOWN OR LOC | TION | | | 10d. INSIDE CITY |
| MARYLAND A. | A. CO. | 100. 01 | | | | | 1 YES 2 X NO |
| 110 PT. PLEASAN | IT ROAD | | 1.0 | 21060 | | 10g. CITIZEN | OF WHAT COUNTRY? |
| 11. MARITAL STATUS 1 Never Merried 2 Married 3 Nidowed 4 Divorced | 12. WAS DECEDENT FORCES? 1 [IF YES, GIVE W | EVER IN U.S. ARMED YES 2 NO IR OR DATES | If yes, s | CENDENT OF HISPA pecify Cuban, Maxic S 2 NO Speci | NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) Illy: | 1 3 | RACE — American Indian, Black, White, etc. Specify: HITE |
| 15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) 1 2 YEARS | CATION completed) College (1-4 or 5+) | (Give kind of | work done during in se retired.) | ION lost of working | 16b. KIND OF BU | SINESS/INDUST | RY |
| 17. FATHER'S NAME (First, Middle, Last) | | | | 18 MOTHER'S N | AME (First, Middle, Maiden | Sumamel | |
| BENJAMIN F. DAW | ISON | | | | A. BOYKI | | |
| 190. INFORMANT'S NAME (Type/Print) MR. LOUIS R. W. | EDENIUDE | | | | Route Number, City or Tow | | |
| 20a. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremetton 3 ☐ Rem | | 20b. PLACE AND DAT | E OF DISPOSITIO | N (Name | DATE 20c. LC | CATION — City | |
| 4 Donatton 6 Other (Specify) | | MEADOWRI | | | 3-16HOW | IARD CI | O. MD. |
| 11. SIGNATURE OF FUNERAL SERVICE LIE | Year | 1011 | KACZO | ROWSKI | FUNERAL SI. BALTO | HOME | 2122/ |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Dissess or injury that initiated events resulting in death) LAST | m Met | OR AS A CONSEQUENCE OF | n e | Concor | | | 2 day 1 year |
| PART II. Other algnificent condition | e contributing to | death but not resulting | in the underlyi | ng cause given i | n Part I. 24a. WAS AN PERFO | RMED? | 24b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| | | | | | | | 1 YES 2 NO |
| 25. WAS CASE REFERBED TO MEDICAL EXAMINER? | | | | PLACE OF OEATH (C | Check only one) | | |
| 1 YES 2 NO | HOSPITAL: | ER/Outpetlent 3 🗆 DOA | OTHER: 4 Nursing Ho | me 5 🗆 Residence | 6 Other (Specify) | | |
| 27. MANNER OF DEATH 1 Natural 5 Pending Investigation | 26a. DATE OF (Month, De | | JURY Y | JURY AT ORK? YES 2 NO | 28d. DESCRIBE HOW | INJURY OCCURE | ED |
| 2 Accident investigation 3 Suicide 6 Could not be 4 Homicide detarmined | 28e. PLACE Of building, | F INJURY — At home, farm, atc. (Specify) | street, factory, of | lca | 281. LOCATION (Street City or Town, State | | lural Route Number, |
| and and | | my knowledge, death occur | | | | | use(s) and manner as stated |
| 296. SIGNATURE AND TITLE OF CERTIFIE | ret | Asn_ | MD. | D 20 | 43 J | 100000000000000000000000000000000000000 | -/3-91 |
| LONG S. HSU, M.I |)./300 HO | SPITAL DRIV | e, Print) E, #230/ | GLEN BUR | RNIE, MARYL | AND 210 | 061 |
| MAR 2. 2 1991 | 2 | R'S SIGNATURE | | | | | |





| 1 | DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 | 0020 |
|----|---|---|
| ۳. | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Journal and feath. Page 6 may be retained by the hospital or attending physician. | ng physician. |
| f | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should | he burial-transit permit. Pages 1, 2, 3 |
| 1 | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | |
| | IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. | |

| | FOR STATE REGISTRAR | STATE OF MAR | YLAND / DEPART CERTIFIC | MENT OF H | | MENTAL HYG | | 07000 | | | |
|--------------------|--|--|--|----------------------------------|--|--|--|--|--|--|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) Edward Has | ONICZ | EDWARD A | A. WASC | WICZ | 2. DATE OF DEATMONTH | TH DAY | YEAR 12'10 A M | | | |
| | 4. SOCIAL SECURITY NUMBER 216-01-2402 | 5. SEX 8. A | GE (In yrs. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRT (Month, Day, Ye 4 - 22 - | er) | BIRTHPLACE (State or Foreign Country) | | | |
| OR | 9e. FACILITY NAME (If not institution, give s FRANCIS SCOTT | | , | BALTIM | MORE 9c. COUNTY OF DEATH | | | | | | |
| ECT | RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT | Y | 10c. CITY, | TOWN OR LOCAT | ION | | | 10d. INSIDE CITY | | | |
| E G | MARYLAND | | BAL | TIMORE | | | | LIMITS? 1) YES 2 NO | | | |
| FUNERAL DIRECTOR | 100. STREET AND NUMBER 743 S. LINWOOD | AVENUE | | 500 | 21224 | | 10g. CITIZE | EN OF WHAT COUNTRY? | | | |
| B≼ | 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced | 12. WAS DECEDENT EV FORCES? 1 X IF YES, GIVE WAR O | YES 2 NO | If yes, spe | ENDENT OF HISPAN polity Cuben, Mexica 2 NO Specify | n, Puerto Rican, et | | 4. RACE — American Indian, Black, White, etc. | | | |
| COMPLETED | 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 1 YEARS | CATION completed) College (1-4 or 5+) | 16a. DECEDENT'S U (Glve kind of we life. Do NOT use GROCF F | ork done during mo: retired.) | N at of working | | SELF | STRY | | | |
| NO. | 17. FATHER'S NAME (First, Middle, Last) | | 3,,,,,, | | 18. MOTHER'S NA | ME (First, Middle, M | | | | | |
| BE (| FRANK WASOWIC: | Ζ | | | SOPH. | | | | | | |
| ٥ | MRS. FRANCES W | ASOWICZ | 743 9 | . LINW | | ENUE BA | ALTO. M | D. 21224 | | | |
| | 20g. METHOD OF DISPOSITION 1 | oval from Stats | 206. PLACE AND DATE HULY RUSA | RRY PICEN | IETERY | 3-20 | BALTO. | CO. MD. | | | |
| | an BIONATURE OF FUNERAL SERVICE LI | | Melin | | OROWSK | CILITY I FUNEF | RAL HOM | E . MD. 21224 | | | |
| | 23. MRT I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) | List only one cause | on each line. | | de of dying, suc | h an cardiac or | respiratory arre | Approximate interval Between Onset and Death | | | |
| NOI | a. Sepsis Due to (or as a consequence of): METASTATE COLON CANCER Due to (or as a consequence of): | | | | | | | | | | |
| CERTIFICATION | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST | | | | | | | | | | |
| CER | Total ding in ogati) Exo | d | | | | | | | | | |
| PHYSICIAN: MEDICAL | PART II. Other aignificant condition | 18 contributing to des | th but not resulting in | the underlying | g cause given in | Pi | MS AN AUTOPSY ERFORMED? YES 2 NO | 24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | | |
| NAN | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | | | | ACE OF DEATH (Ch | eck only one) | | | | | |
| YSIC | 1 TYES 2 THO | HOSPITAL: | /Outpetient 3 DOA | | e 5 🗆 Residence | | | | | | |
| ву Рн | 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation | 28e. DATE OF INJ (Month, Day, Y | | JRY WC | URY AT PRK? YES 2 NO | 28d. DESCRIBE | HOW INJURY OCC | JRED | | | |
| | 3 Suicide 8 Could not be 4 Homicide determined | 28e. PLACE OF IN building, etc. | JURY — At home, farm, s (Specify) | treet, factory, offic | • | 28f. LOCATION (City or Town, | | or Rural Route Number, | | | |
| COMPLETED | and a | SICIAN: To the best of my ER: On the bests of sxemi | | | | | | d. cause(s) and manner es stated. | | | |
| BE | 296. SIGNATURE AND TITLE OF CERTIFIE | bull Plys | ucar | | 29c, LICENSE NU | 29d. DATE | 29d. DATE SIGNED (Month, Day, Year) | | | | |
| 2 | MI LIAZL PURIEN | FILML | | Print) | E BAL | T, AHR M | 1 2/22. | 1 | | | |
| 9 | MAR 2 2 1991 | 32 REGISTRAR'S | GENATURE GANDER | | · · | | | | | | |



FOR STATE REGISTRAR

DIRECTOR

10e. STATE

1. DECEDENT'S NAME (First, Middle, Last)

220-07-1635

RESIDENCE OF DECEDENT

Md.

31. DATE THE DEPORT DO HOUNG

10e. STREET AND NUMBER

9e. FACILITY NAME (If not institution, give street end number)

10b. COUNTY

Alda

1 🗆 M 2 🖳 F

Baltimore

5. SEX

Franklin Square Hospital

Ruth

4. SOCIAL SECURITY NUMBER

| | 150 | ER/ | 1814 Hillto | p Ave. | | | 2122 | 1 | U | SA | | | |
|------------|---|---------------|--|---|---|--|--|--|--------------------------------|--|--|--|--|
| 3146 | | BY FUNER | 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced | 12. WAS DECEOENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D | 2 NO | If yes, sp | ENDENT OF NISPANIC OF Cuben, Mexican, Pur 2 100 Specify: | | io— 14. RACE Black Speci | E — American Indian, k, White, etc. | | | |
| 21203 | 0 | COMPLETED | 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) | CATION completed) College (1-4 or 5+) | 16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret | AL OCCUPATIO done during mo ired.) | ON st of working | 16b. KIND OF BUSINES | S/INDUSTRY | | | | |
| | nospital ached fo | 1PL | 12th | College (I=4 or 5+) | Housewife | | | | | | | | |
| Z | detached once. | S | 17. FATHER'S NAME (First, Middle, Last) | | | | | irst, Middle, Melden Surne | eme) | | | | |
| MARYLAND | 2 2 2 | BE C | Henry Search | h Randall | | | Alda | Logan | | | | | |
| AB | 5 should notified | TO B | 19e. INFORMANT'S NAME (Type/Print) | | 19b. MAILING ADI | DRESS (Street a | and Number or Rural Route | Number, City or Town, Sta | ite, Zip Code) | | | | |
| Σ | | F | John A. Wol: | ff Jr. | 1814 | Hillt | top Ave. | Baltimor | e Md. | 21221 | | | |
| ORE, | o may | | 20e. METHOD OF DISPOSITION 1 | oval from State | other place) RAItimore | | netery, crematory or ional Cem | | DN — City or To | more Md. | | | |
| Z . | ne di di | | 21. SIGNATURE OF FUNERAL SERVICE LIC | CENSEE | DITTETMOT | | ND ADDRESS OF FACILITY | | Darci | more na. | | | |
| BALTIMORE, | aner death. Pag y the funeral di noval. cal examiner | | Connelly | Funcial | Home | Conr | nellyFune | ralHome3 | 00MAc | eAve.21221 | | | |
| - | d in b | | 23. PART I. Enter the disease of ahock, or heart failure. IMMEDIATE CAUSE (Finel | List only one ceuse on a | ech line. | | , , | cardiec or respirator | ry arrest, | Approximata Interval Between Onset end Deeth | | | |
| | - 25 25 | | disease or condition resulting in death) | Congest | ive Heart | Failur | е | | | | | | |
| 9 | completely ial, cremati | | rounting in additi, | | A CONSEQUENCE OF): | 1.4. | | | | | | | |
| 13146, | executed writing and completely or burial, cremating matic event, | | Sequentially list conditions, | b | ial Infarc | tion | | | | | | | |
| × | ician and crior to buris | Ĕ | if any, leeding to immediate cause. Enter UNDERLYING | DUE TO (OR AS A | A CONSEQUENCE OF): | | | | | | | | |
| | arincate be in a physician giene prior to other traun | 길 | CAUSE (Disease or Injury | C. DUE TO (OR AS A | A CONSEQUENCE OF): | | | | | | | | |
| P. O. | n certi anding Hygier or oth | CERTIFICATION | that initiated events resulting in death) LAST | d | | | | | | | | | |
| Ś | 0 E Z = | | PART II. Other significent condition | na contributing to death b | out not resulting in ti | ne underlyin | g cause given in Part | | | . WERE AUTOPSY FINDINGS | | | |
| RECORDS | 一点 四 | MEDICAL | Atrial fibrill | ation | | | | PERFORMED | | AVAILABLE PRIOR TO COMPLETION OF CAUSE | | | |
| 8 | signe Signe Health | | | | | | | 1 [] 163 2 [] 4 | ~ | OF DEATN? 1 YES 2 NO | | | |
| 뿐 | been t. of | | | | | | | | 1 | | | | |
| A : | 2 6 8 | A | 25. WAS CASE REFERRED TO MEDICAL | | | 26. PI | LACE OF DEATH (Check o | nly one) | | | | | |
| VITAL | ificate h State l r Item | PHYSICIAN: | EXAMINER? | HOSPITAL: 1 Winpatient 2 ER/Outs | | THER: Nursing Hon | ne 5 Residence 8 | Other (Specify) | | | | | |
| T | this certifica with the St rked, or It | F | 27. MANNER OF DEATH | 28e. DATE OF INJURY (Month, Day, Year) | 28b. TIME OF | 26c. IN. | JURY AT 280 ORK? | . DEȘCRIBE NOW INJUF | Y OCCURED | | | | |
| | | ВУ | 1 Natural 5 Pending 2 Accident Investigation | | | | YES 2 NO | | | | | | |
| DIVISION | TTENDII TOR: A after de 28 Is | | 3 Suicide 6 Could not be 4 Homicide determined | 28e. PLACE OF INJURY building, etc. (Spe | Y — At home, farm, streetcify) | t, fectory, offic | 281 | LOCATION (Street and N City or Town, State) | lumber or Rural | Route Number, | | | |
| | 7 72 - | COMPLETED | dmn) | ICIAN: To the best of my know ER: On the basis of examination | | | | | | | | | |
| | THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If | 8 | | | on and differentiation, it | тту ориноп, с | | | 11 - 12 - 1 | THE STREET STREET, | | | |
| | TO THE HOSPITA TO THE FUNERA De filed within 72 IMPORTANT: II | BE | 296. SIGNATURE AND TITLE OF CERTIFIE | LUD | PEVI | T | 29c. LICENSE NUMBER | 294 | J. DATE SIGNED | (Month, Day, Year) | | | |
| | 263 | 2 | 30. NAME AND ADDRESS OF PERSON WI | 10 COMPAND CAUSE OF ON | 1 O Y | -+ | | | | | | | |
| | | | An | A CHOSE OF DE | A A TO | 017 | 81. 1 | 1. 11 10 1 | R. | 11 111 | | | |

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

101. ZIP CODE

Baltimore

Wolff

YRS.

92

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

10c. CITY, TOWN OR LOCATION

2. DATE OF DEATN

Essex

March 20, 1991

7. DATE OF BIRTIN (Month, Dey, Year) Aug. 16, 1898

1:15

8. BIRTNPLACE (State or Foreign

MAryland

10d. INSIDE CITY

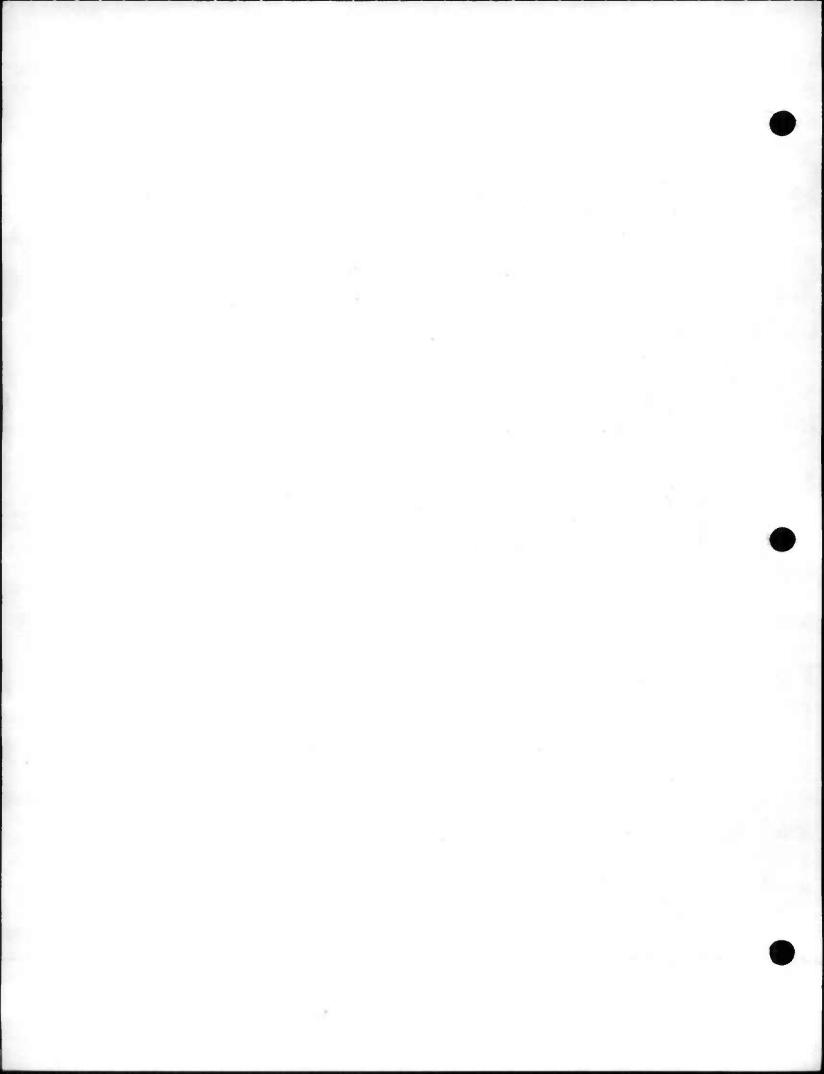
1 TES 2 NO

9c. COUNTY OF DEATN

Baltimore

10g. CITIZEN OF WHAT COUNTRY?

AM



1 - STATE REGISTRAR

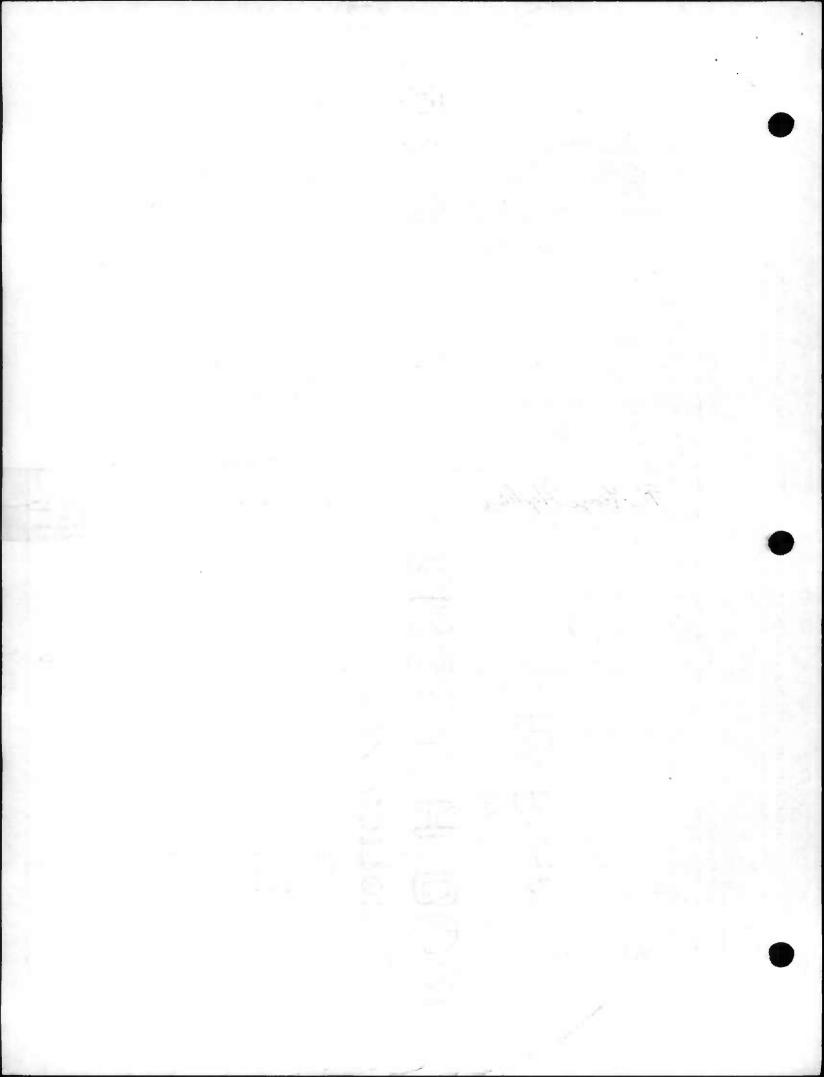
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicians.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

| | 1. DECEDENT'S NAME (First, Middle, Last) Kyu NAM YOON 2. DATE OF DEATH DAY 3. TIME OF 0 3. TIME OF 0 11:25 | | | | | | | | 1:25 | | | | |
|------------------------------------|--|--|---|--|--|---|--------------------|--|--|---|--|--|---|
| | 4. SOCIAL SECURITY NUM 219-27-395 | 1 | 5. SEX 1 🖾 M 2 🗌 F | | rs. lest birthday) 9 YRS. | IF UNDER 1 YO | _ | IF UNDER 24 HRS. HOURS MIN. | (Mont | of BIRTH th, Day, Year) 3-42 | - 1 | Country) | ACE (State or Fore) h Korea |
| TOR | 9a. FACILITY NAME (# not university | Hospi | | .E.M.S | S. | 96. CITY, TO Balt | | LOCATION OF | DEATH | | 9c. COUNT | | тн |
| DIRECTOR | Maryland | 10b. COUNTY | Arundel | | - | r, town or i | | ON | | | | | Od. INSIDE CITY LIMITS? |
| FUNERAL | 100. STREET AND NUMBER 8045 Windi | | ~ | | | | | ZIP CODE | | | Kore | | AT COUNTRY? |
| BY FUI | 1 Never Married 2 2 | 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | | | 2 NO | If ye | s, spec | NDENT OF HISF city Cuban, Mexi 2 2 NO Spe | can, Puerto | N? (Specify Ye Rican, etc.) | es or No— | Black, \ Specify: | - American Indian, Whita, etc. Korean |
| LETED | | CEDENT'S EDU nly highest grade (0-12) | | +) | Ille. Do NOT u | work done duri se retired.) | IPATION ng most | N t of working | | | JSINESS/INDUS | STRY | Korcan |
| E COMPLET | 17. FATHER'S NAME (First, I | Middle, Last) | 3 | | Teache | L | | 16. MOTHER'S | NAME (First, | | | s cem | |
| TO BE | 19a. INFORMANT'S NAME | | oon | | | ADDRESS (S | | d Number or Run | | nber, City or To | wn, State, Zip G | ode) | |
| | | | | | LACE AND DAT | E OF DISPOSI | TION (| (Name | | 1.5 | ocation — ch | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE R. Heory Hydron | | | | | dge Memorial Park 3-23 Elkridge, Md. 22. NAME AND ADDRESS OF FACILITY Singleton Funeral Home 1 Second Ave. S.W. Glen Burnie, Md. 210 | | | | | | | |
| | 23. PART I. Enter the shock, or IMMEDIATE CAUSE (F | heert fellure. | List only one ceu | use on each | n lina. | not enter the | | | | | | | Approximatintarval Bet |
| TIFICATION | shock, or I IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially liet cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in) that initiated events | itione, ediate YING Jury | Mult s | iple O (OR AS A CC | ne death. Do na line. Injurie DNSEQUENCE OF THE ONSEQUENCE OF TH | not enter the | | | | | | | Approximate interval Bet |
| DICAL CERTIFICATION | shock, or IMMEDIATE CAUSE (Fidiseese or condition resulting in death) Sequentially liet condition if any, leading to immicause. Enter UNDERLY CAUSE (Disease or in CAUSE (Diseas | itione, ediate YING jury | Mult s | iple O (OR AS A CC | Injurie Injurie ONSEQUENCE O ONSEQUENCE O | PF): | e mod | le of dying, s | uch es cer | 24a. WAS A | N AUTOPSY | 24b. W | Approximate interval Bet |
| MEDICAL | shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially liet cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other significations. | itione, ediate YING jury ST | Mult s | iple O (OR AS A CC | Injurie Injurie ONSEQUENCE O ONSEQUENCE O | PF): | e mod | e of dying, s | in Part I. | 24a. WAS A PERFC | N AUTOPSY | 24b. W | Approximatintarval Bet Onset and 1 |
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| ETED BY PHYSICIAN: MEDICAL | Shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially liet cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other signification of the condition of the con | itione, ediate YING Jury ST Cont condition | BUE TO DUE TO | iple (OR AS A CC (OR AS A CC) | Injurie Injurie Injurie ONSEQUENCE O ONSEQUENCE O ONSEQUENCE O ONSEQUENCE O At thome, farm, | OTHER: 4 Nursing ME OF JURY M | e mod | Cause given ACE OF DEATH (5 | in Part I. Check only c 6 Oth 28d. DE | 24a. WAS A PERFC 1 [X] YES | N AUTOPSY PRIMED? 2 NO | 24b. W A G G O | Approximatintarval Bet Onset and I |
| MPLETED BY PHYSICIAN: MEDICAL | Shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially liet cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only 1 CEI | itione, ediate ying jury ST TO MEDICAL Pending investigation Could not be determined | BUE TO DUE TO | iple iple orange on each iple orange of the control of the control orange of the control | Injurie Injurie Injurie Injurie ONSEQUENCE O ONSEQUENCE O ONSEQUENCE O ONSEQUENCE O At DOA 28b. Tis IN At home, farm, | OTHER: 4 Nursing ME OF JURY M street, factory | e mod | Cause given ACE OF DEATH (5 | in Part I. Check only come 6 Goth | 24a. WAS A PERFC 1 X YES one) or (Specify) escribe How CATION (Street or Rown, State or Rown, | N AUTOPSY PAMED? 2 NO N | 24b. WAACCCCTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT | Approximate interval Bet Onset and 1 Onset and 1 VERE AUTOPSY FININALABLE PRIOR TO OMPLETION OF CAMP DEATH? YES 2 NO |
| BE COMPLETED BY PHYSICIAN: MEDICAL | Sequentially liet condition resulting in death) CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other signification in the condition of | itione, ediate ying jury st Condition to Medical To Medical To Medical Investigation in Condition to Medical Examination to Condition to Medical Examination to Condition to Medical Examination to Medical Ex | MULT S. DUE TO iple (OR AS A CO O (OR AS A CO | Injurie Injurie Injurie Injurie Injurie Injurie Insequence of Insequence | OTHER: 4 Nursing ME OF JUNY M street, factory | e mod | Cause given ACE OF DEATH (5 | in Part I. Check only of the State of the S | 24a. WAS A PERFC 1 X YES one) or (Specify) escribe How CATION (Street or Rown, State or Rown, | N AUTOPSY PRIMED? 2 INJURY OCCU t and Number of e) anner as stated and due to the | 24b. W A C C C T T Rec I C C C C C C C C C C C C C C C C C C | Approximatintarval Bet Onset and I |
| COMPLETED BY PHYSICIAN: MEDICAL | Shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially liet cond if any, isading to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other signification of the condition of the con | itione, ediate ying fury st Cont condition To Medical Pending investigation Could not be determined RTIFYING PHYS EDICAL EXAMINI LE OF CERTIFIE OF PERSON WITH COURSE AND | MULT S. DUE TO iple iple iple ion as a co ion | Injurie Injurie Injurie Injurie Injurie Injurie Insequence of Insequence | OTHER: 4 Nursing ME OF JUNY M street, factory | e mod | Cause given ACE OF DEATH (5 5 Resident RK? ES 2 NO and place, and of | in Part I. Check only one 6 Goth 28d. DE 28f. LO Che Itua to the cuthe time, det | 24a. WAS A PERFC 1 X YES One) or (Specify) ESCRIBE HOW CATION (Street or Rown, Stell | N AUTOPSY PRIMED? 2 INO INJURY OCCU t and Number of e) anner as stated and due to the 29d. DATE: | 24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA | Approximate interval Bet Onset and I |

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



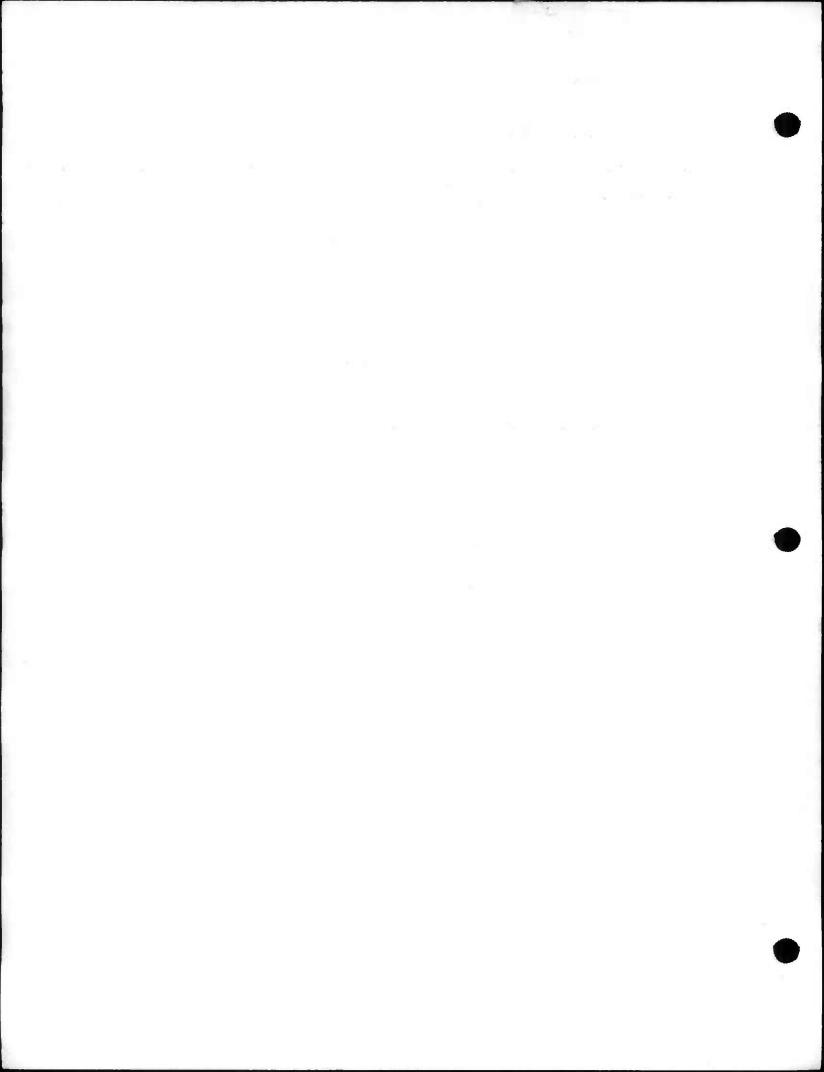
Pages 1, 2, 3 should

2

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO 2. DATE OF ATH 3/20/91 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH CATHERINE H. YOUNG 45p 3atte 20 MIE (In yrs. lest bilithday) A SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPI ACE (State or Formior JAN. 4,1903 MONTHS DAYS HOURS MIN. 1 - M 2 X F 212-03-5686 88 YRS MARYLAND 9a. FACILITY NAME (If not institution, give eet and number) 90 COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Cin A. -0 DIRECTOR owsou RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE XX YES 2 NO - - --FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4411 WHITE AVENUE 21206 S. Α. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. ZXXNO 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 XXES 2 NO Specify. BY 3 XXWidowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) CREDIT MANAGER NA NA SHOE COMPANY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JOHN HAMMELMANN KUNNIGUNDA FOERTSCHBECK BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ELIZABETH EGERTON (NIECE) 8318 OLD HARFORD ROAD, TIMONIUM, MARYLAND 21093 20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Buriel 2 Cremation 3 Removal from State MORELAND MEMORIAL PARK BALTIMORE, MD Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY
SCHIMUNEK FUNERAL HOMES, INC. 21. SIGNATURE OF FUNERAL SERVICE LICENSES In ucien an 3331 BREHMS LANE, BALTIMORE, MD. 23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such se cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. Approximate interval Between Onset and Death **IMMEDIATE CAUSE (Finsl** disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially llat conditions, DUE TO JOB AS A CONSEQUENCE OF If any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART ii. Other algnificant conditions contributing to death but not resulting in the undarlying causa given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER** OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 D Nu g Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 26b. TIME OF INJURY 1 Netural 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the beals of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 296. SIGNATURE AND TITLE OF CERTIFIER BE lexa 2708 2

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE wie Davidson-Randall 2 2 1991 MAR

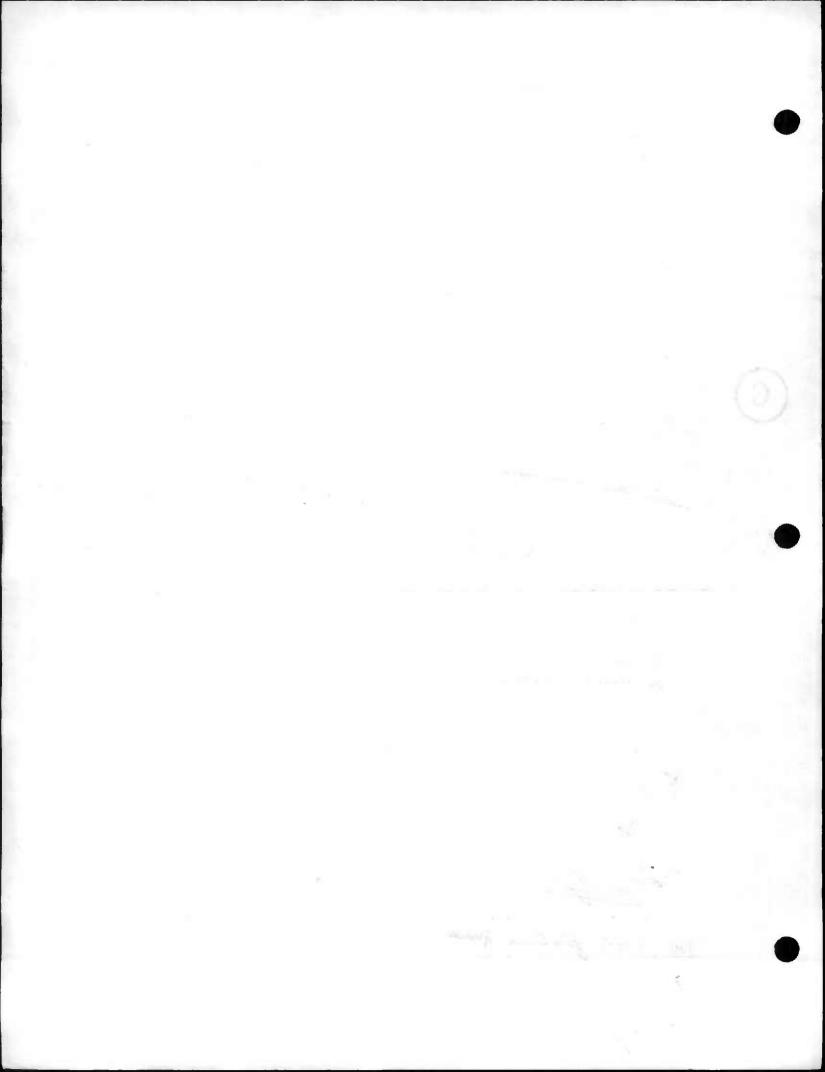
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print



ND 21203-3146

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| 8 | E E | DO | 5 |
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2ours after death. Page 6 may | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must it |
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| | 1 - STATE REGISTRAR | OTALE OF III | | | TMENT OF ICATE OF | | | IENTAL | REG. NO. | E | | | |
|---------------------------------|--|---|--|--|--|--|---|---|---|--|--------------------------|---|----------------------------------|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | -11111 | 10/11/2 01 | 52711 | · · | 2. DATE O | F DEATH | | 3. | TIME OF DEA | тн |
| | MADGE ROSALINE | ANGEL | | | | | | MONTHA | RCH 7 | ,1991 [*] | AR | 9:10 | n M |
| | 4. SOCIAL SECURITY NUMBER | 5. SEX | 6. AGE (In yrs. les | t birthday) | IF UNDER 1 YEAR | IF UNDER | 24 HRS. | 7 DATE OF | DIDTH | 8. | BIRTHPL/ | NCE (State or | Foreign |
| | 219-04-8522 | 1 🗆 M 2 🗶 F | 82 | YRS. | MONTHS DAYS | HOURS | MIN. | JAN. | 27, 1 | 1909 M | ARYL | AND | |
| | 9e. FACILITY NAME (If not institution, give | | | | 9b. CITY, TOWN | OR LOCATIO | ON OF DE | ATH | | 9c. COUNTY | OF DEAT | Н | |
| DIRECTOR | CITIZENS NURSIN | IG HOME | | | FREDE | RICK | | | | FRED | ERIC | K | |
| 딦 | RESIDENCE OF DECEDENT | TY . | | I 10c. CIT | Y, TOWN OR LOC | TION | | 10d. | | | | | Y |
| E | MARYLAND FREDE | | | | URMONT | | | | | | | LIMITS? | |
| | 10s. STREET AND NUMBER | | | | | of. ZIP CODE | | | | 10g. CITIZEN | | | , 110 |
| 3 | 6 ORCHARD DR. | | | | | 2178 | 8 | | | Т | J.S. | Δ. | |
| FUNERAL | 11. MARITAL STATUS | 12. WAS DECEDENT | EVER IN U.S. AR | RMED | | CENDENT O | F HISPAN | | | | RACE - | American In | llen, |
| BY F | 1 Never Married 2 Married 3 Wildowed 4 Divorced | IF YES, GIVE W | YES 2-1 | NO | | pecity Cubm S 2 🐼 NO | | | en, atc.) | | | Thite, atc. WHITE | |
| | | | | | 1 | 41 | | | | | | MILLE | |
| 三 | 15. DECEDENT'S EDI (Specify only highest gred | le completed) | (G | CEDENT'S live kind of Do NOT u | WORK done during n | ION lost of workin | g | 16b. F | IND OF BUS | SINESS/INDUS | TRY | | |
| 12 | Elamentary/Secondary (0-12) | College (1-4 or 5+ | , | | | | | | NIC |) A TT | | | |
| COMPLETED | 17. FATHER'S NAME (First, Middle, Last) | N/A | | HOME | MAKER | 16. MOTH | IER'S NAI | AE (First, Mic | IVC ddle, Malden | Surname) | | | |
| BE C | HERBERT PERCE | Y ANGEL | | | | ADA | A (1 | NMI) | TROX | ELL | | | |
| 10 | 19a. INFORMANT'S NAME (Type/Print) DONALD G. WEDDLE | | | | HARD DR | | | | - | | de) | | |
| | 20a. METHOD OF DISPOSITION | | | | SITION (Name of c | | | NI, M | _ | CATION — City | Taura | 01-1- | |
| | 1X Burial 2 Cremation 3 Real | moval from Stata | ΔPDT.F | S CH | URCH CEI | AFTFD | V | | | MONT, | | State | |
| | 21. SIGNATURE OF FUNERAL SERVICE L | ICENSEE | THIDE | D CII | | AND ADDRES | - | PILITY | THON | d-IOIVI, | TID. | | - |
| | 1 | | | | | | | | | FUNER/ | | | |
| | PART I. Enter the diseases, or ahock, or heart fellure | | | | | | | | | | | Approxi | nata Between |
| | IMMEDIATE CAUSE (Final disease or condition | (2) | A | | | | | | | | | Onset e | d Death |
| | resulting in death) | a. Due to | OR AS A CONSE | QUENCE C | F): | | | | | | | 3/1 | 2 |
| | | | | | | | | | | | | | |
| Z | Control of the Contro | b. | | | | | | | | | | | |
| TION | Sequentially list conditions, if any, leading to immediate | b. DUE TO | (OR AS A CONSE | QUENCE (| e): | | | | | | | | |
| ICATION | | C | | | | | | | | | | | |
| TIFICATION | If eny, leeding to immediate cause. Enter UNDERLYING | C | (OR AS A CONSE | | | | | | | | | | |
| CERTIFICATION | If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | C | | | | | | | | | | | |
| AL CERTIFICATION | If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | c. DUE TO | (OR AS A CONSE | QUENCE O | 9 : | ng ceuse (| given in | Part I. | 24s. WAS AN | | | ERE AUTOPSY BALABLE PRIC | FINDINGS |
| ¥ | If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | c. DUE TO | (OR AS A CONSE | QUENCE O | 9 : | ng ceuse (| given in | | | RMED? | AN CC | ERE AUTOPSY | FINDINGS R TO |
| ¥ | If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | c. DUE TO | (OR AS A CONSE | QUENCE O | 9 : | ng ceuse (| given in | | PERFOR | RMED? | AN CC OI | ERE AUTOPSY INLABLE PRICOMPLETION OF | FINDINGS R TO CAUSE |
| MEDICAL | If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditions the conditions of the condit | c. DUE TO | (OR AS A CONSE | QUENCE O | 9 : | ng couse (| given in | | PERFOR | RMED? | AN CC OI | ERE AUTOPSY MILABLE PRIC OMPLETION OF F DEATH? | FINDINGS R TO CAUSE |
| MEDICAL | If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditions to the conditions of the con | c. DUE TO | (OR AS A CONSE | QUENCE O | in the underlyi | ng couse ç | | | PERFOR | RMED? | AN CC OI | ERE AUTOPSY MILABLE PRIC OMPLETION OF F DEATH? | FINDINGS R TO CAUSE |
| MEDICAL | If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditions to the conditions of the con | DUE TO d. Dona contributing to MULLI HOSPITAL: 1 Inputient 2 | OR AS A CONSE | OUENCE C | In the underlyi | PLACE OF D | EATH (Chi | ack only one) | PERFOR | WED? | CC OI | ERE AUTOPSY MILABLE PRIC OMPLETION OF F DEATH? | FINDINGS R TO CAUSE |
| PHYSICIAN: MEDICAL | H eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditions to the conditions of the cause | DUE TO d | (OR AS A CONSE | resulting | 26. OTNER: Nursing Hole of 28c, ii | PLACE OF D | EATH (Chi | ack only one) | PERFOR | RMED? | CC OI | ERE AUTOPSY MILABLE PRIC OMPLETION OF F DEATH? | FINDINGS R TO CAUSE |
| BY PHYSICIAN: MEDICAL | PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | DUE TO d. DOMA CONTributing to MULLI HOSPITAL: 1 Impatient 2 26e. DATE OF (Month, D) 28e. PLACE O | death but not de | resulting | 26. OTNER: Nursing Hole of 28c, ii | PLACE OF D me 5 Re NJURY AT YORK? YES 2 | EATH (Chi | eck only one) 8 Other 28d. DESC | PERFOR | NINJURY OCCUP | AM CCC ON 1 | ERE AUTOPSY BALABLE PRIC DMPLETION OF F DEATH? | FINDINGS R TO CAUSE |
| ED BY PHYSICIAN: MEDICAL | PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Metural 5 Pending investigation 3 Suicide 6 Could not be detarmined | DUE TO d. DOMA CONTributing to MULLI HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, D) 28e. PLACE O building, | DEP/Outpetient : INJURY - At heetc. (Specify) | resulting B DOA 28b. Till IN | 26. THER: Nursing Hotel 1 JURY M 1 street, fectory, of | PLACE OF D me 5 ☐ Re NJURY AT YES 2 ☐ | EATH (Che | 8 Other 28d. DESC 28f. LOCA* | PERFORM (Specify) RIBE HOW I | NJURY OCCUR | AM CCC ON 1 | ERE AUTOPSY BALABLE PRIC DMPLETION OF F DEATH? | FINDINGS R TO CAUSE |
| ED BY PHYSICIAN: MEDICAL | H eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditions to the conditions of the cause | DUE TO d. DOMA CONTributing to MULLI HOSPITAL: 1 Impatient 2 26e. DATE OF (Month, D) 28e. PLACE O | death but not a death but not | resulting B DOA 28b. Till iN pome, form, | 26. THER: Nursing Hole of 28c. II JURY M 1 street, fectory, of | PLACE OF D wm 5 Re NJURY AT NORKY YES 2 lica | EATH (Che seidence | 8 Other 28d. DESC City of | PERFORM (Specify) RIBE HOW I FION (Street Rown, State) | NJURY OCCUR | ANCOLO ON 1 | REAUTOPSY MILABLE PRICONDING PRICO | FINDINGS R TO CAUSE |
| COMPLETED BY PHYSICIAN: MEDICAL | H eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditions to the conditions of the cause | DUE TO d. Date TO d. HOSPITAL: 1 Inpetient 2 25a. DATE OF (Month, D) 28a. PLACE OF building, SICIAN: To the best of an | death but not a death but not | resulting B DOA 28b. Till iN pome, form, | 26. THER: Nursing Hole of 28c. II Street, fectory, of | PLACE OF D me 5 Re SUJURY AT YES 2 Ica te and place death occur | EATH (Chesidence) NO No n, and due | 8 Other 28d. Desc. 28d. LOCA City of lothe cause life, date a | PERFORM (Specify) RIBE HOW I FION (Street Rown, State) | INJURY OCCUP | ANCO ON 1 | REAUTOPSY MILABLE PRICONDING PRICO | FINDINGS R TO CAUSE PNO |
| ED BY PHYSICIAN: MEDICAL | H eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditions to the conditions of the cond | DUE TO d. Date TO d. HOSPITAL: 1 Inpetient 2 25a. DATE OF (Month, D) 28a. PLACE OF building, SICIAN: To the best of an | death but not a death but not | resulting B DOA 28b. Till IN borne, form, | 28. OTHER: Nursing Ho AE OF 28c. II JUHY 1 street, factory, off | PLACE OF D me 5 Re SUJURY AT YES 2 Ica te and place death occur | EATH (Che seldence NO | 8 Other 28d. Desc. 28d. LOCA City of lothe cause life, date a | PERFORM (Specify) RIBE HOW I FION (Street Rown, State) | NJURY OCCUP and Number or nner as stated, and due to the c | RED Rural Rou GIGNED (M | REE AUTOPSY MILABLE PRICOMPLETION OF DEATHY YES 22 to Number, to Number, and manner a conth, Day, Yes | FINDINGS R TO CAUSE PNO |



RYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

5

TO BE COMPLETED BY FUNERAL DIRECTOR

| 1 | FOR STATE REGISTRAR | |
|---|---------------------------|---|
| 1 | 1, DECEDENT'S NAM | 1 |
| ŀ | 4. SOCIAL SECURITY | Y |

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REGISTRAR | | CERTIFIC | CATE OF DEATH | REG. NO | D. | |
|---|--|----------------------------------|--|--|----------------------------------|---|
| 1. DECEDENT'S NAME (First, Middle, Last) | | | | 2. DATE OF DEATH MONTH | DAY YEAR | 3. TIME OF DEATH |
| LEROY | VIRGIL | ALDER' | ron | March 1 | | 4:51 AM |
| | SEX 6. AGE 67 | | IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) 03-25-19 | 23 a. BIFT | THPLACE (State or Foreign |
| 9a. FACILITY NAME (If not institution, give street | t end number) | 1 | b. CITY, TOWN OR LOCATION OF I | DEATH | 9c. COUNTY OF | DEATH |
| Memorial Hospit | al | | Cumberland | | Allega | ıny |
| 10e. STATE 10b. COUNTY | | | TOWN OR LOCATION | | | 10d. INSIDE CITY LIMITS? |
| MD Allegany | 7 | Cumbe | erland | | | YES 2 NO |
| 424 Grand Avenue | | | 10f. ZIP CODE 21502 | | USA | WHAT COUNTRY? |
| 11. MARITAL STATUS 1 Never Married | FORCES? YES YES IF YES, GIVE WAR OR D | ATES | 13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES NO Speci | an, Puerto Ricen, etc.) | | CE — American Indien, ck, White, etc. |
| 15. DECEDENT'S EDUCAT | ION | 16a. DECEDENT'S U | SUAL OCCUPATION | 16b, KIND OF B | USINESS/INDUSTRY | |
| (Specify only highest grade con Elemantary/Secondary (0-12) | College (1-4 or 5+) | | rk done during most of working retired.) | | | |
| 12 | | sales r | epresentative | Matt. | ingly & S | Stotler Dist. |
| 17. FATHER'S NAME (First, Middle, Last) | | | - Section 1997 | IAME (First, Middle, Meide | -1 | |
| Gilbert Alderton | | | | a Barnhart | | |
| Mrs. Melda E. Alde | erton | | nd Avenue Cumb | | | |
| 29e. METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremation 3 □ Remova 4 □ Donation 5 □ Other (Specify) | | | of disposition (Name | | ocation - city or oberland, | |
| 21. SIGNATURE OF FUNERAL SERVICE LICEN | SEE | . 1 | Scarpelli Fu | | | |
| 23. PART I. Inter the disease, or con | Scarpe | Ili | Cumberland, | MD 21502 | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST | Dwest | A CONSEQUENCE OF: | leale of Signs | rif Car | m | Interval Between Onset and Death 48 his 18 days |
| PART II. Other algnificant conditions of | contributing to desth (| but not resulting in | the underlying cause given i | PERF | AN AUTOPSY 2: DRIMED? 2 NO | ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | | | 26. PLACE OF DEATH (| Check only one) | | |
| | IOSPITAL: | | OTHER: I Nursing Home 5 Residence | 6 Other (Specify) | | |
| 27. MANNER OF DEATH 1 Netural 5 Pending Investigation | 26e. DATE OF INJURY (Month, Day, Year) | 28b. TIME INJU | OF 26c. INJURY AT WORK? M 1 YES 2 NO | 28d. DESCRIBE HOW | INJURY OCCURED | |
| Accident investigation Suicide 6 Could not be datermined | 28e. PLACE OF INJUR building, etc. (Spe | Y — At home, farm, str loffy) | reet, factory, office | 26t. LOCATION (Stree City or Town, Ste | et end Number or Rura te) | f Route Number, |
| one) | | | at the time, date and place, and d | | | e(e) end manner se stated. |
| 296. SIGNATURE AND TITLE OF CENTIFIER | | 1 | 29c. LICENSE N | UMBER | 29d. DATE SIGN | ED (Month, Day, Year) |
| 30. NAME AND ADDRESS OF PERSON WHO | COMPLETED CALIFE OF THE | FATH (ITEM 27 CA | D 1724 | | 13/ | 12/91 |
| Dr. Richard Snide | r Memoria | al Hospita | al Cumberland, | MD 21502 | | |
| 31. DATE WAR 1 3 1991 | 32. REGISTBAR'S SIGN | gandell. | | - | | |

CHE COMMITTEE THE

BALTIMORE, MARYLAND 21203-3146

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| E. | cate | State | Iter |
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a cours after death. Page 6 may be many | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 in the funeral director, page 6 in the fun | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified |
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|--------------------|--|---|----------------|--|---|-----------------|--------------------------|-----------------|-------------------------------------|---|--|
| | 1 - STATE REGISTRAR | STATE OF MARYLAND | | | HEALTH AND | | HYGIEN REG. NO. | E | | | |
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | 2. DATE OF | DEATH | | 3. | TIME DF DEATH | |
| | Harry Neal Aiken | | | | | March | 3. | | YEAR 2 | 00. a.m. M | |
| | 4. SOCIAL SECURITY NUMBER | 5. SEX 6. AGE (In yrs. | last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE DE | BIRTH | | | revarde, | |
| | 577-07-6461 | X M 2 □ F .86 | 6. YRS. | MONTHS DAYS | HOURS MIN. | June | 30 | 1904.1 | North Carolina | | |
| | 9a. FACILITY NAME (If not institution, give street | st and number) | | 9b. CITY, TOW | N OR LOCATION OF D | | | | TY OF DEATH | | |
| DIRECTOR | Collington Nursing Home Mitchellville Prince George | | | | | | | | | | |
| EG | RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY | | | | | | | | 100 | I. INSIDE CITY | |
| SIR | Maryland Prince | George's | Mit | chelly: | 1110 | | | | | LIMITS? | |
| | 10e. STREET AND NUMBER | | 114 | | 10f. ZIP CODE | | | 10g. CITIZI | | CDUNTRY? | |
| FUNERAL | 10450 Lottsford R | load, #138 | | | 20721 | | | U.S. | | | |
| BY FUN | 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 T IF YES, GIVE WAR DR DATES | | If yes, | Specify Cuban, Maxica ES 2 X NO Specific | an, Puerto Rica | Specify Yea in, atc.) | or No— | I4. RACE — Black, Wi Specify: | American Indian, hita, atc. White | |
| | 15. DECEDENT'S EDUCA | | | | | Income | | | | | |
| COMPLETED | (Specify only highest grade co | impleted) | (Give kind of | USUAL OCCUPA work done during se retired.) | most of working | 18b. Ki | NO OF BUS | BINESS/tNDU | STRY | | |
| PLE | 10.1 - 1 | College (1-4 or 5+) | okkee | | | | D 1 | | | | |
| MO | 17. FATHER'S NAME (First, Middle, Last) | one be | JUKKEE | her | 18. MOTHER'S NA | | Bank: | | | _ | |
| | William E. Aiken | | | | | llian (| | ŕ | | | |
| BE | 19a. INFORMANT'S NAME (Type/Print) | | 19b. MAILING | ADDRESS (Street | et and Number or Rural | | | | Code) | 20701 | |
| 10 | Emma V. Aiken (Sp | ouse) | 10450 | Lotts | Ford Road | #138 | Mil | choll | w411a | 20721 | |
| | 2017 METHOD OF DISPOSITION 1 Burial 2 Commetton 3 Remove | 20b. PLAC | E OF DISPO | SITION (Name of | cemetery, crematory or | . // 1.30 | | CATION - C | | | |
| | 4 Donallon 8 Other (Specify) | Fort | Line | oln Cer | netery | | Bre | entwoo | d, Ma | ryland | |
| | 21. SIGNATURE OF UNERAL SERVICE UNI | July Sugar | ~ | ² Fran 473 | AND ADDRESS OF FA | n's Son | ns Fu . Hya | neral attsvi | Home | P.A. Md. 20781 | |
| | 23. PART I. Enter the diseases, or of | mplications that caused the | death. Do | not enter the i | mode of dying, suc | ch as cardled | or reap | ratory arre | st, | Approximate | |
| | shock, pr haert fellure. List only one cause pn asch lina. Interval Batween Onset and Death | | | | | | | | | | |
| | disease or condition reaulting in deeth) | RESPIRATORY APPREST | | | | | | | | | |
| | DIE TO OR AS A CONSCIUNCE OF | | | | | | | 22.2 | | | |
| Z | METASTATIC PROSTATIC CANCER | | | | | | | | | | |
| 5 | Sequentially flat conditions, If any, laading to immediate | | | | | | | | | | |
| SA | CAUSE (Disease or Injury | | | | | | | | | | |
| CERTIFICATION | that initiated events resulting in death) LAST | DUE TO (OR AS A CONS | SEQUENCE O | F): | | | | | | | |
| Ë | d. | | | | | | | | | | |
| | PART II. Other significant conditions | contributing to death but no | t reaulting | In the underly | ring cause givan in | Part I. 24 | la. WAS AN | | | RE AUTOPSY FINDINGS | |
| 2 | | | | | | | PERFO | | co | MPLETION OF CAUSE | |
| ED | | | | | | ' | _ ico 2 | Lino | | DEATH? | |
| . N | | | | | - | | | | 1 ., | 3 120 2 110 | |
| IAN | 25. WAS CASE REFERRED TO MEDICAL | 3.0.30 | | 26 | PLACE OF DEATH (C) | heck only one) | _ | | | | |
| SIC | | HOSPITAL: | 3 DOA | OTHER: | lome 5 Rasidence | 8 Other (S | Specify) | | | | |
| PHYSICIAN: MEDICAL | 27. MANNER OF DEATH | 28a. DATE DF INJURY (Month, Day, Yegr) | 28b. TIR | | INJURY AT WORK? | T | | NJURY OCC | URED | | |
| ВУ Р | 1 Natural 8 Pending 2 Accident Investigation | 3/3/91 | 2 | / - | YES 2 NO | | | | | | |
| ED B | 3 Suicide 8 Could not be | 28e. PLACE DF INJURY Al building, alc. (Specify) | homs, farm, | atreet, factory, o | ffica | | ON (Street | and Number o | or Rural Route | Number, | |
| TE | 4 Homicide determined | | | | | | ,, | | | | |
| PLE | 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICI. | AN: To the best of my knowledge, | death occur | red at the lime, d | lete and plece, and du | a lo lhe cause | (a) and ma | nner aa state | d. | | |
| COMPLET | one) | On the basis of examination and/ | | | | | | | | d manner as stated. | |
| | 296. BIONATUME AND TITLE OF CONTIFIER | | | | 29c. LICENSE NU | | | 29d. DATE | SIGNED (NO | onth, Day, Year) | |
|) BE | / Mulit a | Lust no | AT | RNANG | - DZ9 | 1-093 | | 1 3 | 19/9 | / | |
| 5 | 30. NAME AND ADDRESS OF PERSON WHO | COMPLETED CAUSE DE DEATH (| TEM 270 / Ten | (Delet) | | _ | | | | | |

7305 Baltimore Avenue, Suite #107, College Park, Md. 20740

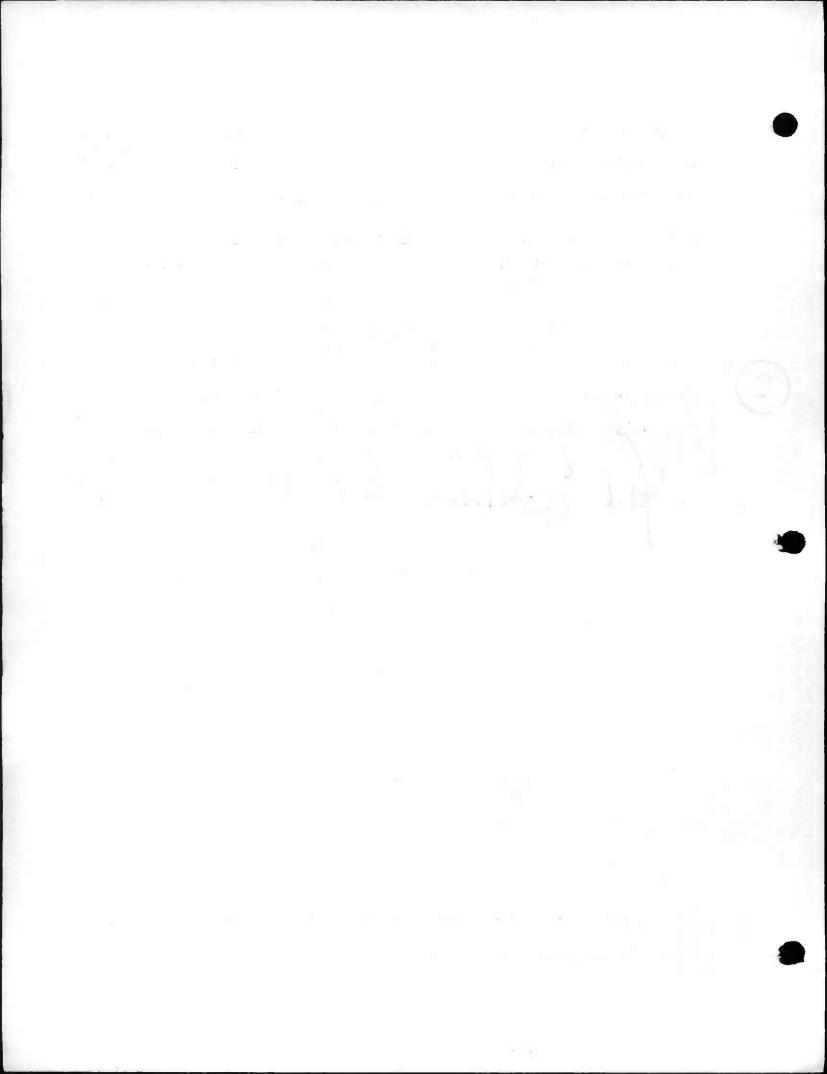
DHMH-18 Rev 1/89

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Lulia Savidson-Randall

Mark Parkhurst, M.D.

31. DATE FILED (Morrith, Day, Year)
MAR 0 5 '91

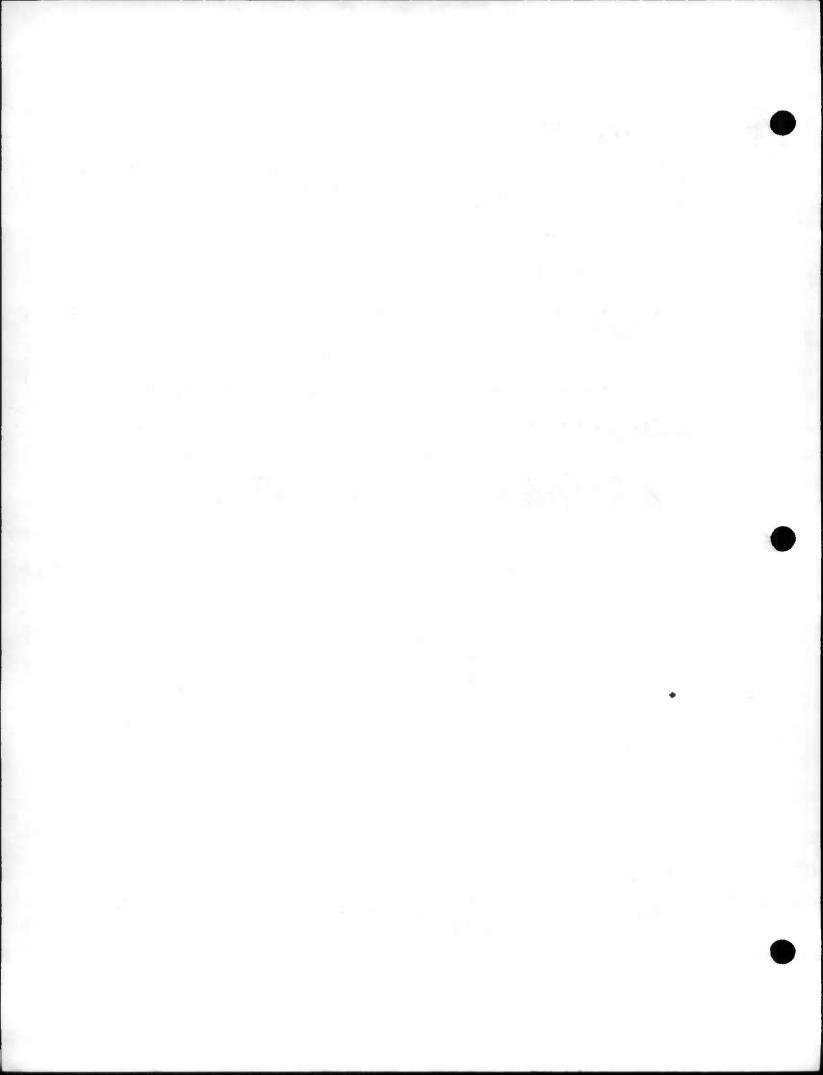


| | • | 1 - STATE STATE OF MA | | | CATE OF | | | EG. NO. | | |
|--|---------------|---|---|-------------|----------------------|---|---|------------------------------|----------------|---|
| | ŀ | 1. DECEDENT'S NAME (First, Middle, Last) Margaret MARGARET A | Keane | And | erson | | 2. DATE OF I | DAY | | |
| 1 | | | 3. AGE (In yrs. last i | ¥ | IF UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF E | - 01 · | 8.8 | HITTHPLACE (State or Foreign |
| | | 578-62-0335 1 D M 2 🗹 F | 86 | YRS. | MONTHS DAYS | HOURS MIN. | (Morith, De | 24 - | | ash. DC |
| 2, 3 should | OB | PRINCE GEORGES HOSPITA | +L CEN | TER | 9b. CITY, TOWN | HEVE | | | PRINC | |
| Pages 1, 2 | ECTOR | RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY | | 10c. CITY | , TOWN OR LOCA | TION | | | | 10d. INSIDE CITY |
| if. Pag | B | | | Was | shingto | | | | | 1XXES 2 NO |
| it permit. | FUNERAL | 10e. STREET AND NUMBER | J. N. W. | | 10 | H. ZIP CODE | | | | OF WHAT COUNTRY? |
| physician. burial-transit | NE | 3701 Massachusetts Avenu 11, MARITAL STATUS 12, WAS DECEDENT | EVER IN U.S. ARM | | | 20016 CENDENT OF HISPAN | | | U.S.A | RACE — American Indien, |
| | BY | 1 Never Merried 2 Merried 3 Wildowed 4 Divorced FORCES? 1 IF YES, GIVE WA | | ٥ | | pecify Cuben, Mexical B 2 NO Specify | | n, atc.) | | Black, White, atc. Specify: 'hite |
| or attending | ETED | 15. DECEDENT'S EDUCATION (Specify only highest grade completed) | (GIV | | USUAL OCCUPATI | | 16b. Kil | ND OF BUSI | NESS/INDUST | RY |
| spital of the | COMPLE | Elementary/Secondary (0-12) 12th College (1-4 or 5+) None | | | mployed | | N. | | | |
| at be de | E CO | 17. FATHER'S NAME (First, Middle, Last) Michael A. Keane | | | | Margar | | | Surname) | |
| retained to should notified | TO BE | 19e. INFORMANT'S NAME (Type/Print) | 100 | | | end Number or Rural I | Poute Number, | City or Town, | | |
| be re | ۴ | Katherine P. Becker | | | | n Dr., C | hevy | | | . 20815 or Town, State |
| | | 20. METHOD OV DEPOSITION 1 X Burtal 2 Commettion 3 Refroral from State 4 Docation 5 4 Other (Specify) | Mt. O | livet | Cemet | ery | | | | on DC |
| 2) | | 2HFG Bake OF FUNDAL SERBIT LEENBER | | | 22, NAME A | AND ADDRESS OF FA | | SON | S FIIN | IERAL HOME |
| | | 7/ark/J/Dwh | In | | 4739 | Balt. Av | e., H | yatts | ville, | Md. 20781 |
| in by in the | 1 | 23. PART I. Enter the diseases, or complications that shock, or heart fellure. List only one gaus | | eth. Do n | ot enter the m | ode of dying, suc | h ae cerdied | or reepir | atory arrest, | interval Between |
| the II | Ш | iMMEDIATE CAUSE (Finel disease or condition | wte | CL | olec | vst: Y |) S | | | Onset and Death |
| d with mplems commit | | resulting in death) a. QUE TO (| OR AS A CONSEO | DUENCE OF | F): | f | | | | |
| be executed in to burial traumatic | NO | Sequentially list conditions, OUE TO (| OR AS A CONSEO | UENCE OF | F): | | | | | |
| ysician prior t | CAT | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury | | | | | | | | |
| Sing ph Sydiene | CERTIFICATION | that initiated events resulting in daeth) LAST | DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | |
| the death of the attend of Mental Hy or | | d | | 1 111 / | | | | | | |
| in the Co | ICAL | PART II. Other aignificant conditions contributing to | death out not n | 5 | in the underlyi | ng cause given in | in Part i. 24a, WAS AN AUTOPSY PERFORMEO? | | MEO? | 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE |
| w requires the been signed of Health a | MEDI | | | | | | 1 | YES 2 | Мио | OF DEATH? |
| NL KE se law req has been Dept. of n 23 sho | | | | | | | | | | |
| F 22 5 | PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | 400000000000000000000000000000000000000 | | OTHER: | PLACE OF DEATH (CA | | | | |
| 2 5 5 | HAS | 1 VES 2 NO 1 Inpatient 2 27. MANNER OF GEATH 28a. OATE OF | INJURY | 26b. TIM | E OF 28c. II | NJURY AT | 1 | | JURY OCCUR | ED |
| | ВУ Р | 1 Netural 5 Pending 2 Accident Investigation (Month, Da | | | M. 1 | YES 2 NO | | | | |
| TTENDI TTOR: A after d | ETED 1 | | FINJURY — At hou inc. (Specify) | me, farm, | etreet, factory, off | tce | | ON (Street e Town, State) | nd Number or i | Rural Route Number, |
| AL OR | COMPLE | 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of a MEDICAL EXAMINER: On the basis of ex | | | | | | | | |
| TO THE HOSPITO TO THE FUNERA THE FUNERA THE FORE WITHIN 7 | ш | 290. SIGNATURE AND TITLE OF CENTRER | ·A | | | 29c. LICENSE NU | MBER | | | IGNEO (Month, Day, Year) |
| 6 6 3 W | TO B | 30, NAME AND ADDRESS OF PENSON WHO COMPLETED SOUS | OF DEATH (ITEE | M 27) (Tona | Printles | 123/ | 001 | /= 1 | 3 | 2/9/ |
| | | Stuart J. Turkewit | 3 6 | 500 | on bel | f. tod. | 20 | 1 2 770 |) | |
| | | 11100 | R'S SIGNATURE | | | , | | | | |
| | | MAR 05 '91 gulia Davidso | - Variable | | <u></u> | | | | | DHMH-16 Rev 1/89 |

projection of

| 0 | certifi |
|-------------------|--|
| P.O. | death |
| SC | 4 |
| Œ | that |
| OF VITAL RECORDS, | he law requires that the death certifi |
| | ME |
| M | 2 |
| 5 | CIAN: |
| OF | PHYSI |
| DIVISION | TAL OR ATTENDING PHYSICIAN |
| 5 | g |
| | TAI |

| | | FOR STATE REGISTRAR | OF MARYLAND / DEPARTM CERTIFICA | ENT OF HEALTH AND | MENTAL HYGIENE REG. NO. | | | | | | |
|--|----------------------|--|---|--|--|---|--|--|--|--|--|
| | | 1. DECEOENT'S NAME (First, Middle, Last) B, | ALLIVUTT | | 2. DATE OF GEATH DAY | S. TIME OF DEATH 23 52 PM | | | | | |
| | | 4. SOCIAL SECURITY NUMBER 5. SEX 1XX 4. 217-05-1078 1XX 4. 2 | | UNDER 1 YEAR IF UNDER 24 HRS. WITHS DAYS HOURS MIN. | 7. DATE OF BIRTH (Month, Dey, Year) 11-9-06 | 8. BIRTHPLACE (State or Foreign Country) Marvland | | | | | |
| MARYLAND 21203-3146 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should notified at once. | ECTOR | A FACILITY NAME (If not institution, given sheet and num | TAM Lospital (| CHTY, TOWN OR LOCATION OF O | EATH P. CO | NCE GOVGES | | | | | |
| | AL DIRECT | 10a. STATE 10b. COUNTY | | OWN OR LOCATION | | 10d. INSIDE CITY LIMITS? | | | | | |
| | | Maryland Prince Ge | orges | Temple Hills | 10g. CI | 1 YES 2 NO | | | | | |
| | E | 3301 Carlton Avenu | | | 20748 | USA | | | | | |
| | BE COMPLETED BY FUNE | 1 Never Married 2 Narried FORCE | ECEOENT EVER IN U.S. ARMED IS? 1 ☐ YES 2 ☑ NO , OIVE WAR OR QATES | 13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico 1 YES 2 NO Specif | | 14. RACE — American Indian, Black, White, etc. Specify: White | | | | | |
| | | 15. OECEOENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1) | 16a. OECEOENT'S USU (Give kind of work life. Do NOT use rei | done during most of working | 16b. KINO OF BUSINESS/II | NOUSTRY | | | | | |
| | | 11th | | intendent | | 1 Sand & Gravel | | | | | |
| | | 17. FATHER'S NAME (First, Middle, Lest) Clarence Leon | ard Allnutt | | AME (First, Middle, Maiden Surname) atherine Victo | | | | | | |
| | 10 B | 19a. INFORMANT'S NAME (Type/Print) | | ORESS (Street and Number or Rural | Route Number, City or Town, State, 2 | Zip Code) | | | | | |
| E, E | | Gladys E. Allnutt 20a. METHOD OF DISPOSITION 1 19 Burlet 2 Commention 3 C Removal from S | 20b. PLACE OF DISPOSITION | ON (Name of cemetery, crematory or | Temple Hills, | Md • 20/48 - City or Town, State | | | | | |
| MORE age 6 mar director, p | | 4 d Donatton 5 □ Other (Specify) Boca Raton Busoleum Boca Raton, Florida | | | | | | | | | |
| BALTIM Ber death. Pag the funeral din wal. | | George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md. 20745 | | | | | | | | | |
| DX 13146, be executed within an industrial side of the completely filled in by the rior to burial, cremation, or remove traumatic event, the medical | | 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reapiratory errest, ahock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due To (OR AS A CONSEQUENCE OF): | | | | | | | | | |
| | CATION | Sequentially list conditions, If env. leeding to immediate | ALLENSION OF | a Cecute 1 | Mycardeal | Inforction | | | | | |
| rtificating physiene pother | rifica | cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | Menoseler | n of Cleute Mycardeal Inforction NOE OFF Levolic Heart Disease | | | | | | | |
| death ce attendir antal Hy | CERTIFI | resulting in death) LAST | ing estine | Heart | Jailine | | | | | | |
| F VITAL RECORDS, P SIGIAN: The law requires that the deat centricate has been signed by the att the State Dept. of Health and Mental 1, or Item 23 shows any Injury, | MEDICAL | PART II. Other significant conditions contributions of the contribution of the contrib | | | | Y 24h. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO | | | | | |
| e law re has bee Dept. o | SICIAN: | 25. WAS CASE REFERRED TO MEDICAL | | 26. PLACE OF DEATH (C | heck only ones | | | | | | |
| VITAL SIAN: The rtificate ha he State D or Itom 3 | YSIC | | serie 2 (1) throughnism 2 (1) both [4] | THER: | STATE OF THE STATE | | | | | | |
| PHYSIC this or with t | Y PHY | 1 Natural 5 Pending | DATE OF INJURY (Month, Day, Year) 28b. TIME O INJURN | F 28c INJURY AT WORK? M 1 YES 2 NO | 28d. DESCRIBE HOW INJURY O | OCCURED | | | | | |
| DIVISION OR ATTENDING DIRECTOR: After hours after death item 28 is ma | TED BY | 3 Suicide 28e. | PLACE OF INJUSY — At home, farm, stree building, etc. (Specify) | et, tectory, office | 281, LOCATION (Street and Numb City or Reen, State) | brect and Number or Rural Route Number Shatel | | | | | |
| | COMPLETED | 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. | | | | | | | | | |
| TO THE HOSPITAL TO THE FUNERAL Se filed within 72 IMPORTANT: If | TO BE C | RAME COMMEN | they und | 29c. LICENSE NU | JMBER 29d. D | ATE SIGNEO (Month, Day, Year) 2-21-91 | | | | | |
| (10) | | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED IN THE STORY OF THE STORY | Rd. tort | WAShings | ton, md. | 20744 | | | | | |
| | | FEB 725 9 1 100 Juli22 | 15015 BARIS SHAMONDALL | · · | | | | | | | |



FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

CTATE OF MADVIAND / DEPARTMENT OF HEALTH AND MENTAL HYCKENE

| 1 - STATE REGISTRAR | | SIAIL OF I | HART LAN | CERTIF | | | DEAT | | REG. N | INE IO. | | | | |
|--|--|--|------------------------|----------------------------------|---------------------------|--------------|--------------------------|-----------------------------|---|---------------------------------|--|---|--|--|
| 1. DECEDENT'S NAME (Firs | t, Middle, Last) | | | 10 | | | | | 2. DATE OF DEATH | | | 3. TIME OF OEATH | | |
| James | Samue | l Alexa | nder | | | | | | March C | A | 1991 | 4:36 P | | |
| 4. SOCIAL SECURITY NUM | | 5. SEX | | s. last birthday) | | R 1 YEAR | IF UNDER | | 7. DATE OF BIRTH (Month, Day, Year) | | | IPLACE (State or Foreign | | |
| 219-34-273 | 8 | 1 🔀 M 2 🗆 F | 52 | YRS. | MONTHS | DAYS | HOURS | MIN. | Dec 22. | | Count | MD | | |
| 9e. FACILITY NAME (If not i | institution, give s | street and number) | <u> </u> | | 9b. CIT | Y, TOWN O | R LOCATIO | ON OF DE | 7 | | DUNTY OF E | DEATH | | |
| The Kent & | Oueen | Anne Hos | oital | Inc. | Che | ster | town, | . MD | | _ K€ | ent | | | |
| RESIDENCE OF DE | CEDENT 10b. COUNT | | | | | | | | | | Anna and an anna an a | | | |
| 10a. STATE | | ITY, TOWN OR LOCATION | | | | | | 10d. INSIDE CITY LIMITS? | | | | | | |
| | MD Kent Golts 9. STREET AND NUMBER 100. CIT | | | | | | | | 1 YES 2 NO | | | | | |
| Rt. #1, Alexander Road 2163' | | | | | | | | 10g, C | | WHAT COUNTRY? | | | | |
| 11. MARITAL STATUS | цехано | 12. WAS DECEDE | T 5150 0111 | | | | | _ | | | | USA | | |
| 1 Never Married 2 | Merried | FORCES? | YES 2 | 2 NO If yes, specify Cuben, Mexi | | | | n, Mexica | can, Puerto Rican, etc.) | | | 14. RACE — American Indian, Black, White, atc. | | |
| 3 Widowed 4 Divorced IF YES, GIVE WAR | | | MAR OR DATES | DATES 1 YES | | | S 2, NO Specify: | | | | Specify: Cauc | | | |
| | CEDENT'S EDU | | 164 | . DECEDENT | | | | | 16b. KIND OF | BUSINESS/ | INDUSTRY | | | |
| (Specify or Elementary/Secondary (| nly highest grade (0-12) | completed) College (1-4 or 5 | +) | (Give kind of life. Do NOT u | work done ne retired.) | duning mo | st of Workin | rg | | | | | | |
| i1 | | | | Farn | er | | | | Faming | | | | | |
| 17. FATHER'S NAME (First, I | Middle, Last) | | | | | | 18. MOTH | HER'S NA | AME (First, Middle, Main | ten Sumame | 0) | | | |
| James Ale | xander | JR. | | | | | Pe | arle | Newnan | | | | | |
| 19a. INFORMANT'S NAME | | | | 19b. MAILIN | G ADDRES | SS (Street a | nd Number | or Rural | Route Number, City or | Town, State, | Zip Code) | | | |
| Shirley A | lexand | ler | | sa | me a | s ab | ove | | | | | | | |
| 20a. METHOD OF DISPOSI | TION | norm from State | | ACE OF DISPO | | | | | 20c. | LOCATION | - City or To | own, State | | |
| 4 Donation 5 Othe | r (Specify) | noval from Saile | = | Ca | pito | l Cr | emate | ory | I | over | , DE | | | |
| 21. SIGNATURE OF FUNER | AL SERVICE LI | CENSEE / | | | | | ID ADDRES | | | | | | | |
| > 1908 | 1/2 | +011 | ows | | | | | | al Home | | orton | MD 21651 | | |
| 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Life attic. Faulure but to for as a consequence or: Carrent Larent List only one cause on each line. Carrent List only one cause on each line. | | | | | | | | | | | | | | |
| Sequentially list conditions, If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Ceres Carreno Local Carre | | | | | | | | | | | | | | |
| PART II. Other signification of the part o | +OH | | | | | | | | Part I. 24a. WAS PER | AN AUTOP FORMED? 3 2 7 NO | | b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | |
| 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO | TO MEDICAL | HOSPITAL: | ER/Outpatie | nt 3 🗆 DOA | OTHE | ER: | | | 6 C Other (Specify) | | | | | |
| 27. MANNER OF DEATH 1 Netural 5 2 Accident | Pending Investigation | | F INJURY Day, Year) | 28b. Tf | ME OF LJURY M | WC | IURY AT ORK? YES 2 |] NO | 28d. DEŞCRIBE HO | YRULINI W | OCCURED | | | |
| 2 Accident 3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | | | | | | Route Number, | | | | | | | |
| Correct Only - | | TO THE COUNTY OF THE PARTY OF T | | | | | | | e to the cause(a) and time, data and place | | | (a) and menner as stated. | | |
| 29b. SIGNATURE AND TITE | E OF CERTIFIE | ER | n | 13 | | | 1 | ENSE NU | SF9 | 29d. (| 3/ | (Month, Day, Year) | | |
| 30. NAME AND ADDRESS | | | | | | | | | | | | | | |
| Tohn (| 1-An | RABAL | JKY | M-D | ·H | 137 | Gows | n m | hall CI | 400/ | enton | wn Mel 214 | | |

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FLINEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89

=

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

| | 1 - STATE REGISTRAR | SIATE OF MARTI | | ICATE OF | HEALIH ANU I F DEATH | MENIAL HYGIEN REG. NO | | | | | | | |
|---|--|---|------------------------|--------------------------|-------------------------|---|--|---|--|--|--|--|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | 98,111 | 10/112 01 | | 2. DATE OF DEATH | | 3. TIME OF DEATH | | | | | |
| | Roger W. Armwood | | | | | 03 05 | | EAR | | | | | |
| | | SEX 6, AGE (| In yrs. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF BIRTH | | BIRTHPLACE (State or Foreign | | | | | |
| | 215-18-4686 | (X м 2 □ F 73 | YRS. | MONTHS DAYS | HOURS MIN. | (Month, Day, Year) | (| Country) PA | | | | | |
| | 9a. FACILITY NAME (If not institution, give street | and number) | | Sh CITY TOWN | OR LOCATION OF DE | 09-05-17 | 9c. COUNTY | OE DEATH | | | | | |
| œ | Peninsula General | , | | Salis | | -Ain | | mico | | | | | |
| 2 | RESIDENCE OF DECEDENT | nospital | | Dalis | bul y | | 1 1120 | THIE CO | | | | | |
| DIRECTOR | 10a. STATE 10b. COUNTY | - La | 10c. CIT | Y, TOWN OR LOC | ATION | | | 10d. INSIDE CITY LIMITS? | | | | | |
| 늄 | Md. Som | IETSET | | Prince | 35 Ann | E | | 1 TYES 2 NO | | | | | |
| | 10e. STREET AND NUMBER | | | 1 | 01. ZIP CODE | | 10g. CITIZEN | OF WHAT COUNTRY? | | | | | |
| EB. | RT-3 BOX 413 | 5 | | | 21833 | | / | 1,5, | | | | | |
| FUNERAL | | . WAS DECEDENT EVER IN | | | | NIC ORIGIN? (Specify Ye | a or No 14. | RACE American Indian, Black, White, etc. | | | | | |
| | 1 Never Married 2 Married | FORCES? 1 YES | 2 NO ATES | | S 2 NO Specific | in, Puerto Rican, etc.) y: | | Specify: | | | | | |
| ВУ | 3 Widowed 4 Divorced | | | | | | | Black | | | | | |
| | 15. DECEDENT'S EDUCATI- (Specify only highest grade com | | (Give kind of | Work done during n | TION nost of working | 16b. KIND OF BU | 186. KIND OF BUSINESS/INDUSTRY ENGINEET | | | | | | |
| E | Elementary/Secondary (0-12) | College (1-4 or 5 +) | Ille. Do NOT u | se retired.) | | Fina | | | | | | | |
| MP | 12 | | LADO | orer | | 214 | MORI | | | | | | |
| COMPLETED | 17. FATHER'S NAME (First, Middle, Last) | 7 | | | ELIZA | ME (First, Middle, Maider | Surneme) | | | | | | |
| BE | DILLIAM UZNA | 151 | | | | 7 | WOOD | | | | | | |
| 9 | 19a. INFORMANT'S NAME (Type/Print) | . / | 19b. MAILING | ADDRESS (Street | | Houte Number, City or Tox | vn, State, Zip Co | de) | | | | | |
| | | 1W004 | n - | S DOX | | incess Hn | UK 1110 | | | | | | |
| | 20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal | from State | other plece) | 1.3 | emetery, crematory or | 200 10 | DCATION — City | or Town, Stata | | | | | |
| | 4 Donation 6 Other (Specify) | 9-41 | JOH | 22. NAME | LY CEN | n. Pri | NCR551 | TANE INA. | | | | | |
| | 21. SIGNATURE OF PUREMAL SERVICE LICENS | 01, | in . | 22. NAME | ' / | 1 11 - | Danie | The Maria MI | | | | | |
| | To Dulkay 6 | Upro | | 103 | TAMPA | EN HUE, | FFIFE | 21853 | | | | | |
| | 23. PART I. Enter the diseases, or com | | | not enter the m | ode of dying, aud | ch es cardiec or reap | diratory arrest | | | | | | |
| | ahock, or heert fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel Onset and Death | | | | | | | | | | | | |
| | disease or condition resulting in death) • Arteriosclerotic Cardiovascular Disease years | | | | | | | | | | | | |
| | DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | | |
| Z | Sequentially list conditions, Due to (or as a consequence of): | | | | | | | | | | | | |
| Ĭ | If any, leading to immediate ceuse. Enter UNDERLYING | | | | | | | | | | | | |
| 2 | CAUSE (Diseese or injury \$ c | DUE TO (OD 48) | CONCECUENCE | NE). | | | | | | | | | |
| Ë | that initieted events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST | | | | | | | | | | | | |
| CERTIFICATION | d | | | | | | | | | | | | |
| | PART II. Other aignificant conditions c | ontributing to death t | out not resulting | In the underly | ng cause given in | | N AUTOPSY PRMED? | 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO | | | | | |
| S | | | | | | 1 YES | | COMPLETION OF CAUSE OF DEATH? | | | | | |
| Ä | | | | | | | | 1 YES 2 NO | | | | | |
| ż | | | | | | | | | | | | | |
| PHYSICIAN: MEDICAL | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | OSPITAL: | | | PLACE OF DEATH (C | heck only one) | | | | | | | |
| SI | 1 11 | ☐ Inpatient 2X☐ ER/Out | patient 3 🗆 DOA | OTHER: 4 - Nursing He | ome 5 🗆 Realdenca | 6 Other (Specify) | | | | | | | |
| H | 27. MANNER OF DEATH | 28a. DATE OF INJURY (Month, Day, Year) | 28b. Til | | NJURY AT YORK? | 28d. DESCRIBE HOW | INJURY OCCUP | RED | | | | | |
| BY | 1 Natural 5 Pending 2 Accident Investigation | | | | | | | | | | | | |
| | 3 Suicide 6 Could not be | 3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) (City or Town, State) | | | | | | | | | | | |
| 1 | 4 Homicide detarmined | | | | | | | | | | | | |
| COMPLETED | 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAL | | | | | | | | | | | | |
| MO | one) 2 📉 MEDICAL EXAMINER: On the beals of examination end/or investigation, in my opinion, death occured at the time, data end place, end due to the cause(s) and manner as stated. | | | | | | | | | | | | |
| | 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month) | | | | | | | | | | | | |
| BE | John Tobusto | why Deput | D0359 | 9 | D 03 | 03-05-91 | | | | | | | |
| DEDUTY M. E. DU3599 U3 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) | | | | | | | | 33 71 | | | | | |
| | John T. Bulkeley, | M.D., 108 | Pine B1 | uff Rd. | , Salisbu | ry, MD. | | | | | | | |
| | 31. DATE FILED (Month, Day, Year) | 32. REGISTRAR'S SIGN | NATURE 20 | 4.00 | | | | | | | | | |
| | MAD 7 'Q1 | CHIER AND | LANGE CONT. | | | | | | | | | | |

April 91 gust diese Dieses

MARYLAND 21215-0020

BALTIMORE.

urs after death. Page 6 may be retained by the hospital or attending physician. notified at pe must examiner medical the requires that the death certificate be executed within event. traumatic the attending physician I Mental Hygiene prior to other 6 injury, Health and N been signed by pt. of Health and 3 shows any li has be Dept. OR ATTENDING PHYSICIAN: The law After this certificate hadeath with the State D marked, or Item After 1 28 is DIRECTOR: hours after of Item TO THE FUNERAL D
TO THE FUNERAL D
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MEDICAL

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91 07519 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH 2 MONTH 1 7 1. DECEDENT'S NAME (First, Middle, Last)
OGHENE EMMANUEL 3. TIME OF DEATH **AKPOUOGBETA** DAY 1991 YEAR 8:30 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 - F 6/26/57 Unknown Nigeria 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH PRINCE GEORGES CO 2624 KIRKWOOD PLACE DIRECTOR **HYATTSVILLE** 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY 1 X YES 2 NO MD P.G. Hyattsville FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2624 Kirkwood Place, 20781 #201 Nigeria 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerio Rican, atc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 ZX NO 1 Never Married 2 X Married 1 TYES 2 XNO Specify: BY Specify: Black 3 Widowed 4 Divorced COMPLETED 15. OECEDENT'S EDUCATION 16a. OECEOENT'S USUAL OCCUPATION 165 KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 5+vears Ice Cream Vendor N/A 16. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) Unknown Unknown BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Hyattsville, Henry Ajagbawa 2624 Kirkwood Place, #201 20e. METHOD OF DISPOSITION
| Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Management | Ma 20c. LOCATION - City or Town, StateNigeria 20h PLACE AND DATE OF DISPOSITION (Name DATE Cemetery 4 Donation 5/ Other (Specify) 3/16/91 Kokori Bendel 2 SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY W.H. Bacon Funeral Home 3447 14th Street, N.W. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line Interval Between Onset and Death IMMEDIATE CAUSE (Finel diseese or condition ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF): . Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST

PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.

24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL:

GCME

25. WAS CASE REFERRED TO MEDICAL EXAMINER? OTHER 4 - Nursi 1 YES 2 NO tient 2 - ER/Outpetient 3 - DOA ng Home 5 Residence 6 - Other (Specify) 27. MANNER OF DEATH 28c. INJURY AT 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 6 Pending investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 📈 MEDICAL EXAMINER: On the beale of examination and/or investigation, in my opinion, death occured at the time, data and place, and dua to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)

Jar 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DONTA G. WRIGH 32. REGISTRAR'S SIGNATURE

FEB 0 4 '91

Julia Davidson-Randose

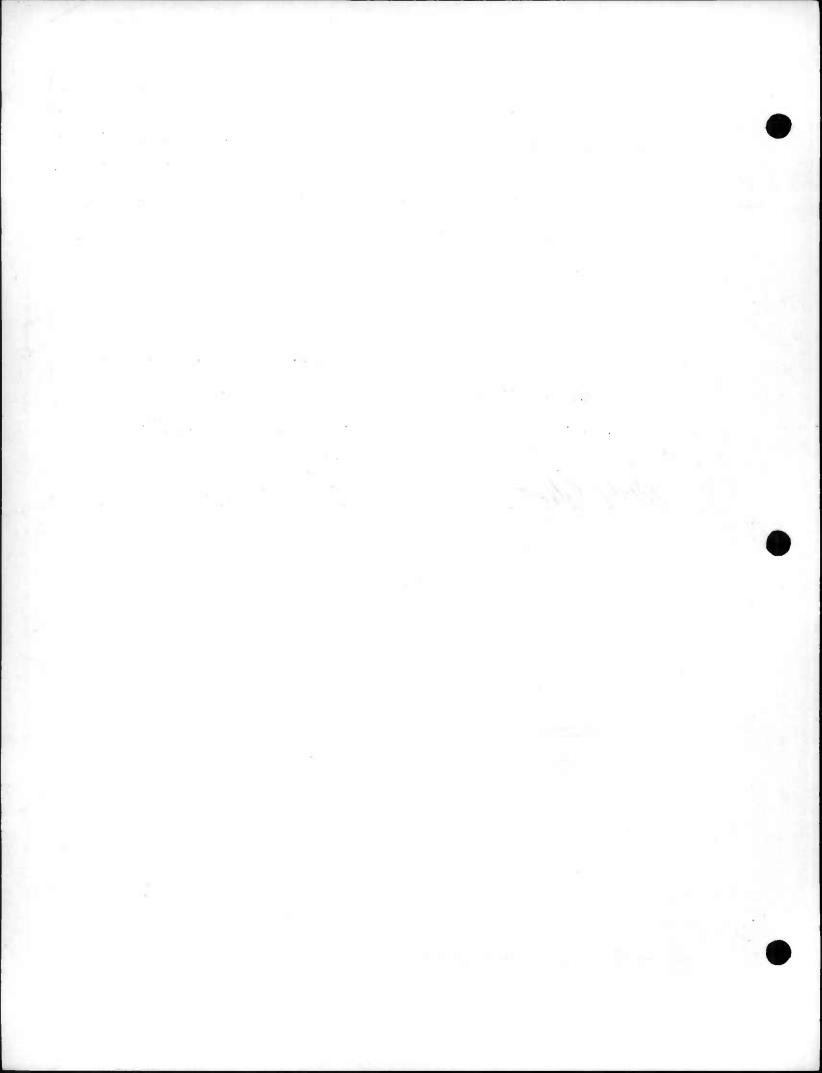
OHMH-16 Rev 1/89

3-2-91

| SS | | |
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| use as | | |
| | | |
| : After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for | | is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
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| 5 should | | otified |
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| тріетелу | death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | event, th |
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| | 1 - FOR STATE REGISTRAR | STATE OF MARYL | AND / DEPART | | | | YGIEN | E 91 | 0/520 |
|------------------|--|---|------------------------|---|---------------------|-----------------------|--------------|-----------------|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | 2. DATE OF | DEATH | | 3. TIME OF DEATH |
| | Bernard | Α. | Allma | n | | March | n 5. | | 5:15 A.M. |
| | 4. SOCIAL SECURITY NUMBER | | in yrs. last birthday) | F UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF (Month, De | BURTH | 8. 1 | BIRTHPLACE (State or Foreign Country) |
| | 577-38-9918 | 1 📈 M 2 🗆 F | 79 YRS. | ONTHS DAYS | HOURS MIN. | Ju1y | 14, | 1911 | Washington, DC |
| | 9e. FACILITY NAME (If not institution, give st | reet and number) | 1 | b. CITY, TOWN C | R LOCATION OF DE | EATH | | 9c. COUNTY | OF DEATH |
| 6 | 15813 Easthaven | Court | | | Bowie | | | Princ | e Georges |
| 5 | RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY | | 10c. CITY. | TOWN OR LOCAT | ION | | | | 10d. INSIDE CITY |
| 뜽 | Maryland Prin | ce Georges | | Bowie | | | | | 1 YES 2 NO |
| 9 | 10e. STREET AND NUMBER | ce dediges | | | . ZIP CODE | | | 10g. CITIZEN | OF WHAT COUNTRY? |
| FUNERAL DIRECTOR | 15813 Easthaven | Court | | | 2071 | 6 | | | USA |
| 5 | 11. MARITAL STATUS | 12. WAS DECEDENT EVER IN | U.S. ARMED | | ENDENT OF HISPAI | | | or No.— 14. | RACE — American Indian, |
| BY F | 1 Never Merried 2 Merried 3 Widowed 4 Divorced | FORCES? 1 YES | | 1 YES | 2 V NO Specifi | | n, etc.) | | Black, White, etc. Specify: |
| | | | | | Λ | | | | White |
| COMPLETED | 15. DECEDENT'S EDUC (Specify only highest grade | completed) | (Give kind of wor | SUAL OCCUPATION rk done during moverired.) | ON st of working | 16b. KII | NO OF BUS | BINESS/INDUST | RY |
| 2 | Elementary/Secondary (0-12) | College (1-4 or 5+) | Paintin | | | | Pa | inting | |
| MO | 12th 17. FATHER'S NAME (First, Middle, Last) | | Tailleill | g Conti | 18. MOTHER'S NA | ME (First Midd | | | |
| | | J. Allman | | | | rgaret | | , | |
| BE | 19e. INFORMANT'S NAME (Type/Print) | O. IIIIII | 19b. MAILING A | DDRESS (Street e | nd Number or Rural | | | | de) |
| 2 | Genevieve C. Al | lman | 15813 | Eastha | ven Ct. | Bowie | , Md | . 2071 | 6 |
| | 20e. METHOD OF DISPOSITION 1 | 206 | PLACE OF DISPOSIT | | | | _ | CATION — City | |
| | 4 Donation 8 Other (Specify) | N | Sount Oliv | ret Ceme | etery | | Was | shingto | on, D.C. |
| | 21. SIGNATURE OF FUHERAL SERVICE NO | ENSEE | | | D ADDRESS OF FA | | | _ ** | |
| | * MAUT F. KAL | 1 | | Geor | ge P. Ka | llas Fi | inera | 1 Home | . Md. 20745 |
| | 23. PART I. Enter the diseases, or o | omplications that caused | tha death. Do no | | | | | | |
| | shock, or heart failure. I IMMEDIATE CAUSE (Final | List only one cause on e | sch lina. | | | | | | Interval Between Onset and Death |
| | disease or condition resulting in death) | Strau | Ra | | | | | | |
| | resulting in death) | DUE TO (OR AS A | CONSEQUENCE OF | | 0 | | | | |
| Z | Sequentially list conditions, | Eller | 1 Deep | 4/4 | rella | 3 | | | |
| CERTIFICATION | if any, leading to immediate cause. Enter UNDERLYING | DUE TO (OR AS A | CONSEQUENCE OF): | | | | | | |
| 5 | CAUSE (Disesse or Injury | DUE TO (OR AS A | CONSEQUENCE OF): | | | | | | |
| E | that initiated events resulting in dasth) LAST | | , | | | | | | |
| | | | | | | | | | |
| CAL | PART II. Other significant condition | a contributing to death b | out not resulting in | the underlyin | g cause given in | Part I. 24 | e. WAS AN | | 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO |
| Did | Bouneliti | .5 | | | | 1 | YES 2 | X NO | OF DEATH? |
| MEDIC | | | | | | _ | | | 1 TES 2 NO |
| N | | | | | | | | | |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | 26. PI | ACE OF DEATH (C) | neck only one) | | | |
| 17S | 1 X YES 2 NO 27. MANNER OF DEATH | 1 Inpetient 2 ER/Outs 28a, DATE OF INJURY | 28b. TIME | | Residence | | | NJURY OCCUR | ED. |
| | 1 Notaral 5 Pending | (Month, Day, Year) | INJUI | RY WO | YES 2 NO | 280. DESCR | IBE HOW I | NJOHT OCCUR | EU |
| ВУ | 2 Accident Investigation 3 Suicide & Could not be | 28s. PLACE OF INJURY | — At home, ferm, str | | | 28f. LOCATIO | ON (Street | and Number or I | Rural Route Number, |
| 国 | 4 Homicide 8 Could not be determined | building, etc. (Spec | ctfy) | | | City or 7 | lown, State) | | |
| COMPLETED | 290. CERTIFIER 1 V CERTIFYING PHYSI | CIAN: To the best of my know | ledge, death occurred | at the time, data | and place, and due | to the cause | (e) and mar | oner se stated. | |
| OME | (Critical Critis) II | | | | | | | | nuse(e) end manner ee stated. |
| | 29b. SIGNATURE AND TITLE OF CERTIFIER | | | | 29c. LICENSE NU | | | | ONED (Month, Day, Year) |
| BE (| Rudol BKvi | lugor | NA | | DC. | 700 | > | ▶ 3 | 15/5/ |
| 2 | 30. NAME AND ADDRESS OF PERSON WH | O COMPLETED CAUSE OF DE | ATH (ITEM 27) (Type, F | Print) | 0 0 - | _ | - 4 | | |
| | 8620 C. noel | Marc | Pall ! | 1200 | Hill | y gar | ~ | (121)0 | 1133 |
| | 31. DATE FILED (Month, Day, Year) | 32. REGISTRAR'S SIGN | | | | | | | |
| - 8 | MAR 06 '91 | Julia Savidson Ra | nd.00 | | | | | | |

Julia Savidson Randoss



BALTIMORE, MARYI

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

| SOCIAL SECURITY NUMBER 200-10-0859 . FACILITY NAME (If not institution, give second of the country of the cou | treet end number) MONAL HE CAENCK 12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAS OR. CATION | E (In yrs. lest birthdey) OF YRS. 10c. CIT | 96. CITY, 17 | DAYS HOURS MIN. TOWN OR LOCATION OF DECRECK, P | 7. DATE OF BIRTH | 23 9 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 | BIRTNPLACE (SI Country) OF DEATH OF DEATH 10d. INSI | DE CITY | | | | | | | | |
|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|
| ESIDENCE OF DECEDENT a. STATE MARITAL STATUS Never Merried 2 Married Widowed 4 Divorced (Specily only highest grade Elementary/Secondary (0-12) 12 YTS 6 FATNER'S NAME (First, Middle, Last) | treet end number) MONAL HE THE TREET OF TH | IN U.S. ARMED S 2 NO DATES I I I I I I I I I I I I I I I I I I I | 9b, CITY, 1 | DAYS HOURS MIN. TOWN OR LOCATION OF DECRECK, P | Month J Day, Year 1988 | 9c. COUNTY Free | OF DEATH OF DEATH 10d. INSI LIMI 1 YES | DE CITY | | | | | | | | |
| ESIDENCE OF DECEDENT a. STATE 10b. COUNTY 10c. COUNTY | monal Hordenck Rd 12. WAS DECEDENT EVER FORCES? 1 1 YES IF YES, GIVE WAR OR. CATION completed) | IN U.S. ARMED S 2 NO DATES | Y, TOWN OF THE COLOR | Edenck, r Enck Onck 101. ZIP CODE 21701 | EATN | 9c. COUNTY | Jenck 10d. INSI LIMI 1 - YES | DE CITY TS? | | | | | | | | |
| a. STATE 10b. COUNTY A. STREET AND NUMBER ARRITAL STATUS Never Merried 2 Amarried Widowed 4 Divorced 15 DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 YTS 6 FATNER'S NAME (First, Middle, Last) | 12. WAS DECEDENT EVER FORCES? 1 1 YES | IN U.S. ARMED S 2 NO DATES | 13. W | 101. ZIP CODE 21701 | | 10g. CITIZEI | 1 YES | TS? 3 2 🖳 NC | | | | | | | | |
| MARITAL STATUS Never Merried 2 Married Widowed 4 Divorced 15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12) 12 Yr S . FATNER'S NAME (First, Middle, Last) | 12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR CATION completed) | S 2 NO | 19 | 21701 | | 10s. STREET AND NUMBER 10g. CITIZEN OF WHA | | | | | | | | | | |
| Never Merried 2 Married Wildowed 4 Divorced 15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12) 12 Y1'S e FATNER'S NAME (First, Middle, Last) | FORCES? 1 X YES IF YES, GIVE WAR OR WWW. CATION completed) | S 2 NO | 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No. 14. RACE | | | | | | | | | | | | | |
| (Specify only highest grade Elementary/Secondary (0-12) 12 yrs e FATNER'S NAME (First, Middle, Last) | completed) | 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION | | | | | | | | | | | | | | |
| 12 yrs. FATNER'S NAME (First, Middle, Last) | College (1-4 or 5+) | 16a. DECEDENT'S (Give kind of | USUAL OCI | CUPATION uring most of working | | BUSINESS/INDUS | | 2275 | | | | | | | | |
| | 12 yrs. 2 Self-employed Service | | | | | | | | | | | | | | | |
| Orman T. Bell Viola Mae Wright | | | | | | | | | | | | | | | | |
| 190. INFORMANT'S NAME (Type/Print) Mrs. Betty A. Bell 19th Mailing Adoress (Street and Number or Rural Route Number, City or Town, Stele, Zio Code) 7414 Ridge Road, Frederick, Md. 2 | | | | | | | | | | | | | | | | |
| e. METHOD OF DISPOSITION Gurlel 2 Cremetion 3 Rem Donation 6 Other (Specify) | oval from State | ob. PLACE OF DISPO | vet | ce of cemetery, cremetory or Cemetery | | | | 1. | | | | | | | | |
| RICHARD E | Graf Mot | 555 | 22. N | AME AND ADDRESS OF F | Basford | P.A. F | uneral erick, | Но | | | | | | | | |
| equentially list conditions, eny, leading to immediata ause. Enter UNDERLYING AUSE (Disease or injury nat initiated events esulting in death) LAST | SEPSI DUE TO (OR AS ACIDOS | S A CONSEQUENCE O | F): | | | | | | | | | | | | | |
| ART II. Other algolificent condition | d | but not resulting | in the und | derlying couse given in | PE | RFORMED? | COMPLET | E PRIOR : | | | | | | | | |
| | | | | | | 2 _ NO | | H7 B 2 □ N | | | | | | | | |
| S. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | OTHER | | heck only one) | | | | | | | | | | | |
| 1 YES 2 NO 1 Month 1 Dept lent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Natural 5 Pending 28e. DATE OF INJURY (Month, Day, Year) 29b. TIME OF INJURY AT WORK? 1 Natural 5 Pending | | | | | | | | | | | | | | | | |
| 2 Accident 3 Suicide 8 Could not be determined | 28e. PLACE OF INJU building, etc. (S) | RY — At home, farm, pecify) | street, facto | ory, office | | | Rural Route Num | beç | | | | | | | | |
| onel . | | | | | | | | nner as s | | | | | | | | |
| 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and due to the cause(e) at the time, date and place, end due to the cause(e) at 29b. Senature and Title of Certifier 29b. Senature and Title of Certifier 29c. LICENSE NUMBER 29d. DATE SIGNED (No. Print) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Inc. Print) | | | | | | | | | | | | | | | | |
| | e. METHOD OF DISPOSITION Duriel 2 Cremetion 3 Rem Donation 6 Other (Specify) Sign during of Public Sign | METHOD OF DISPOSITION Surfel 2 Cremetton 3 Removal from State Donation 6 Other (Specify) SIGNATURE OF FUNCTION B. PART I. Enter the disease, or complications that cause ahock, or heart fellure. List only one ceuse on MEDIATE CAUSE (Finel sease or condition equiting in death) DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE)) B. DUE TO (OR AS DUE TO (OR AS DUE)) DUE TO (OR AS DUE TO (OR AS DUE)) ART II. Other significent conditions contributing to death WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Natural 5 Pending Investigation Pending Investigat | METHOD OF DISPOSITION Surfel 2 Cremetton 3 Removal from State Donation 6 Other (Specify) Removal from State Donation 6 Other (Specify) Disposition 6 Dispos | Burlet 2 Crametion 3 Removal from State 20b. PLACE OF DISPOSITION (New other place) 21 V e t | ACLDOSIS Due to (OR AS A CONSEQUENCE OF): | ### ACCOUNTY OF DISPOSITION (Name of cometery, cranatory or print place) 2 Crametion 3 Removal from State Denation 6 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, cranatory or print place) 1 ive t Cometery 20c. PLACE OF DISPOSITION (Name of cometery, cranatory or print place) 2 ive t Cometery 20c. PLACE OF DISPOSITION (Name of cometery, cranatory or print place) 20c. PLACE OF DISPOSITION (Name of cometery, cranatory or print place) 20c. PLACE OF DISPOSITION (Name of cometery, cranatory or print place) 20c. PLACE OF DISPOSITION (Name of cometery, cranatory or print place) 20c. PLACE OF DISPOSITION (Name of cometery, cranatory or print place) 20c. PLACE OF BASIS 20c. PLACE OF DISPOSITION (Name of cometery, cranatory or print place) 20c. PLACE OF DISPOSITION (Name of cometery, cranatory or print place) 20c. PLACE OF DISPOSITION (Name of cometery, cranatory or print place) 20c. PLACE OF DISPOSITION (Name of cometery, cranatory or print place) 20c. PLACE OF DISPOSITION (Name of cometery) 20c. PLACE OF DISPOSITION (Norm) 20c. PLACE OF DISPOSITION (Norm) | ENETHOD OF DISPOSITION 20c. LOCATION - CIP 20c. LOCATION 20c. LOCATION - CIP 20c. LOCATION 20c. LOCA | 20. PLACE OF DISPOSITION 20. LOCATION — City or Town, State 21. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY 24. Location — City or Town, State 20. Location — City or Town, State 22. NAME AND ADDRESS OF FACILITY 24. Location — City or Town, State 22. NAME AND ADDRESS OF FACILITY 24. Location — City or Town, State 24. Location 24. Loca | | | | | | | | |

8.6 x 5 m

AND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any work of setting the first of the setting of the standard of the sta DIVISION OF VITAL RECORDS, P.O. BOX 13146,

| | 1. DECEDENT'S NAME (First, | | \ / | 1 | | | | 2. DATE OF DEATH | | 3. TIME OF OEATH | | | | | | | | | | |
|------------------------------------|--|--|---|--|--|---|---|--|-------------|--|--|--|--|--|--|--|--|--|--|--|
| | SWEEP | STE | UEN 1 | Krian | | | | Feb. 22. | 1991 | 7:45 P " | | | | | | | | | | |
| | 4. SOCIAL SECURITY NUME | | | 6. AGE (in yrs. las | | F UNDER 1 YEAR | IF UNDER 24 HRS. | 7. OATE OF BIRTH | 8 | B. BIRTHPLACE (State or Foreign | | | | | | | | | | |
| | 216 80 3 | 142 | 1 M 2 F | 27 | YRS. | DAYS | HOURS MIN. | (Month, Day, Year) | 3 | Maryland | | | | | | | | | | |
| - i | 9a. FACILITY HAME (If not in | stitution, give s | street and number) | - | 9 | b. CITY, TOWN | OR LOCATION OF DE | ATH | 9c. COUHT | Y OF DEATH | | | | | | | | | | |
| Œ | Frederick M | emoria | 1 Hospits | 1 | | Fred | erick | | 12mg | ederick | | | | | | | | | | |
| 8 | RESIDENCE OF DEC | | z nospite | 1.1. | | | | | 1.1.6 | delick | | | | | | | | | | |
| DIRECTOR | 10a. STATE | 10b. COUHT | Y | | 10c. CITY, 1 | TOWN OR LOCA | тюн | | | 10d. INSIDE CITY | | | | | | | | | | |
| ā | Maryland | Fred | erick | | M | t. Air | У | | | 1 YES 2 NO | | | | | | | | | | |
| AL | 10e. STREET AND HUMBER | | | | | 10 | H. ZIP COOE | | 10g. CITIZE | EH DF WHAT COUHTRY? | | | | | | | | | | |
| FUNERAL | 12606 010 | d Nati | onal Pike | | | | 21771 | | S.A. | | | | | | | | | | | |
| 5 | 11. MARITAL STATUS | | 12. WAS DECEDENT | EVER IH U.S. AR | MED | | | IIC ORIGIH? (Specify Yes | or Ho— 1 | 4. RACE American Indian, | | | | | | | | | | |
| | Never Married 2 🗆 | | IF YES, GIVE WA | YES 2 | 10 | | s 2 ND Specify S 2 ND Specify | n, Puarto Rican, atc.) | | Black, While, etc. Specify: | | | | | | | | | | |
| BY | 3 Widowed 4 Divo | proed | | | | | | | | White | | | | | | | | | | |
| | 15. DEC | EDEHT'S EDU | CATION completed) | | | NAL OCCUPAT | | 16b. KIHD OF BUS | SINESS/INDU | STRY | | | | | | | | | | |
| <u>u</u> | Elementery/Secondary (0 | | College (1-4 or 5 +) | Min | Do NOT use I | retired.) | ost or working | 1 400 | | | | | | | | | | | | |
| P P | 12 Laborer Paving Contractor | | | | | | | | | | | | | | | | | | | |
| COMPLETED | 17. FATHER'S HAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Malden Surmame) | | | | | | | | | | | | | | | | | | | |
| BE | Meindert L. Sweep Betty Hamilton | | | | | | | | | | | | | | | | | | | |
| 10 | 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) | | | | | | | | | | | | | | | | | | | |
| F | Mrs. Betty V | White | | | 12606 | Old Na | tional P | ike, Mt. A | iry, | Md. 21771 | | | | | | | | | | |
| | 20a METHOD OF DISPOSIT | | owel from State | | OF DISPOSIT | | emetery, cremetory or | 20c. LO | CATION - CI | ity or Town, State | | | | | | | | | | |
| | 4 Donation 6 Other | (Specify) | | Union | Chape | el Ceme | etery | Lib | ertyt | own, Maryland | | | | | | | | | | |
| | 21. SIGNATURE OF FUNERA | IT WELLINICE TO | GINGEE J | 1 | | 22. NAME / | ND ADDRESS DF FA | CILITY | | | | | | | | | | | | |
| | Rich | and & | · Dua | M002 | 55 | 106 1 | eney a ba | sford P.A. | Fune: | ral Home | | | | | | | | | | |
| \dashv | 23. PART I. Enter the d | Iseases, or | complications that | | | enter the m | ode of dylan suc | has cardiac or read | ederi | ck, Md. 21701 | | | | | | | | | | |
| | ahock, or h | eart fellure. | List only one caus | e on each line |). | | out of dying, sac | in all cardiac or reap | atory arre | Interval Between | | | | | | | | | | |
| | IMMEDIATE CAUSE (Fir disease or condition | nal | | CARDI | ac. | Ann | 1 | | | Onset and Death | | | | | | | | | | |
| | resulting in death) | → | B. DUE TO | OR AS A CONSE | | MILIC | 14/ | | | IJMIN | | | | | | | | | | |
| | | | DOE 10 (| PILIKE | PTILL | UKA | RT FAIL | 111/0, | | (-1.11)- | | | | | | | | | | |
| S | Sequentially list condit | | DUE TO (| OR AS A CONSE | | | | | | Owie | | | | | | | | | | |
| ¥ | cause. Entar UNDERLY | | | HRON | ic K | SWAZ | FAIL | ire | | 1040 | | | | | | | | | | |
| 0 1 | | Sequentiary has constitutes, If any, leading to immediate cause. Enter UNDERLYING DUE TO OR AS A CONSEDUENCE OF PAILURE 10 4V | | | | | | | | | | | | | | | | | | |
| 正 | CAUSE (Disease or Injury Due TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | | | | | | | | | |
| BTIF | | Jry S | DUE TO (| resulting in death) LAST | | | | | | | | | | | | | | | | |
| CERTIFICATION | resulting in death) LAS | ory E | d | | | | | | | | | | | | | | | | | |
| | PART II. Other algoritics | T condition | d | - | | the underlyle | ng ceuse given in | Part I. 24s. WAS AN PERFOR | | 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO | | | | | | | | | | |
| | PART II. Other algoritics | ory E | d | death but not i | | the underlyle | ng ceuse given in | | RMED? | | | | | | | | | | | |
| MEDICAL CERTIFI | PART II. Other algoritics | T condition | d | - | | the underlyle | ng couse given in | PERFOR | RMED? | AVAILABLE PRIOR TO COMPLETION OF CAUSE | | | | | | | | | | |
| MEDICAL | PART II. Other algoritics | T condition | d | - | | the underlyle | ng couse given in | PERFOR | RMED? | AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? | | | | | | | | | | |
| MEDICAL | PART II. Other algnification of the second o | ant condition | d | - | 'IUM | 26. 1 | ng ceuse given in | PERFOI | RMED? | AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? | | | | | | | | | | |
| MEDICAL | PART II. Other algoritics | ant condition | d | erters | 'IIM | 26. I | | PERFORM 1 TYES 2 | RMED? | AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? | | | | | | | | | | |
| MEDICAL | PART II. Other algnification of Death 1 and 1 an | ent condition | HOSPITAL: 1 Inputent 2 | ER/Outpatient 3 | DOA 4 | 26. I | PLACE OF DEATH (Ch | PERFORM 1 TYES 2 | RMED? | AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | | | | | | | | | |
| PHYSICIAN: MEDICAL | PART II. Other algnification of Death 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 | ant condition | HOSPITAL: | ER/Outpatient 3 | LIM S | 26. I OTHER: I Nursing Ho OF 28c. IF | PLACE OF DEATH (Ch | PERFORM 1 YES 2 eck only one) 6 Other (Specify) | RMED? | AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | | | | | | | | | |
| BY PHYSICIAN: MEDICAL | 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 | ent condition O MEDICAL Pending Investigation Could not be | HOSPITAL: 1 Inpetent 2 28a. DATE OF (Month, Da | ER/Outpatient 3 INJURY 19, Wer) | DOA 4 | 26. I | PLACE OF DEATH (Ch | PERFORM 1 VE\$ 2 ack only one) 6 Other (Specify) 26d. DESCRIBE HOW I | NJURY OCCL | AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | | | | | | | | | |
| BY PHYSICIAN: MEDICAL | PART II. Other algnification of Death 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident | ent condition TO MEDICAL Pending investigation | HOSPITAL: 1 Inpetent 2 28a. DATE OF (Month, Da | ER/Outpatient 3 | DOA 4 | 26. I | PLACE OF DEATH (Ch | eck only one) 6 Other (Specify) 28d. DESCRIBE HOW I | NJURY OCCL | AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | | | | | | | | | |
| BY PHYSICIAN: MEDICAL | 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide | ant condition TO MEDICAL Pending investigation Could not be determined | HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, De building, o | ER/Outpatient 3 injury y, Year) Finjury — At hote. (Specify) | DOA 4 28b. Time injur | 26. I DTHER: Nursing Ho DF OF 28c. IF 1 1 set, factory, off | PLACE OF DEATH (Ch me 5 Residence JURY AT ORK? YES 2 NO | PERFORM 1 VE\$ 2 ack only one) 6 Other (Specify) 26d. DESCRIBE HOW I | NJURY OCCU | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED OF Plural Pouts Number, | | | | | | | | | | |
| BY PHYSICIAN: MEDICAL | PART II. Other signification of the significant of the s | TIFYING PHYS | HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, De building, o | ER/Outpatient 3 injury y, 'Vear') F Injury — At horic. (Specify) | DOA 4 28b. TIME (INJUR | 26.1 DTHER: Nursing Ho OF RY M 1 eet, fectory, off at the time, da | PLACE OF DEATH (Ch | PERFORM 1 VES 2 1 V | NJURY OCCL | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED OF Plural Pouts Number, | | | | | | | | | | |
| COMPLETED BY PHYSICIAN: MEDICAL | PART II. Other signification of the significant of the s | TO MEDICAL Pending Investigation Could not be datermined THEYING PHYSINGAL EXAMINE | HOSPITAL: 1 Inpetient 2 28e. DATE OF building, of the best of | ER/Outpatient 3 injury y, 'Vear') F Injury — At horic. (Specify) | DOA 4 28b. TIME (INJUR | 26.1 DTHER: Nursing Ho OF RY M 1 eet, fectory, off at the time, da | PLACE OF DEATH (Ch | eck only one) 6 Other (Specify) 28d. DESCRIBE HOW I City or Town, State) to the cause(s) and matime, date and place, at | NJURY OCCL | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED Or Rural Route Number, d. cause(s) and manner se stated. | | | | | | | | | | |
| BE COMPLETED BY PHYSICIAN: MEDICAL | 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only one) 2 MED | TO MEDICAL Pending Investigation Could not be datermined THEYING PHYSINGAL EXAMINE | HOSPITAL: 1 Inpetient 2 28e. DATE OF building, of the best of | ER/Outpatient 3 injury y, 'Vear') F Injury — At horic. (Specify) | DOA 4 28b. TIME (INJUR | 26.1 DTHER: Nursing Ho OF RY M 1 eet, fectory, off at the time, da | PLACE OF DEATH (Ch me 5 Residence UURY AT ORK? YES 2 NO ce is and place, and dus death occured at the | eck only one) 6 Other (Specify) 28d. DESCRIBE HOW I City or Town, State) to the cause(s) and matime, date and place, at | NJURY OCCL | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED Or Rural Route Number, | | | | | | | | | | |
| E COMPLETED BY PHYSICIAN: MEDICAL | 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only one) 2 MED | Pending Investigation Could not be datermined attermined EXAMINITERING PHYSICAL EXAMINITERI | HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, De building, of the basis of ax | ER/Outpatient 3 INJURY y, Year) INJURY — At hete. (Specify) my knowledge, de amination and/or | 28b. TiMe injuries form, string on the occurred investigation, | 26. In Nursing Ho DTHER: Nursing Ho DTHER: Nursing Ho DTHER: W I I I I I I I I I I | PLACE OF DEATH (Ch | eck only one) 6 Other (Specify) 28d. DESCRIBE HOW I City or Town, State) to the cause(s) and matime, date and place, at | NJURY OCCL | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED Or Rural Route Number, d. cause(s) and manner se stated. | | | | | | | | | | |
| BE COMPLETED BY PHYSICIAN: MEDICAL | PART II. Other algnification of the second o | Pending Investigation Could not be datermined attermined EXAMINITERING PHYSICAL EXAMINITERI | HOSPITAL: 1 Inpetent 2 28a. DATE OF (Month, De building, of the basis of ax the completed CAUS | ER/Outpatient 3 inJURY y, Vear) F INJURY — At horic. (Specify) my knowledge, do amination and/or | DOA 4 28b. Time injury | 26. In Nursing Ho DTHER: Nursing Ho Pay M 1 eet, fectory, off at the time, da in my opinion, | PLACE OF DEATH (Ch | eck only one) 6 Other (Specify) 28d. DESCRIBE HOW I City or Town, State) to the cause(s) and matime, date and place, at | NJURY OCCL | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED Or Rural Route Number, d. cause(s) and manner se stated. | | | | | | | | | | |
| BE COMPLETED BY PHYSICIAN: MEDICAL | 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS O | Pending Investigation Could not be datermined attermined TIFYING PHYS DICAL EXAMINITY FERSON WITH A MARCH 1997 A MARCH 199 | HOSPITAL: 1 Inpetent 2 28a. DATE OF (Month, De building, of the basis of ax the completed CAUS | ER/Outpatient 3 INJURY — At hete. (Specify) my knowledge, de amination and/or | DOA 4 28b. Time injury | 26. In Nursing Ho DTHER: Nursing Ho Pay M 1 eet, fectory, off at the time, da in my opinion, | PLACE OF DEATH (Ch | eck only one) 6 Other (Specify) 28d. DESCRIBE HOW I City or Town, State) to the cause(s) and matime, date and place, at | NJURY OCCL | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED Or Rural Route Number, d. cause(s) and manner se stated. | | | | | | | | | | |

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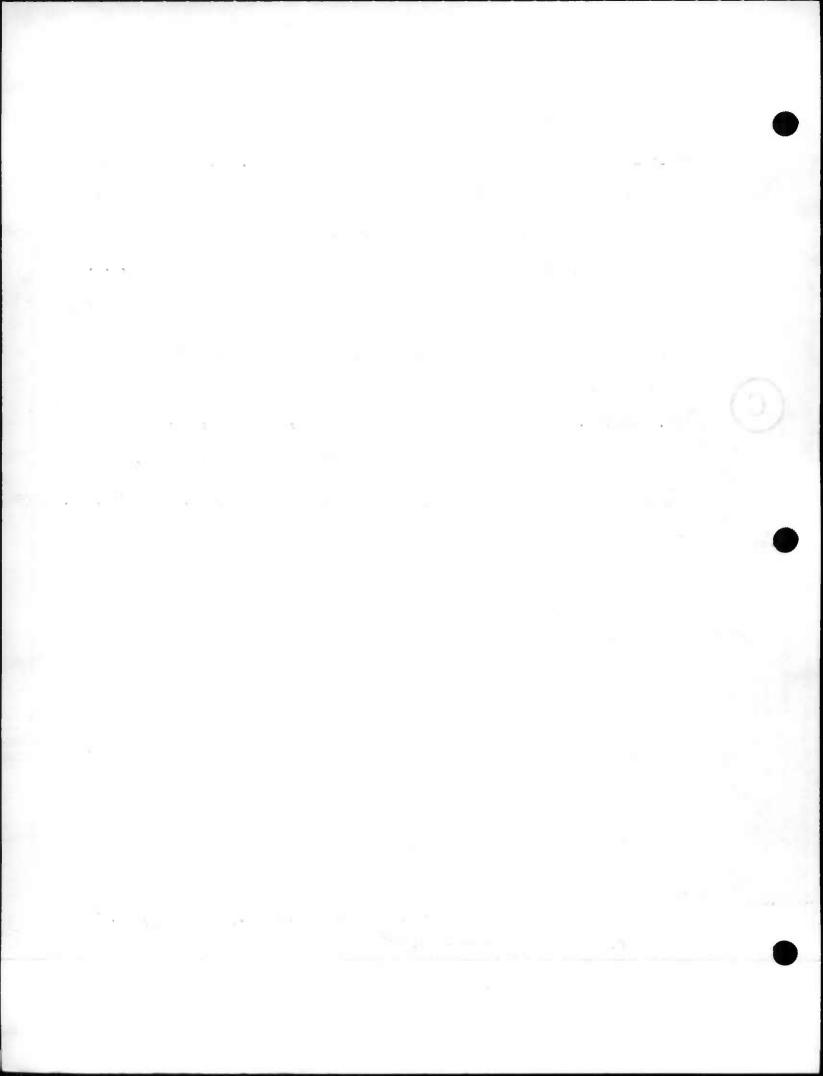
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| DIVISION OF VITAL RECORDS, P.O. BOA 13146, | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2010 after death. Page 6 may lay | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pay he find within 72 hours after death with the State Deot; of Health and Mental Hydiene prior to burial, cremation, or removal. | IMPORTANT: If item 28 is merked, or item 23 shows any injury, or other traumatic event, the medicel examiner must be |
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| | FOR 1 - STATE REGISTRAR | STATE OF MARYL | AND / DEPART | | | MENTAL HYGIEN | _ | 01020 | | |
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| | 1. DECEDENT'S NAME (First, Middle, Last) | r R | | | | | AY 1991 | 3. TIME OF DEATH | | |
| | 4. SOCIAL SECURITY NUMBER | | In yrs. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. | FEB 25 | | 7, 20 P M HPLACE (State or Foreign | | |
| | 214-10-5264 | 1 🗆 M 2 💢 F | 74 YRS. W | IONTHS DAYS | HOURS MIN. | Jan. 27, | 1917 M | Tyland | | |
| TOR | 9a. FACILITY NAME (If not institution, give at Frederick Memori. | | | | on Location of Diederick | EATH | ec. COUNTY OF | lerick | | |
| DIRECTOR | Maryland Fred | derick | 10e. CITY, | Frede | | | | 10d. INSIDE CITY LIMITS? 1 XYES 2 NO | | |
| FUNERAL | 926 Cherokee Tra | il | | 10 | H. ZIP CODE | 1701 | | WHAT COUNTRY? | | |
| B⊀ | 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DO | 2 NO | If yes, s | | NIC ORIGIN? (Specify Year, Puerto Rican, etc.) fy: | a or No— 14. RAC Blac Spec | E — American Indian, ck, Whita, atc. | | |
| COMPLETED | 15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) | CATION completed) College (1-4 or 5+) | life. Do NOT use | rk done during m | ON ost of working | | oring Con | npany | | |
| | 17. FATHER'S NAME (First, Middle, Last) Charles Edward | Jones | | | | AME (First, Middle, Maider ry Frances | | | | |
| TO BE | 19a. INFORMANT'S NAME (Type/Print) Mrs. Gloria I. H | offman | 926 Ch | erokee | end Number or Rural Trail, F | Route Number, City or Tox | rn, Stele, Zip Code) Md. 2170 |)1 | | |
| | 20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify) | oval from Stata | PLACE OF DISPOSIT | | | | cation - city or t | own, Stata Maryland | | |
| | 21. SIGNATURE OF THE RAL SERVICE LIC | C. Basha | M00021 | Kee | | asford Funeral Home rch Street, Frederick, Md. 27 | | | | |
| | 23. PART I. Enter the diseases, or cahock, or heart failure. | complications that ceused Liet only one cause on e | the deeth. Do no | ot enter the m | ode of dyling, suc | ch as cerdiac or reas | olratory arrest, | Approximete Interval Between | | |
| | iMMEDIATE CAUSE (Final disease or condition resulting in death) | . Respiro | tory fo | cilure | | | | 24 Lis | | |
| NOI | Sequentially list conditions, if any, leading to immediate | b. End Sta | CONSEQUENCE OF | ung | Carci | noma | ¥ | 5 yrs. | | |
| CERTIFICATION | cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | с | CONSEQUENCE OF) | | - | | | | | |
| CER | | d | | | | | | | | |
| MEDICAL | PART II. Other eignificant condition Hyper tens | na contributing to deeth b | out not resulting in | the underlyl | ng ceuse given in | | RMED? | b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | |
| ž | | | | | | | | | | |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | 26. | PLACE OF DEATH (C | heck only one) | | | | |
| TYS | 1 VES 2 NO 27. MANNER OF DEATH | 128 Inpetion 2 ER/Outs | patient 3 DOA 26b. TIME | | me 5 - Residence | 6 Other (Specify) 28d. DESCRIBE HOW | IN HIRY OCCURED | | | |
| ВУ РІ | Natural 5 Pending Investigation | (Month, Dey, Year) | ULNI | M 1 | YES 2 NO | Zou. Degombe 110. | | | | |
| | 3 Suicide 6 Could not be 4 Homicide determined | 28e. PLACE OF INJURY building, etc. (Spe | / — At home, farm, st | reet, factory, off | ca | 26f. LOCATION (Street City or Town, State | | Route Number, | | |
| COMPLETED | anni anni | ICIAN: To the best of my know | | | | | | (a) and menner as stated. | | |
| | 296. SIGNATURE AND TITLE OF CERTIFIE | | | | 29c. LICENSE NU | | | O (Month, Day, Year) | | |
| TO BE | Skuldsel | Drut - | | | D36 | 70/ | 12/2 | 3/91 | | |
| F | 30. NAME AND ADDRESS OF PERSON WH | O COMPLETEO CAUSE OF DE | 4 6 | | 11 Houge | Ave. Fre | deniele l | Md 21701 | | |

31. DATE FILED (MONTH OF BET 2 5 19912 REGISTRAR'S SIGNATURE PRINCES



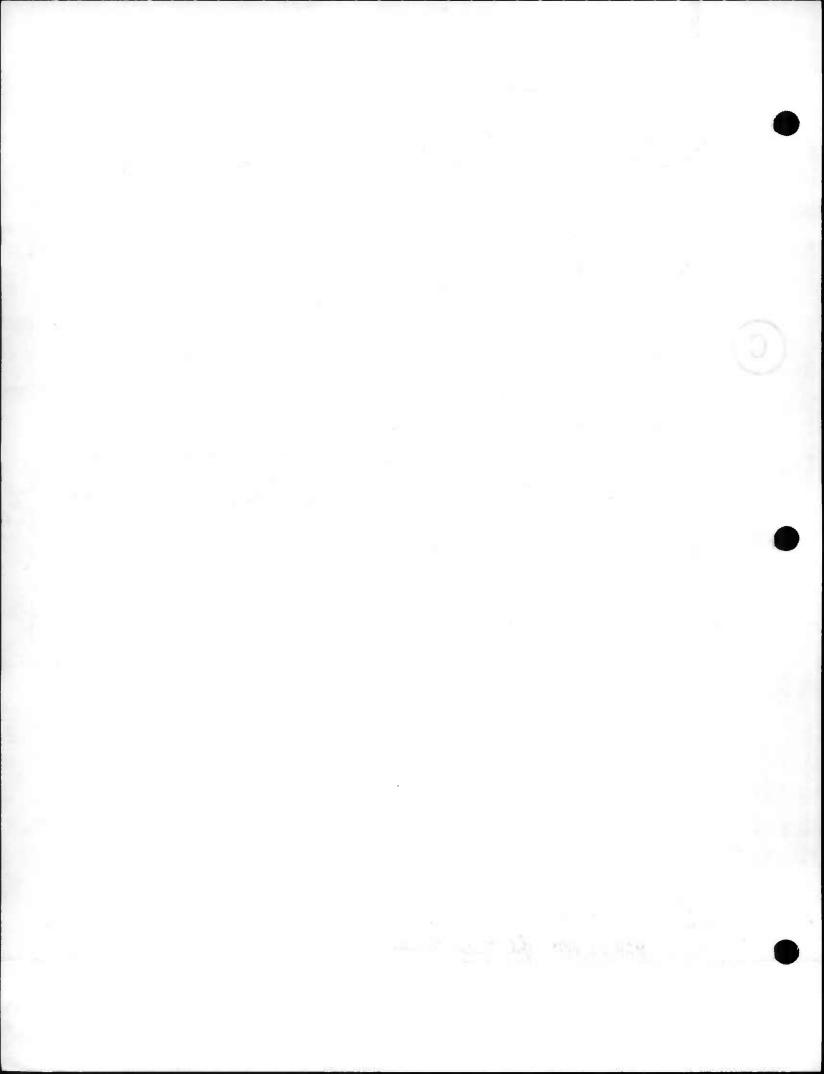
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BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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| | TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- yours after death. Page 6 may be retained by the | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de- | | IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one |
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| 1 | M | ML | be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunal, cremation, or removal. | = |
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| , | 1. DECEDENT'S NAME (First, Middle, Last |) | | | | | | | 2. DATE OF DEAT | N DAY | YEAR | 3. TIME OF DEATN | |
| | | | Louise | BRO | WN | | | | 3 6 | 7 | - | 12,30 Am | |
| | 4. SOCIAL SECURITY NUMBER | 5. SEX | 8. AGE (In yrs. In: | | IF UNDER | 1 YEAR | IF UNDER | 24 HRS. | 7. DATE OF BIRTH (Month, Day, You | r) | 0. BIRT | NPLACE (State or Foreign try) | |
| | 216-22-8929 | 1 🗆 M 2 💢 F | 64 | YRS. | mon in | LIMITO | Hoons | .mirt. | Oct.13, | 1926 | Mar | ryland | |
| | 9a. FACILITY NAME (If not institution, give | | | | 9b. CITY, | TOWN C | OR LOCATI | ON OF DE | ATH | 9c. C0 | OUNTY OF | DEATH | |
| 8 | Frederick Memori | al Hospita | al | | | Fre | ederi | .ck | | F | Frederick | | |
| DIRECTOR | RESIDENCE OF DECEDENT 10a, STATE 10b, COUN | *** | | 10.00 | www | | | | | | | Last more con- | |
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| ੜ | 10e. STREET AND NUMBER | | | | | 101 | . ZIP COD | | | 10g. C | | WHAT COUNTRY? | |
| BY FUNERAL | 131 West All Sai | | | | | | 217 | | | | | 5.A. | |
| ē | 11. MARITAL STATUS 1 Never Merried 2 Married | 12. WAS DECEDENT FORCES? 1 | | | | | | | I/C ORIGIN? (Specif | | 14. RAC Black | CE — American Indian, ck, White, atc. | |
| ∑ | 3 Widowed 4 Tribivorced | IF YES, GIVE W | | | | | 2 X NO | | | | Spe | Black | |
| | 15. DECEDENT'S EC | I | 1 40 | | House 65 | MALIE CONTRACTOR | 041 | | | - DILIGIT - D | | DIGCK | |
| | (Specify only highest gra- | | (6 | ECEDENT'S silve kind of a b. Do NOT us | work done o | during mo | ost of worki | ng | 16b. KIND OF | BUSINESS/ | INOUSTRY | | |
| | Elementary/Secondary (0-12) | Train | ing 7 | Agency | | | | | | | | | |
| COMPLETED | 12 | | | Admin | TOLL | uUI \ | | 11000 | | , | | Berich | |
| 8 | 17. FATNER'S NAME (First, Middle, Last) | | | | | | | | ME (First, Middle, Me | | , | | |
| BE | Roy Thomas | Jenki | | | | | | rgar | | ances | | Bowie | |
| ဥ | 19a. INFORMANT'S NAME (Type/Print) | | 1 | | | | | | Route Number, City o | | | | |
| - | Janis L. Howard | | | 131 W | . Al: | 1 Sā | ints | St. | , Freder | ick, | MD 21 | 1701 | |
| | 20a. METNOD OF DISPOSITION 1 1 Buriel 2 □ Cremation 3 □ Re | moval from State | 20b. PLACE other p | OF DISPOS | SITION (Na | me of cer | metery, crei | matory or | | LOCATION | | | |
| | 4 Donation 8 Other (Specify) | | Ebene | ezer | | | | | | entre | ville | e, Maryland | |
| | 21. SIGNATURE OF FUNERAL SERVICE | LICENSEE | | | | | ND ADDRE | | | | | | |
| | Chalas 5 | - Hol | 1777 | | | | | | cks, III | | | - 01 401 | |
| \dashv | 23. PART I. Enter the diseases, o | complications that | caused the d | neth Do | | | | | rive. Ar | | | Approximate | |
| | shock, or heart feilure | List only one cau | se on each iln | a. | iot dintoi | 1 | ou or or | mg, ado | A Cardiac Or I | empiretory. | arrout, | Interval Batween | |
| | IMMEDIATE CAUSE (Final disease or condition | 1) | 4/11 | 10 | / | ì., | N. | | . () | 1 | 00 | Onset and Death | |
| ļ | resulting in death) | a. Cer | val | UV | uy | M | wr | avi | rai | In | <u> </u> | | |
| | | W | (OH AS A CONSE | Sometice of | MA | 1 | ^ / | , 0 | 1 Des | | 20 | | |
| 8 | Sequentially list conditions, | b | (OR AS A CONSE | OHENCE O | 10 | Cu | me | na | 1 1450 | 27 | 20 | | |
| Ē | If any, leading to immediate cause. Enter UNDERLYING | (3) | TON AS A CONSE | - O | 1 | 200 | 101 | 10 | mor | | | | |
| 일 | CAUSE (Disease or Injury | c. OUE TO | OR AS A CONSE | OLIENCE O | | ROY | <u></u> | ru | 1110 | | | | |
| Ē | that initiated events resulting in death) LAST | DOE 10 | TOU NO A COURSE | .evenuE U | . j. | | | | | | | | |
| CERTIFICATION | | d | | | | | | | | | | - | |
| | PART ii. Other aignificant conditi | one contributing to | death but not | resulting | in the un | deriyin | g cause | given in | | S AN AUTOP | SY 24 | b. WERE AUTOPSY FINDINGS | |
| EDICAL | | | | | | | | | | RFORMED? | | AVAILABLE PRIOR TO COMPLETION OF CAUSE | |
| | | | | | | | | | — 'U' | S 2 (4) | | OF DEATH? | |
| ≥ [| | | | | | | | | — | | | 1 YES 2 -110 | |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL | T | | | | 20 5 | ACE OF | DEATH AT | eck cet: ccc; | | | | |
| [[| EXAMINER? | HOSPITAL: | 1 | | OTHER | 3 : | | 17- | eck only one) | | | | |
| ¥S | 1 YES 2 NO | 1 Impatient 2 | | | - Y | | | esidence | 6 Other (Specify | | 0001777 | | |
| | 27. MANNER OF DEATH 1 Natural 8 Pending | 28a. DATE OF (Month, D | | 28b. TIM | JURY M | W | JURY AT ORK? | 7 245 | 28d. DEŞCRIBE H | OW INJURY | OCCUREO | | |
| B | 2 Accident Investigation | | 5 | 1 | M | | YES 2 | NO | | | | | |
| | 3 Suicide 8 Could not b | 28e. PLACE O building, | F INJURY — At h etc. (Specify) | ome, farm, | street, fact | ory, offic | 00 | | 28f. LOCATION (S City or Town, | treet and Nun State) | nber or Runa | I Route Number, | |
| COMPLETE | - Internetive determined | | | | | | | | | | | | |
| 교 | | SICIAN: To the best of | my knowledge, d | eath occurr | red at the t | lma, date | a and plac | e, and due | to the cause(s) an | d manner sa | stated. | | |
| S O | anal . | NER: On the besis of a | xamination and/or | Investigation | on, in my o | pinion, | death occu | ared at the | time, date and pla | e, and due t | to the cause | e(a) and manner as stated. | |
| - | 296. SIGNATURE AND TITLE OF CERTIF | un / / / / | 4 | | | | 29c. L10 | ENSE NUI | WBER | 29d. (| DATE SIGNE | D (Month, Day, Year) | |
| BE | Marins | Wills | under | -1 | nr |) | 1 | 20 | 279 | • | 11 | n. 191 | |
| 2 | 30. NAME AND ADDRESS OF PERSON | VHO COMPLETED CAUS | SE OF DEATH PT | FM 27) (Ter | Print | - 1 | 1 | 10 | - / / | ,— | 0 1 | 400 | |
| | Marcis Alli | Ella C CA | _ ·7/\\ |) / | M | 1 | 10+0 | SIT | From L | n | 111 | 2/21 | |
| } | 31. DATE FILED (Month, Day, Year) | 12 BEGISTE | AR'S SIGNATURE | 100 | V 1 0 | 7 / | ey. | V | 114 | -1/ | ر ت | 1/0/ | |
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| | MARUS 19. | 41 Gunar | autason-1 | autorne | | | | | | | | | |



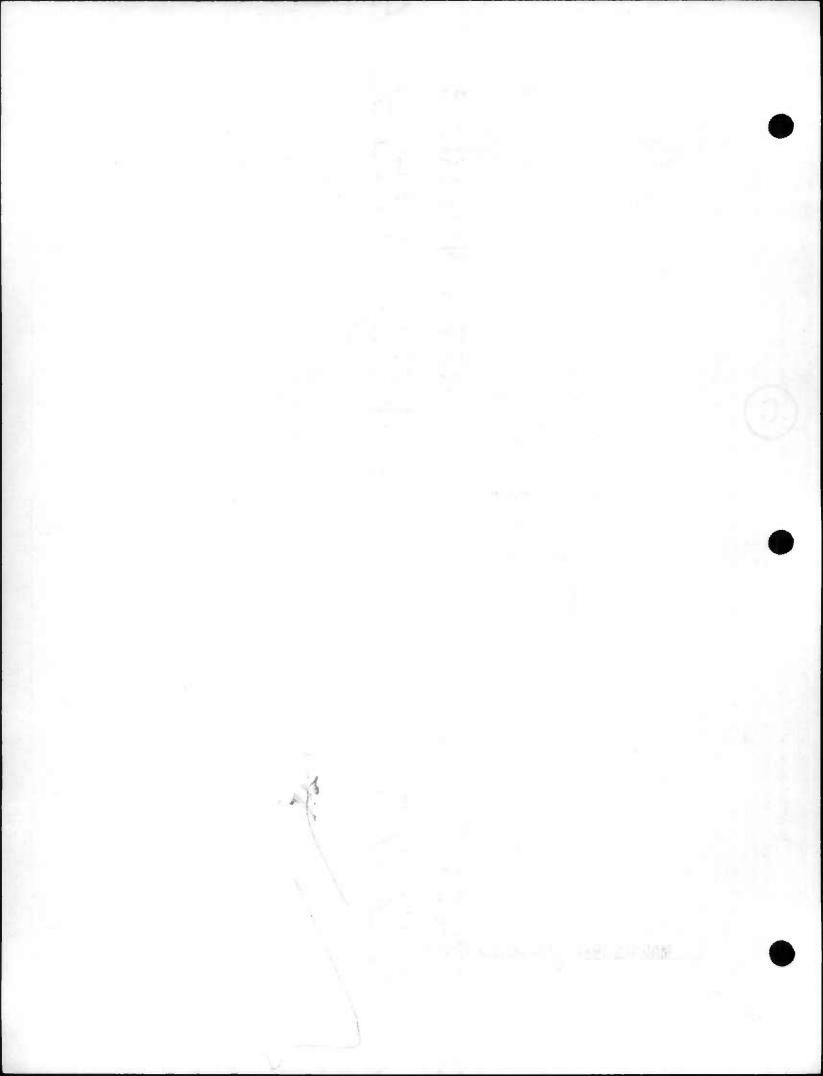
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BALTIMORE

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| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | eath | atte ma | 5 |
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| 5 | 8 | Po Jo | 5 |
| | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct be filed within 72 hours after death with the State Dept. of Neath and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mi |
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|) | 1. DECEDENT'S NAME (First, Mide | | ton | Br | andenl | 2112 | ~ | | 2. DATE OF DI | DAY | | AR | TIME OF DEATH |
| | 4. SOCIAL SECURITY NUMBER | | | | | | | _ | March | | 1991 | | 9:25 a M |
| | 220–18–0853 | 6. SEX 15 M 2 ☐ F | 6. AGE (In yrs. last | YRS. | MONTHS D | | IF UNDER | MIN. | 7. DATE OF BI (Month, Day, June | RTH Year) Q 102 | 22 1 | BIRTHPLA Country) [ary1 | CE (State or Foreign |
| | 9a. FACILITY NAME (If not instituti | ion, also street and number) | 00 | | 9b. CITY, TO | WAY OF | LOCATI | ON OF DE | | | 9c. COUNTY | - 4 | |
| Œ | 2820 Park Mil | A CONTRACTOR OF THE CONTRACTOR | | - 50 | Adar | | | on or be | 24111 | | | leric | |
| 5 | RESIDENCE OF DECED | ENT | | | | | | | | 220002201 | | | |
| 2 | | COUNTY | | 10c, CITY, TOWN OR LOCATION | | | | | | | 10d. INSIDE CI LIMITS? | | |
| ō | | Frederick | | A | damsto | nwc | | | | | | | YES 2XXNO |
| ¥. | 10e. STREET AND NUMBER | | | | | 101. | ZIP CODI | E | | 10g. CITIZEN OF WHAT COU | | | |
| Ä | 2820 Park Mil | | | 21710 | | | | | | | | S.A | |
| 5 | 11. MARITAL STATUS 1 Never Married 25 Married | | T EVER IN U.S. ARI | | 13. WAS | B DECE | NOENT C | F HISPAN n, Mexica | NIC ORIGIN? (Sp un, Puerto Ricen, | ecify Yea o | r No— 14. | | American Indian, hite, etc. |
| BY FUNERAL DIRECTOR | 3 Widowed 4 Divorced | | WAR OR DATES | | 1 🗆 | YES 2 | 2 X NO | Specify | y: | | | Specify:W | hite |
| 0 | 15. DECEDE | NT'S EDUCATION | 16a. DEC | CEDENT'S | USUAL OCCU | JPATION. | N | | 16b. KIND | OF BUSIN | NESS/INDUST | TRY | |
| E | (Specify only high Elementary/Secondary (0-12) | heat grade completed) College (1-4 or 5- | (Gh | ve kind of w Do NOT us | rork done durie e retired.) | ng moet | t of workir | ng . | | | | | |
| 교 | 8 | 10.577 | | rpen | ter | | | | Con | nstru | ction | 1 | |
| COMPLETED | 17. FATHER'S NAME (First, Middle, | , Lest) | 775 | | | | 16. MOTI | HER'S NA | ME (First, Middle, | , Maiden St | meme) | | |
| BE (| Charles | T. Branden | burq | | | | C | arri | e i | м. | P1un | kard | |
| 0 | 19a. INFORMANT'S NAME (Type/F | | | MAILING | ADDRESS (S | treet an | d Number | or Rural | Route Number, Cl | ty or Town, | State, Zip Co. | de) | |
| - | Mrs. Betty J. | Brandenburg | | | | | | | Adams | | | | 21710 |
| | 20s. METHOD OF DISPOSITION 1 ◯ Burial 2 □ Cremation 3 | | 20b. PLACE (| ICO) | | | | | | | TION — City | COLUMN TOWN | 121/121/ |
| | 4 □ Donation 6 □ Other (Spe 21. SIGNATURE OF PUNERAL SE | | Restn | aven | Memor | | | rden | | Free | lerick | , Ma | ryland |
| | | | 10 | | | | | | | . Fur | nera1 | Home | |
| | | C.C. Basy | | 0021 | | | | | ord P.A ch St., | | | | 21701 |
| | 23. PART I. Enter the disease hock, or heart immediate CAUSE (Final disease or condition resulting in death) | a. DUE TO | OR AS A CONSEC | OUENCE OF | / <i>U</i> | 7 | | دی د | (140 | | | , | Approximata interval Between Onset and Death |
| CERTIFICATION | Sequentielly list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that inhilated events resulting in death) LAST | ۵ | OR AS A CONSECUTION OF A CONS | | | י לשי | ec. | -4 Se | -5 | | | | |
| S | | d | | | | | | | | | | | |
| EDICAL | PART II. Other algnificant of | conditions contributing to | death but not n | esulting i | in the unde | rlying | cause | given in | Part i. 24a. | PERFORM | | AM | RE AUTOPSY FINDINGS ALABLE PRIOR TO |
| 8 | CO PID | | | | | | | | 10 | YES 2 | NO | | MPLETION OF CAUSE DEATH? |
| 2 | | | | | | | | | _ | | | 1[| YES 2 NO |
| ž | | | | | | | | | | | | | |
| 2 | 25. WAS CASE REFERRED TO MI EXAMINER? | HOSPITAL: | | | OTHER: | 26. PL/ | ACE OF E | EATH (C | neck only one) | | | | |
| PHYSICIAN: | 1 YES 2 NO | 1 ☐ Inpatient 2 | ER/Outpatient 3 | DOA 28b. TIM | | g Home | | esidence | 6 Other (Spe 28d, DESCRIB | | HIBY OCCUE | ED | |
| Y Pt | 1 Natural 6 Pen | (Month, I | Day, Year) | | URY | WOF | | _ NO | 28d. DEŞCHIB | E NOW IN | JOHT OCCUP | IEU | |
| Э ВУ | 2 C ALVAN | 28a. PLACE | OF INJURY — At ho | me, farm, s | street, factory | , office | | | 281. LOCATION | | d Number or | Aurel Route | Number, |
| TED | 4 Homicide date | rmined | (one (opcomy) | | | | | | Only or los | Wii, Gialey | | | |
| COMPLET | 29a. CERTIFIER (Check only | ING PHYSICIAN: To the best o | f my knowledge, de | ath occum | ed at the time | , date : | and place | , and du | o to the cause(s) | end mann | or as stated. | | |
| № | 2001 | EXAMINER: On the besis of | examination and/or i | Investigatio | n, in my opin | nion, de | ath occu | red at the | time, date end | place, and | due to the c | euse(s) an | nd manner es stated. |
| | 295 SIGNATURE AND TITLE OF | CERTIFIER | 1 | | | T | 29c. LIC | ENSE NU | MBER | | 29d. DATE S | IGNED (Me | onth, Day, Year) |
|) BE | B | 4 | Laydo | | | | D | 1462 | 26 | | Mar | ch 4 | , 1991 |
| 2 | 30. NAME AND ADDRESS OF PE | RSON WHO COMPLETED CAL | ISE OF DEATH (ITE | M 27) (Type, | , Print) | | | | | | | | |
| | P. Gregory F | Rausch, M.D., | 501 Wes | st Se | venth | St | reet | , Fr | rederic | k, Ma | arylar | nd | 21701 |
| | 31. DATE FILED (Month, Day, Year | | AR'S SIGNATURE | | | | | | | | | | |
| | MAR 05 199 | 91 Julia David | son-Handel | Sho | | | | | | | | | |



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| 4. A SOOM, SECURITY MARKER 214-74-8863 10 to 19 yes but reversely a reversely and money 214-74-8863 10 to 19 yes but reversely and money 214-74-8863 10 to 19 yes but reversely and money 10 to 29 ROSEMONIT Drive 10 to 20 ROSEMONIT Drive 10 ROSEMONIT Drive 10 to 20 ROSEMONIT Drive 10 to 20 ROSEMONIT Driv | 1 | FOR STATE REGISTRAR | | | | CER | TIFIC | CATE OF | HEALTH AND | MENTA | L HYGIEN | _ | | |
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| THE STATE OF PRESENCE OF PRESENCE INCOMENTY OF AN ADMINISTRATION OF A CONTROLLED AND A | | 141 | +ZE | | | | | | | MONT | 3 8 | 9 | AR | TIME OF DEATH |
| Windahona Nursing Home Braddock Heights Frederick Windahona Nursing Home Braddock Heights Frederick Windahona Nursing Home Braddock Heights Frederick Windahona Nursing Windahona Windahona Nursing Windahona Windahona Nursing Windahona | | | | 8. AGE (li | | - 44 | 1 | | (Monti | h, Dav. Year) | | BIRTHPL Country) Edje: | ACE (State or Foreign SVILLE WVA |
| STREET AND NAMED 10, CONTINUE 10, WAS DECEDED 12, WAS DECEDED 13, WAS DECEDED 14, WAS DECEDED 15, WAS DECEDED 16, WAS DECEDED 16, WAS DECEDED 16, WAS DECEDED 16, WAS DECEDED 17, WAS DECEDE | OR | Vindabona Nu | ursing | , and the second | | | 9 | | | | | | | |
| STREET AND NUMBERS 90 ROSERSONED Drive 10 MARKET STRUE 11 MARKET STRUE 11 MARKET STRUE 12 WAS DECEDENT EVER IN U.S., BANKED 12 STRUET AND MARKET 13 WAS DECEDENT OF HERMAN CHECK TO PRISONAL ORDERS 11 The MARKET STRUE 12 WAS DECEDENT OF HERMAN CHECK TO PRISONAL ORDERS 12 WAS DECEDENT OF HERMAN CHECK TO PRISONAL ORDERS 13 WAS DECEDENT OF HERMAN CHECK TO PRISONAL ORDERS 13 WAS DECEDENT OF HERMAN CHECK TO PRISONAL ORDERS 14 DECEDENT OF HERMAN CHECK TO PRISONAL ORDERS 15 MARKET STRUE 15 MARKET STRUE 16 MARKET STRUE 17 MARKET STRUE 17 MARKET STRUE 18 MARKET STRUE 18 MARKET STRUE 19 MARKET STRUE 1 | RECT | 10a. STATE 11 | b. COUNTY | | | 10 | | | | | | | | od. INSIDE CITY LIMITS? TV |
| 1. WAS DECEMBER OF HERE AND SCHOOL TO PROPER OF THE ADDRESS OF T | 4 | 104. STREET AND NUMBER | | | - | | 902 | | 1. ZIP CODE | e, Kn | lOXV111 | 10g. CITIZEN | OF WHA | |
| The second in th | ONEH | | | 12. WAS DECEDEN | NT EVER IN | U.S. ARMED | D | 13. WAS DEC | | NIC ORIGIN | 17 (Specify Yes | | RACE | American Indian. |
| Secretary of Secretary (Part) College (1-d or 5-1) Housewife | 5 | w P | rrlad | FORCES? | 1 YES | 2 NO | | If yes, sp | ecify Cuban, Mexic | an, Puerto | | | Black, V | White |
| TO PATHER'S NAME (Pist, Model, Las) TO PATHER'S NAME (Pist, Model, Las) The MALINE AND PROPERTY STATE (Pist) The MALINE AND PROPERTY OF | 3 | (Specify only hi | ghast grade co | ompleted) | +) | (Give I | NOT use | rk done during mo retired.) | ON ost of working | 16b | | | TRY | |
| THE INPORTANT'S NAME () porting 19th. MALLING ACONESS (Stopes and Number of Russi Routh Number. City or Routh, State, 2p Code) James T. Hoyle 10267 Gainsborough Rd., Potomac, MD 20854 Dentified of State | | | | 1 5 | | nous | CMIT | | | | Middle, Maiden | | _ | |
| To plant the contribution of circles and the countributing to death but not resulting in the underlying cause given in Part i. 25. PART II. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 25. PART II. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 26. PART II. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 27. NAME OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 29. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 20. PLACE OF DEATH (Check only one) 21. Standard or physical part of the part of physical | | 19a, INFORMANT'S NAME (Type | /Print) | n Payne | 2 | | | | and Number or Rural | Route Num | ber, City or Tow | | | |
| 1 Observation 1 Observatio | | 204. METHOD OF DISPOSITION | | | 20b. | PLACE OF | DISPOSIT | | | | | | | |
| 23. PART II. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. PART II. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 26. DUE TO (OR AS A CONSEQUENCE OF): 27. WAS CASE REFERRED TO MEDICAL EXAMINER: On Integrating Integrat | | other place) 4 Donation 5 Other (Specify) Edge Hill Cemetery Charles Town, WVA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY | | | | | | | | | | | | |
| Sequentielty list conditions resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUE | | Barbara | alui | liams, | Fune | cal D | jin. | | | | | | . M | D 21716 |
| PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Inputient 2 DEPLOUPSTEIN 3 DOA Withursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. DATE OF BUJURY 28. DATE OF BUJURY 28. DATE OF BUJURY AT WORKT 3 DATE FILED (Morth, Dey, Vear) 29. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29. SIGNATURE AND TITLE OF CERTIFIER 29. LICENSE NUMBER 29. DATE SIGNED (Morth, Day, Vear) 31. DATE FILED (Morth, Day, Vear) 32. BEGISTRAN SIGNATURE 33. DATE FILED (Morth, Day, Vear) 34. DATE FILED (Morth, Day, Vear) 35. DATE FILED (Morth, Day, Vear) 36. STATURE SIGNATURE 37. DATE FILED (Morth, Day, Vear) 38. DATE FILED (Morth, Day, Vear) 39. DATE FILED (Morth, Day, Vear) 30. DATE FILED (Morth, Day, Vear) 31. DATE FILED (Morth, Day, Vear) 31. DATE FILED (Morth, Day, Vear) | ATION | shock, or hee IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immedia | a. | DUE TO | JEW O (OR AS A | CONSEQUE | A PACE OF): | | | | | | | Interval Between Onset and Death |
| PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 26. INJURY AT WORK? 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY M 28b. TIME OF INJURY M 28c. INJURY AT WORK? 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28d. LOCATION (Street and Number or Rural Route Number. City or Town, Shale) 28a. CERTIFFIER (Check only Only) 28b. SIGNATURE AND LITLE OF CERTIFFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, No.) 30. NAME AND ADDRESS OF PERSON WHO CONFLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, No.) 32. DEGISTRAR SURNATURE | CAUSE (Disease or Injury that Initiated evente resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. | | | | | | | | | | | | | |
| 27. MANNER OF DEATH 1 | MEDICAL | PART II. Other algorificant | conditions | contributing to | death be | ut not resu | alting in | the underlyin | g cause given in | Part I. | PERFOR | RMED? | AA CI | BRE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO |
| 27. MANNER OF DEATH 1 | SICIA | EXAMINER? | | | ☐ EB/Outp | Itlant 3 🗆 | | QTHER: | | | | | | |
| 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) 3 Sulcide 8 Could not be detarmined 29b. PLACE OF INJURY — At home, farm, street, factory, office 29b. City or Fown, State) 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. BEGISTRAP: SURNATURE 33. DATE FILED (Month, Day, Year) 32. BEGISTRAP: SURNATURE | PHY | 1 Natural 5 Pe | nding | 28a. DATE O | F INJURY | - | 8b. TIME | OF 28c. IN | JURY AT ORK? | 1 | | INJURY OCCUR | ED | |
| 296. SIGNATURE AND ATTLE OF CERTIFIER 296. DIGENSE NUMBER 296. DATE SIGNED (MONTH), Day, ME 30. NAME AND ADDRESS OF PERSON WHO CONNLETED CAUSE OF OEATH (ITEM 27) (Type, Print) 31. DATE FILED (MONTH), Day, Year) 32. BEGISTRAR'S SIGNATURE 33. DATE FILED (MONTH), Day, Year) 32. BEGISTRAR'S SIGNATURE | | 3 Sulcide 8 Co | uid not be | 28e. PLACE (building | OF INJURY | — At home, | , farm, str | eet, factory, offic | ca | | | | Rural Rou | te Number, |
| 296. SIGNATURE AND ATTLE OF CERTIFIER 296. DIGENSE NUMBER 296. DATE SIGNED (MONTH), Day, ME 30. NAME AND ADDRESS OF PERSON WHO CONNLETED CAUSE OF OEATH (ITEM 27) (Type, Print) 31. DATE FILED (MONTH), Day, Year) 32. BEGISTRAR'S SIGNATURE 33. DATE FILED (MONTH), Day, Year) 32. BEGISTRAR'S SIGNATURE | OMPLE | (Check only | | | | | | | | | | | suse(s) s | nd menner as stated. |
| 30. NAME AND ADDRESS OF PERSON WHO CONNLETED CAUSE OF GEATH (ITEM 27) (Type, Print) THE WE AUCK TO 2171 | u l | | | laain | r | 1.1). | | | 29c LICENSE NU | MBER 7 | | | | lonth, Day, Year) |
| 31. DATE FILED (Month, Day, Year) 32. BEGISTRAR'S SIGNATURE | 2 | 30. NAME AND ADDRESS OF P | ERSON WHO | COMPLETED CAL | USE OF OE | GLO | 7) (Type, F | N M | VE, BI | MN. | swick | | / 0 | 1 |
| | | | | 32. BEGISTR | AR'S SIGN | TURE | | | | | | | | - · · · · · · · · · · · · · · · · · · · |

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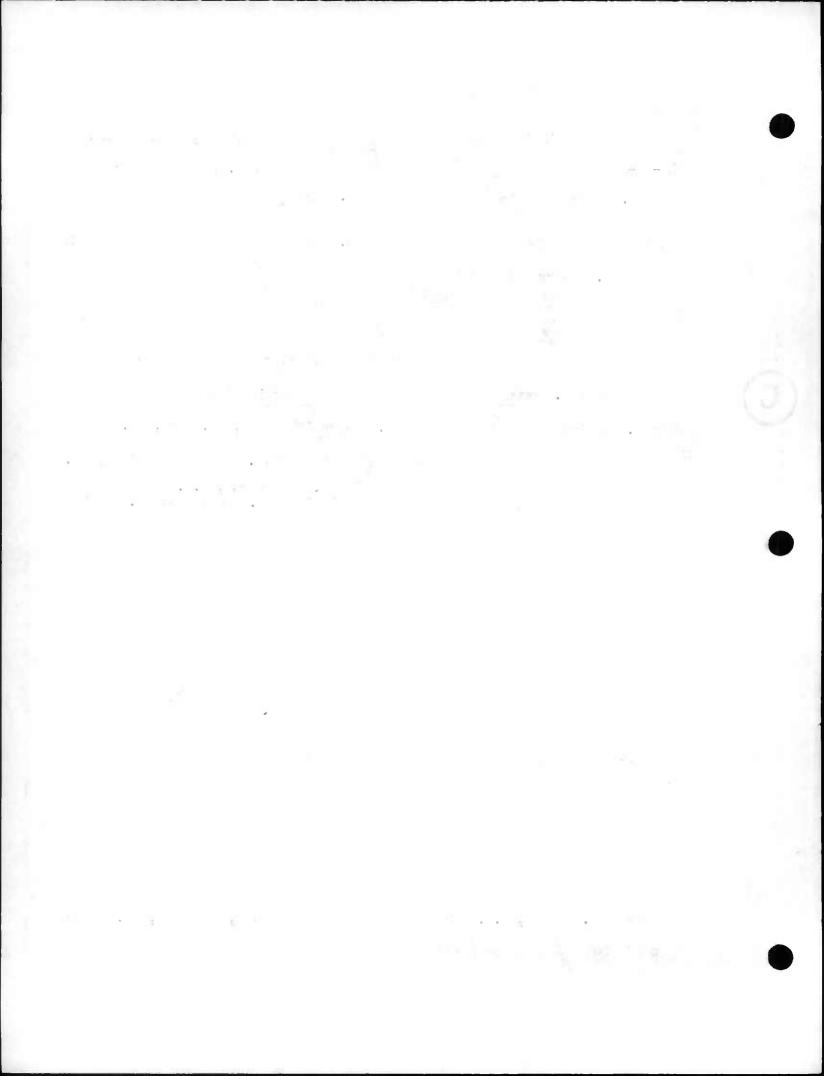
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

| | FOR STATE REGISTRAR | STATE OF MAR | | RTMENT OF | | MENTAL HYGIEN | _ | 0/52/ | | | |
|----------------------|---|---|----------------------------------|--|-----------------------|--|------------------------|--|--|--|--|
| | 1. DECEDENT'S NAME (First, Middle, Lest) | illiam Aug | | ownan | DEATH | 2. DATE OF DEATH MONTH DATE OF STATE OF DEATH DATE OF STATE OF STA | - | 3. TIME OF DEATH | | | |
| | 4. SOCIAL SECURITY NUMBER 218–26–3882 | ECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7 | | 7. DATE OF BIRTH (Month, Day, Year) Jan. 6, 190 | 8. 8 | MATYLACE (State or Foreign Country) Maryland | | | | | |
| OR BO | 907 E. Watersv | | | | Airy | | | vard | | | |
| DIRECTOR | 10a. STATE 10b. COUNTY | | 10c. C | TY, TOWN OR LOC | | _ | | 10d. INSIDE CITY LIMITS? 1 YES 2 1 NO | | | |
| FUNERAL D | Maryland 100. STREET AND NUMBER 907 E. Wate: | Howard | ad a | V | Airy on zip code 217 | 771 | 10g. CITIZEN | OF WHAT COUNTRY? | | | |
| BY FUNE | 11. MARITAL STATUS 1 Never Married 2 Merried 3 2 Widowed 4 Divorced | 12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O | ER IN U.S. ARMED | If yes, | CENDENT OF NISPA | NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.) | | RACE — American Indian, Black, White, etc. Specify: White | | | |
| COMPLETED | 15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12) | | (Give kind | rs usual occupated work done during of use retired.) | ontractor | 16b. KIND OF BU | siness/indust | RY | | | |
| BE CON | 17. FATHER'S NAME (First, Middle, Last) Augustus La | Bowman | | | Bes | AME (First, Middle, Meiden sie Gillis | | | | | |
| 10 | 190. NAFORMANT'S NAME (Type/Print) Jane B. Fleming 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 722 E. Watersville Road, Mt. Airy, Md. 21771 | | | | | | | | | | |
| | 20e. METHOD OF DISPOSITION Buriel 2 Cremation 3 Remark Donation 6 Other (Specify) | oval from State | other place) | prings U | nited Me | th. Pop. | cation—city Lar Spr | ings, Md. | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Olin L. Mole sworth, 26401 Ridge Rd., Day | | | | | | | . 20872 | | | |
| | 23. PART I. Enter the diseases, or ahock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) | | n each line. | | | ch as cardiec or reap | | Approximate Interval Between Onset and Death | | | |
| CERTIFICATION | Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST b. OUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | |
| PHYSICIAN: MEDICAL C | BATT II Other elemitions contributions to death but not require in the underlying saves about in Boot I are underlying to the property of the | | | | | | | | | | |
| SICIAN | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO | POSPITAL: | /Outpatient 3 🗀 DO | OTHER: | PLACE OF OEATH (C | check only one) | | | | | |
| ВУ РНУ | 27. MANNER OF DEATH 1 Netural 5 Pending Investigation | 28a. DATE OF INJU | NJURY AT WORK? | 28d. DESCRIBE NOW | INJURY OCCUR | ED | | | | | |
| | 3 Suicide 6 Could not be 4 Homicide determined | 28a. PLACE OF IN. building, etc. | JURY — At home, fer (Specify) | m, street, factory, o | ffice | 281. LOCATION (Street City or Town, State | | Rural Route Number, | | | |
| COMPLETED | TOTAL OTRY | ER: On the basic of examin | | | | | | ause(s) and manner as stated. | | | |
| TO BE C | 296. SIGNATURE AND TITLE OF CERTIFIE | R. L. Mor | olm | | 29c. LICENSE NO D - (| UMBER 8191 | | IGNED (Month, Day, Year) | | | |

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Arthur G. Manalo, M.D. Green Valley Shopping Center, Monrovia, Md. 21770



YEAR

9c. COUNTY OF OEATH

3. TIME OF OEATH

B. BIRTHPLACE (State or Foreign Country)

PA

2. DATE OF DEATH MONTH 03 12 91

7. DATE OF BIRTH (Month, Day, Year) 02 27 (

00

1. DECEDENT'S NAME (First, Middle, Last)

5. SEX

1 M 2 F

ELLIS H BURKETT

214 05 9456

9a. FACILITY NAME (If not institution, give

4. SOCIAL SECURITY NUMBER

IF UNDER 1 YEAR

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF CEATH

6. AGE (In yra. lest birthday)

91

Numbital or attending physician. AND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-riours after death. Page 8 may TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 6 filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

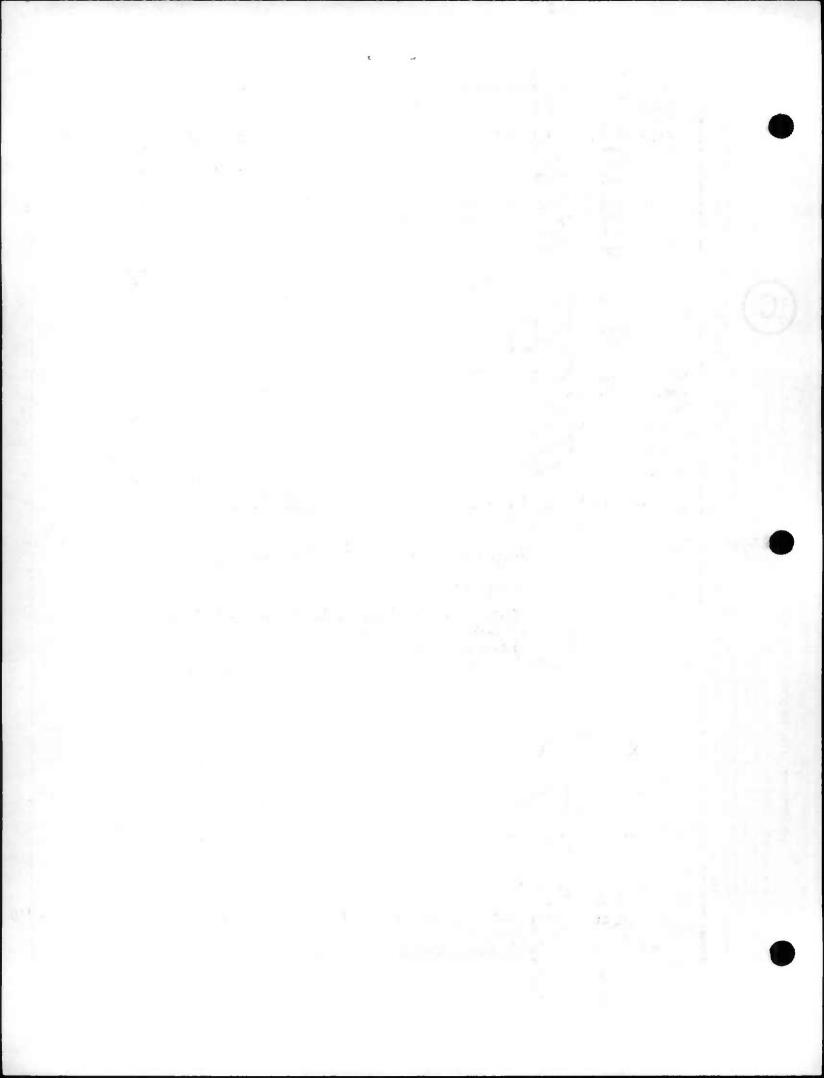
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be BALTIMORE, DIVISION OF VITAL RECORDS, P.O. BOX 13146,

| 5 | FRUSTBURG CUMMU | NITY HUSPITAL | - | FRUST | BURG | ALL | ALLEGANY | | | |
|--------------------|---|--|---|------------------------------------|--------------------|--------------------------|---|---|--|--|
| EC | 10a. STATE 10b. COUNTY | | 10c. CIT | Y, TOWN OR LOCA | TION | | | 10d. INSIDE CITY | | |
| DIRECTO | Maryland Alleg | ranv | La | Vale, | | | | LIMITS? | | |
| | 10e. STREET AND NUMBER | ,2 | | | f. ZIP CODE | | 10g. CITIZEN OF WHAT COUNTRY? | | | |
| FUNERAL | 1302 National H | Hwy. | | | 21502 | | USA | | | |
| BY FUN | 11. MARITAL STATUS 1 Never Married 2 Married 3 M Widowed 4 Divorced | U.S. ARMED 2 NO TES | D 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specif | | | fea or No- 1 | N. RACE — American Indian, Black, White, atc. Specify: White | | | |
| | 15. OECEDENT'S EDUC | | 16a. DECEDENT'S | USUAL OCCUPATI | ON | 16b, KINO OF B | USINESS/INDU | | | |
| COMPLETED | (Specify only highest grade Elementary/Secondary (0-12) | College (1-4 or 5+) | (Give kind of a life. Do NOT us | work done during m se retired.) | ost of working | | | | | |
| MPI | 8 | | Lab | orer | | Ser | vice | | | |
| 00 | 17. FATHER'S NAME (First, Middle, Lest) | | | | 16. MOTHER'S NA | ME (First, Middle, Melde | en Sumame) | | | |
| BE | Hugh W. Bu | ırkett | | | | en Dieh | | | | |
| 0 | 19a. INFORMANT'S NAME (Type/Print) | | | | | Route Number, City or T | | | | |
| - | Nancy H. DeVor | | | | | , LaVale | e, MD | 21502 | | |
| | 20a. METHOD OF DISPOSITION 1 Striel 2 Cremation 3 Remo | oval from State | PLACE OF DISPOS other place) | | cemetery or Cemete | ry Ne | OCATION - CI | e PA | | |
| | 21. SIGNATURE OF FUNERAL BERVICE LIC | ENSEE | | 22. NAME A | NO ADDRESS OF FA | CILITY | | | | |
| | - Joughan | A. Hake | \supset | | | 1 of the Hwy., La | | | | |
| | 23. PART I. Enter the diseases, or c | omplications that caused | the death. Do | | | | | | | |
| | shock, or heart fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) | List only one ceuse on a | te Pa | | | | | Interval Between Onset and Death | | |
| | | DUE TO (OR AS A | CONSEQUENCE O | F): | 0 | | | | | |
| ATION | IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING | | | | | | | | | |
| CERTIFICATION | CAUSE (Disease or Injury that initiated events resulting in death) LAST | DUE TO (OR AS A | CONSEQUENCE O | F): | | | | | | |
| LC | PART II. Other significant condition | s contributing to death bu | it not resulting | In the underlylr | g cause given in | | AN AUTOPSY | 24b. WERE AUTOPSY FINDINGS | | |
| S | acute P | Well more | tis | Co | PD | PERF | DRMED? | AMAILABLE PRIOR TO COMPLETION OF CAUSE | | |
| ED | Rubhr | en e | old | 040 | | | 2 M | OF DEATH? | | |
| 2 | Coopy | | | 1 | | - | | T TES 2 NO | | |
| AN | 25. WAS CASE REFERRED TO MEDICAL | , | | 26, F | LACE OF OEATH (Ch | eck only one) | | | | |
| SIC | EXAMINER? | HOSPITAL: 1 [Vinpetient 2] ER/Outpe | itlent 3 🗆 DOA | OTHER: | ne 5 🗆 Residence | 6 Other (Specify) | | | | |
| PHYSICIAN: MEDICAL | 27. MANNER OF CEATH | 28a. DATE OF INJURY (Month, Dey, Year) | 28b, TIN | E OF 28c. IN | JURY AT | 28d. DESCRIBE HOV | V INJURY OCCU | REO | | |
| ВУ Р | 1 Netural 5 Pending 2 Accident Investigation | (Month, Day, 1847) | IN. | | ORK? YES 2 NO | | | | | |
| B | 3 Suicide 6 Could not be determined | 28e. PLACE DF INJURY building, etc. (Special | At home, farm, | | | | et and Number o | r Rural Route Number, | | |
| COMPLET | and and | CIAN: To the best of my knowle R: On the basis of examination | | | | | | j. cause(a) and manner as stated. | | |
| TO BE C | 29b. SIGNATURE AND TITLE OF CERTIFIER | J C Jan | ollin : | 40 | 29c LICENSE NUI | 464 | 29d. DATE | SIGNED (Month, pay, Year) | | |
| | DR S.LAL SAN | DHIR 48 Earn | | | bura. Md | 21532 | | | | |
| | MAR 1 4 1991 | 32. BEGISTRAR'S SIGNA | TURE | , | | | | | | |
| | # #AK 4 144 4 | foota waydson-na | nouse | | | | | | | |
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DHMH-18 Rev 1/89

| 146 | g physical | e bortal anual permit. Pages 1, 2, 3 should | | |
|---|--|--|---|--|
| BALTIMORE, MARYLAND 21204-3146 | ath. Page 6 may be retained by the hospital or mental | meral director, page 5 should be detached for use at | sminer must be notified at once. | |
| DIVISION OF VITAL RECORDS, P.O. BOX 13146, BAL' | TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 mours after death. Page 6 may be retained by the hospital or among managing that the control of the hospital or among the hospital or am | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use the burial and Mental Hygiene prior to burial, cremation, or removal. | IPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. | |

| REGISTRAR | | CERTIFIC | ATE OF D | EATH | REG. NO | • | | | | |
|---|---|--|-----------------------------------|-------------------------|---|----------------|--|--|--|--|
| 1. DECEDENT'S NAME (First, Middle, Last) Moniana | Price 1 | | S | | DATE OF DEATH DATE OF DEATH DATE OF DEATH | 9 91 | 11 30 | | | |
| 4. SOCIAL SECURITY NUMBER 222-12-0021 | 1 □ M 2 🛛 F 6 | | | LEDG MIN | Month, Day, Year) | Co | errhplace (State or Foreign country) aryland | | | |
| 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Union Hospital of Cecil County Elkton Cecil RESIDENCE OF DECEDENT | | | | | | | | | | |
| 10a. STATE 10b. COUNT Maryland Cec: | | 10c. CITY, TO | own or location | | | | 10d. INSIDE CITY LIMITS? 1 YES 2 X ND | | | |
| 86 Paper Mill Ro | oad | | 10f. ZIP | CODE 1921 | - | U.S. | DF WHAT COUNTRY? A. | | | |
| II. MARITAL STATUS Never Married 2 Married Married | 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA | 2 X NO | If yes, specify | | ORIGIN? (Specify Ye: Puerto Rican, etc.) | | NACE — American Indian, Black, White, etc. Specify: White | | | |
| 15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) | | 16e. DECEDENT'S USE (Give kind of work life. Do NOT use re Firm Pr | done during most of tired.) | working | Const | siness/industr | | | | |
| 17. FATHER'S NAME (First, Middle, Lest) Charles R. Pr | ice | | 16. | MOTHER'S NAME Mildre | (First, Middle, Melden ed Walls | Sumame) | | | | |
| 19a. INFORMANT'S NAME (Type/Print) Susan Baylis-Pot | | 86 Pap | er Mill | Road | ete Number, City or Tow Elkton, | | 921 | | | |
| 20a. METHOD OF DISPOSITION Ma.Y. 1 Strict 2 □ Cremation 3 □ Ren 4 □ Donation 6 □ Other (Specify) | noval from State | PLACE OF DISPOSITION OTHER PROCESS | | | 1.01 | Iminate | or Town, State | | | |
| 21. SIGNATURE OF FUNERAL SERVICE LI | | or a contain | 22. NAME AND A HICKS Bow at | HOME IC | Funera ton Stre | ls, P.A | | | | |
| Sequentially list conditions, if any, leading to limmediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST a. Respect Ant she to Advace cop D DUE TO (OR AS A) CONSEQUENCE OF: E.M. PLY SEURG. DUE TO (OR AS A) CONSEQUENCE OF: DUE TO (OR AS A) CONSEQUENCE OF: DUE TO FOR AS A CONSEQUENCE OF: | | | | | | | | | | |
| PART II. Other significant condition | AUTOPSY RMED? 2 NO | 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | | | | | | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | 26. PLACE THER: | OF DEATH (Check | | | | | | |
| 27. MANNER OF DEATH 1 Vetural 8 Pending | 28a. DATE OF INJURY (Month, Day, Year) | 26b. TIME O | F 28c. INJURY | AT 2 | red. DESCRIBE HOW | INJURY OCCURE | D | | | |
| 2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Street and Number or Rural Route Number, City or Town, State) | | | | | | | | | | |
| anni | SICIAN: To the best of my know ER: On the basis of examination | | | | | | use(e) and manner as stated. | | | |
| 296. SIGNATURE AND TITLE OF CERTIFIE Jun 112 H | ER . | | 29 | c. LICENSE NUMB | ER 3 | 29d, DATE 81G | NED (Month, Day, Year) | | | |
| 30. NAME AND ADDRESS OF PERSON W 22-3 Walt 31. DATE FILED (Month, Day, Year) | HO COMPLETED CAUSE OF DE | Elictor | ne) H | d 21 | 92/ | Jui- | -chily He | | | |

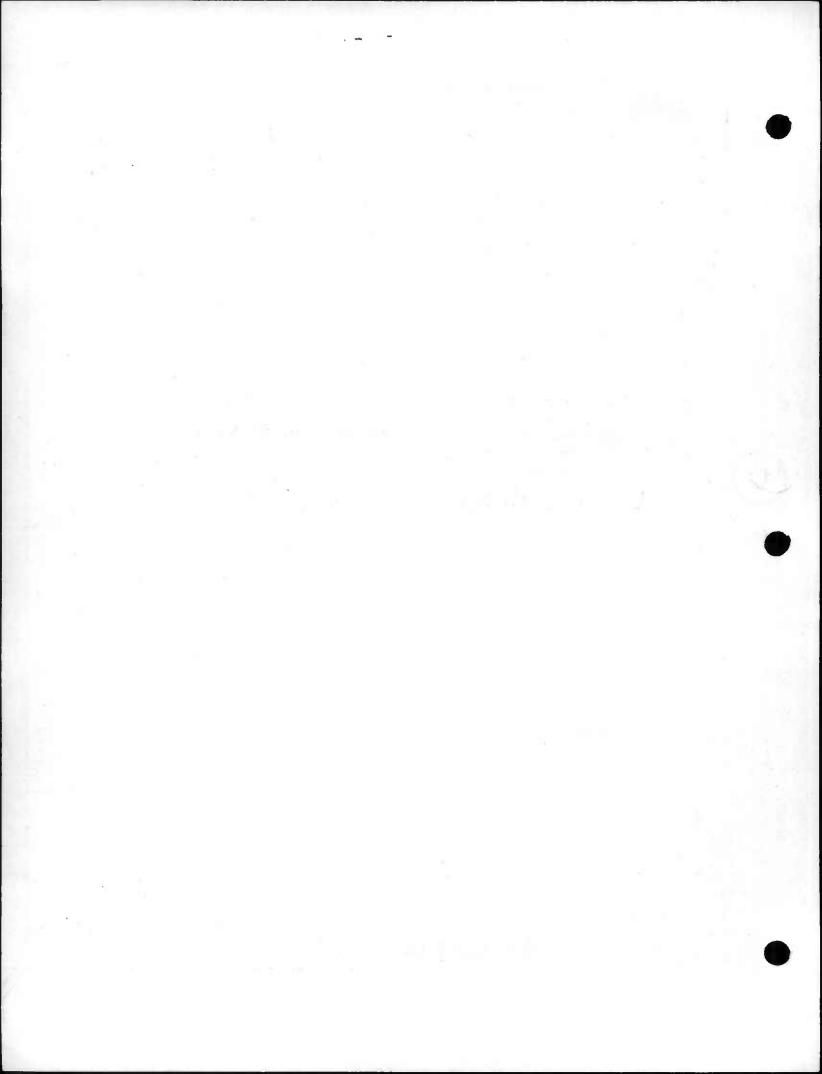


must be notified at once.

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| DIVISION OF VITAL PECONDS, F.O. DOA 13149, | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-nours attractions and an expectation of the control | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the unused completely filled in the unused com | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or reme | IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical standard must be |
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| | 1 - FOR STATE REGISTRAR | STATE OF M | | | | | EALTH AND I | | GIENE 3. NO. | 9 | 07530 | | |
|-------------------|--|--|---|---|------------------------------|----------|------------------------------------|--|--|---|---|--|--|
| - 1 | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | | | 2. DATE OF DE | ATH | | 3. TIME OF DEATH | | |
| | Lillian W. BITTNE | ER. | | | | | | March 9 | DAY | 91 | 3:00 P. M | | |
| | 4. SOCIAL SECURITY NUMBER | 6. SEX | 6. AGE (In yrs. | last birthday) | IF UNDER 1 | YEAR | IF UNDER 24 HRS. | 7. DATE OF BIRTH 8 | | | THPLACE (State or Foreign | | |
| | 213-05-6103 | 1 🗆 M 2 🔯 F | 71 | YRS. | MONTHS | DAYS | HOURS MIN. | (Month, Day, Year) | | | ntry) | | |
| | 9a. FACILITY NAME (If not institution, give si | 1 | Λ / / / | | | | June 10 | | | kton, MD | | | |
| œ | | | o Tno | | | | | ATH | 90 | Cecil | DEATH | | |
| FUNERAL DIRECTOR | Calvert Manor Nur | sing non | e, me | • | KTSI | Lug | Sun, MD | | | CECTI | | | |
| 8 | 10a, STATE 10b, COUNTY | 1 | | 10c. CIT | Y, TOWN OR | LOCAT | ION | | | | 10d. INSIDE CITY | | |
| E | Maryland Ce | ecil | | Elk | ton | | | | | | LIMITS? | | |
| - | 10e. STREET AND NUMBER | .011 | | | | 101 | ZIP CODE | | 10 | n. CITIZEN OF | WHAT COUNTRY? | | |
| RA | 4168 Telegraph Ro | 1 | | | | | 21921 | | - 1 | U.S | | | |
| N. | 11. MARITAL STATUS | 12. WAS DECEDEN | T EVED IN II C | ADMED | I 49 W | NO DEC | ENDENT OF HISPAN | NC OPIOINO (Par | alfa. Man and | | | | |
| | 1 Never Married 2 Married | FORCES? 1 | YES 2 | | - 25 | yes, sp | city Cuban, Mexica | n, Puerto Ricen, e | etc.) | Ble | CE — American Indian, ick, White, etc. | | |
| BY | 3 X Widowed 4 Divorced | IF YES, GIVE W | AR OR DATES | | 1 | _ YES | 2 XNO Specify | y: | | Sp | White | | |
| | 15. DECEDENT'S EDUC | CATION | 18a. | DECEDENT'S | USUAL OCC | CUPATIO | DN . | 18b. KIND | OF BUSINE | SS/INDUSTRY | WILLCC | | |
| | (Specify only highest grade Elementary/Secondary (0-12) | | | (Give kind of life. Do NOT u | work done du | iring mo | st of working | | | | | | |
| 7 | 7 | College (1-4 or 5 - | '' | House | wife | | | | | | | | |
| COMPLETED | 17, FATHER'S NAME (First, Middle, Last) | | | | | | 18. MOTHER'S NA | MF (First Mickella | Mairian Sur | name) | | | |
| | Pusey McConnel | 1 | | | | | 200 | Johnson | | ran rwy | | | |
| BE | 19a. INFORMANT'S NAME (Type/Print) | | Т | 401- 24 4 19 40 40 | 1000000 | (0) | nd Number or Rural I | | | | | | |
| 2 | Earl McConnell | | | | | | | | | | | | |
| 23 | | | | | | _ | oh Rd., E | - | | 21921 | | | |
| 1 | 20a. METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Removed | oval from Stata | other | place) | | | netery, crematory or | | | ION — City or | | | |
| | 4 Donation 5 Other (Specify) | | Uni | on Cei | | | | | | | ryland | | |
| 1 | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HICKS HOME FOR Funerals, P.A. | | | | | | | | | | | | |
| - 1 | Donald | 2 Hil | 1 | | | Bow | and Sto | ckton S | tree | ts | | | |
| 1 | 23. PART I. Enter the diseases, or o | complications the | t caused the | daath. Do | | | | | r reaptrate | ory arrest. | Approximate | | |
| | ahock, Dr haart failure. | List only one cau | ise on each l | na. | | | | | | | Interval Between | | |
| - 9 | IMMEDIATE CAUSE (Finel disease or condition) | | | | | | | | | | | | |
| | reaulting in death) | a. Due 70 | CAN A CON | OV | 200 | u | 170 | cea | an 1 | | | | |
| | DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | | |
| O | IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Ces elvo Visculin Accedent Due to (OR AS A CONSEQUENCE OF): b. Character of the conditions, Due to (OR AS A CONSEQUENCE OF): | | | | | | | | | | | | |
| E | If any, leading to immediate | | | | | | | | | | | | |
| 2 | CAUSE (Disease or Injury CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | | |
| Ē | that initiated events resulting in death) LAST | 502 10 | (OII NO N COII | SEGOENCE C | т.ј. | | | | | | j | | |
| CERTIFICATION | | d | | | | | | | | | | | |
| 4 | PART II. Other aignificant condition | s contributing to | daeth but no | t resulting | In the und | deriyin | g ceuse given in | | WAS AN AUT | | 4b. WERE AUTOPSY FINDINGS | | |
| 2 | | | | | | | | | YES 2 | - 1 | COMPLETION OF CAUSE | | |
| E | | | | | | | | _ ' ' | TES Z | NO | OF DEATH? | | |
| 2 | | | | | | | | - | | | 1 NES 2 NO | | |
| Z | 25. WAS CASE REFERRED TO MEDICAL | | | | | 28. P | ACE OF DEATH (Ch | neck anly one) | | | | | |
| A | Est Finds of Sentil (Grook only only) | | | | | | | | | | | | |
| ICIA | | HOSPITAL: | □ Inpatient 2 □ ER/Outpetient 3 □ DOA 4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) | | | | | | | | | | |
| IYSICIA | 1 YES 2 NO | 1 Inpatient 2 | | 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? | | | | | | 28d. DESCRIBE HOW INJURY OCCURED | | | |
| PHYSICIAN: MEDICA | 1 YES 2 NO 27. MANNER OF DEATH | 1 Inpatient 2 | INJURY | | | WC | PRIC? | 28d. DESCRIBE | HOW INJU | RY OCCURED | | | |
| BY PHYSICIA | 1 YES 2 NO | 1 Inpatient 2 C | INJURY Day, Year) | IN | JURY M | 1 [| PRK? YES 2 NO | | | | | | |
| ВУ | 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be | 28a. DATE OF (Month, D | INJURY | IN | JURY M | 1 [| PRK? YES 2 NO | | (Street and | | al Route Number, | | |
| ВУ | 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation | 28a. DATE OF (Month, D | FINJURY Day, Year) OF INJURY — AI | IN | JURY M | 1 [| PRK? YES 2 NO | 28f. LOCATION | (Street and | | al Route Number, | | |
| ВУ | 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined | 28a. DATE OF (Month, E | FINJURY DEFINJURY — AI STEEL (Specify) | home, farm, | JURY M street, facto | 1 [| PRK? YES 2 NO | 28f. LOCATION City or Town | (Street and n, State) | Number or Run | el Route Number, | | |
| ВУ | 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) | 1 Inpetient 2 Inpe | FINJURY Poy, Year) FINJURY — All etc. (Specify) | home, farm, | Street, facto | 1 C | PRK? YES 2 NO | 28f. LOCATION City or Your | (Street and n, State) | Number or Run | al Route Number, | | |
| COMPLETED BY | 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) | 28a. DATE OF (Month, L 28a. PLACE Of building, ICIAN: To the best of a | FINJURY Poy, Year) FINJURY — All etc. (Specify) | home, farm, | Street, facto | 1 C | PRK? YES 2 NO a and place, and due | 28f. LOCATION City or Town to the cause(s) at time, data and p | (Street and n, State) and manner | Number or Run ras stated. us to the caus | e(a) and manner se stated. | | |
| BE COMPLETED BY | 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE | 28a. DATE OF (Month, L 28a. PLACE Of building, ICIAN: To the best of a | FINJURY Poy, Year) FINJURY — All etc. (Specify) | home, farm, | Street, facto | 1 C | PRK? YES 2 NO | 28f. LOCATION City or Town to the cause(s) at time, data and p | (Street and n, State) and manner | Number or Run ras stated. us to the caus | | | |
| BE COMPLETED BY | 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE | 28a. DATE OF (Month, C) 28a. PLACE OF building, ICIAN: To the best of a | F INJURY Pey, Year) OF INJURY — All etc. (Specify) If my knowledge, examination and | home, farm, death occur or investigati | Street, factored at the time | 1 C | PRK? YES 2 NO a and place, and due | 28f. LOCATION City or Town to the cause(s) at time, data and p | (Street and n, State) and manner | Number or Run ras stated. us to the caus | e(a) and manner se stated. | | |
| COMPLETED BY | 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 30. NAMÉ AND ADDRESS OF PERSON WH | 28a. DATE OF (Month, C) 28a. PLACE OF building, ICIAN: To the best of a | F INJURY Pey, Year) OF INJURY — All etc. (Specify) If my knowledge, examination and | home, farm, death occur or investigati | Street, factored at the time | 1 C | PRK? YES 2 NO a and place, and due | 28f. LOCATION City or Town to the cause(s) at time, data and p | (Street and n, State) and manner | Number or Run r as stated. us to the caus bd, DATE SIGN | e(a) and manner se stated. | | |
| BE COMPLETED BY | 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE | 28a. DATE OF (Month, L) 28a. DATE OF (Month, L) 28a. PLACE C building, ICIAN: To the best of a | FINJURY — AI OF INJURY — AI etc. (Specify) my knowledge, examination and SE OF DEATH (I | death occur or investigate | Street, factored at the time | 1 C | PRK? YES 2 NO a and place, and due | 28f. LOCATION City or Town to the cause(s) at time, data and p | (Street and n, State) and manner laca, and de | Number or Run r as stated. us to the caus bd, DATE SIGN | e(a) and manner se stated. ED (Month, Day, Year) | | |

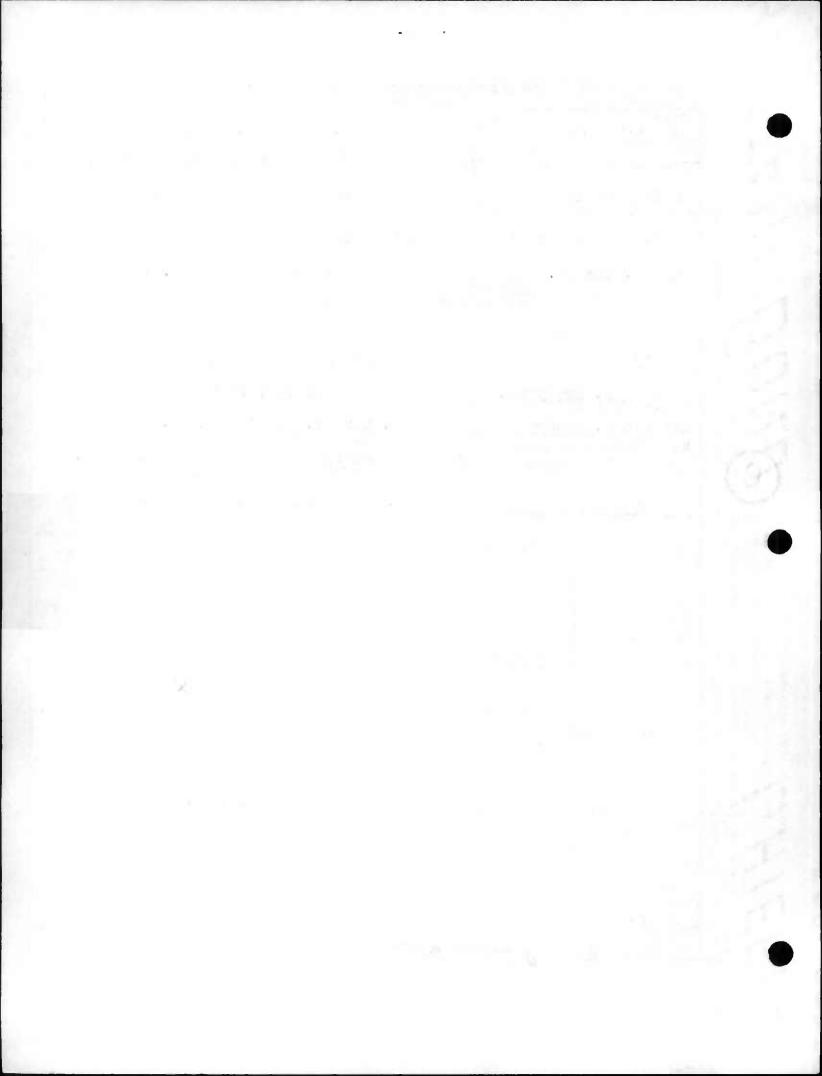


be notified at once.

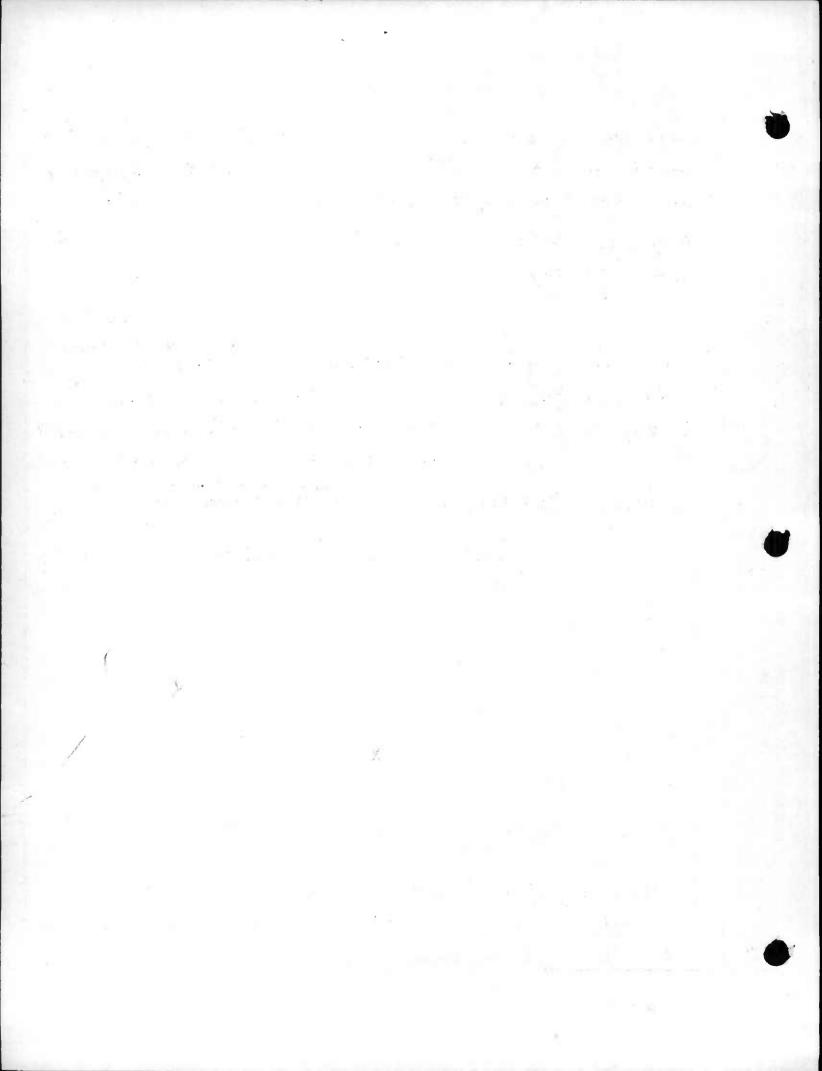
| rvent, the medical | IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical |
|------------------------|--|
| , cremation, or remark | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or remove |
| mpletely filled in by | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by |
| within 24 nours and | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours and |
| 5 | DIVISION OF VITAL RECORDS, F.O. BOA 13149, |

| STATE OF | | DEPARTMENT | - | | | MENTAL | HYGIENE |
|----------|---|------------|---|--------|----|--------|----------|
| | C | ERTIFICATE | 0 | F DEAT | ГН | | REG. NO. |

| | 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 11' 49 M | | | | | | | | | | | | |
|---------------|--|-----------------------------------|------------------------|---|----------------------------------|----------------|-------------------------|-----------|------------------------|-------------------------------|------------------|--------------|---|
| | | | | | | | | | 3 | 4 | , | 71 | 11:49 M |
| | 4. SOCIAL SECURITY NUMBER | 5. SEX | 6. AGE (In yrs. le | st birthday) YRS. | IF UNDER | 1 YEAR DAYS | IF UNDER | MIN. | 7. DATE OF | 7191 | , | Country | PLACE (State or Foreign |
| | 222-09-5148 | | 73 | THO. | | | | | | 177 | | | aware |
| œ | 9e. FACILITY NAME (If not institution, | | | | 9c. COUNTY OF CEATH Elkton Cecil | | | | | | | ATH | |
| DIRECTOR | Union Hospi | | | | E T | K to | п | | | | Cec | TT | |
| | 10e. STATE 10b. C | 10c. CIT | Y, TOWN C | R LOCAT | ION | | | | | | 10d. INSIDE CITY | | |
| 뚬ㅣ | Del. Ne | ÎVÎ: | idd.1 | eto | wn | | | | | | LIMITS? | | |
| | 10e. STREET AND NUMBER | | | 210 | | | . ZIP COD | E | | | 10g. CITI | ZEN OF W | HAT COUNTRY? |
| BY FUNERAL | 404 S. Cox | St. | | | | | 197 | 09 | | | U.S | .A. | |
| 3 | 11. MARITAL STATUS | 12. WAS DECEDE | NT EVER IN U.S. A | RMED | | | ENDENT | OF HISPAN | NC ORIGIN? (| | | | - American Indian, White, etc. |
| <u>_</u> | 1 Never Married 2 Merried | IF YES, GIVE | YES 2 WAR OR DATES | NO | | | 2X NO | | n, Puerto Ric /: | en, etc.) | | Specifi | <i>r</i> : |
| | 3 Widowed 4 Divorced | | | | | | | | | | | W | hite |
| | 15. DECEOENT' (Specify only highes | S EDUCATION t grade completed) | 16a. D | ECEDENT'S Silve kind of to b. Do NOT ut | USUAL O | CCUPATIO | ON at of world | ing | 16b, K | IND OF BUS | SINESS/INC | USTRY | |
| | Elementary/Secondary (0-12) | College (1-4 or 6 | +) | | | | | | 1.00 | | 7 4 | 00 | |
| COMPLET | 12 | | GI | cain | rar | mlti | 4.0 | | | ricu | | re | |
| | 17. FATHER'S NAME (First, Middle, La | | | | | | | | ME (First, Mid | | Surname) | | |
| BE | Henry S. 1 | | | | | | | | | _ | | | |
| 2 | Kathryn R. I | Brady | | | | | | | Aoute Number ldlet | | | | 09 |
| | 20a METHOO OF DISPOSITION 1 Burlel 2 Cremation 3 4 Donation 5 Other (Specify | | 20b. PLACE other p | OF DISPO | | | | matory or | | | | City or Tox | n, State |
| | 21. SIGNATURE OF FURNIAL SERV | | | | | | - | SS OF FA | CILITY | | - | | St., |
| | · Non | rees | ee | | Ge | e F | uner | cal- | Home | | | | 21921 |
| CERTIFICATION | disease or condition resulting in death) DUE TO (DR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | | |
| | | d | | | | | | | | | | | i |
| : MEDICAL | PART II. Other significent con | ditions contributing to | o death but not | resulting | in the ur | nderlyin | g cause | given in | PERFORMED? 1 YES 2 NO | | | | WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| Y | 25. WAS CASE REFERRED TO MEDI | CAL / | | | | 26. P | LACE OF I | DEATH (Ch | eck only one) | | | | |
| S | EXAMINER? | HØSPITAL: | ☐ ER/Outpatient | 3 🗆 DOA | OTHE | | 10 6 🗆 R | lesidence | 6 Other | Soedfy) | | | |
| PHYSICIAN: | 27. MANNER OF DEATH 1 Netural 8 Pending | 9 | F INJURY Day, Year) | 28b. TIA | - | 28c. IN. | URY AT ORK? YES 2 | | | RIBE HOW I | NJURY OC | CURED | |
| ED BY | 2 Accident Investig 3 Suicide 6 Could r 4 Homicide /determine | 28e. PLACE building | OF INJURY — At h | ome, farm, | street, fac | | | | | TON (Street a Town, State) | | r or Rurel R | oute Number, |
| COMPLET | 2001 | PHYSICIAN: To the best of | | | | | | | | | | | and manner as stated. |
| BE CC | 296. SIGNATURE AND TITLE OF CR | MI | Eumo | | | | | SENSE NU | MBER F 7 3 | 2 | 29d, DAT | E SIGNED | (Month, Day, Year) |
| 2 | 30. NAME AND ADDRESS OF PERS | ON WHO COMPLETED CA | USE OF DEATHART | EM 27) (%) | , Print) | _ | | | | | | 101 | // |
| | A. PAUL | MANSO | real | U | NIC | N | HUS | 51 | OFEL | KT | אכ | MO | |
| | MAR 1 1 '91 | | AR'S SIGNATURE | andale | | | | | | | | | |

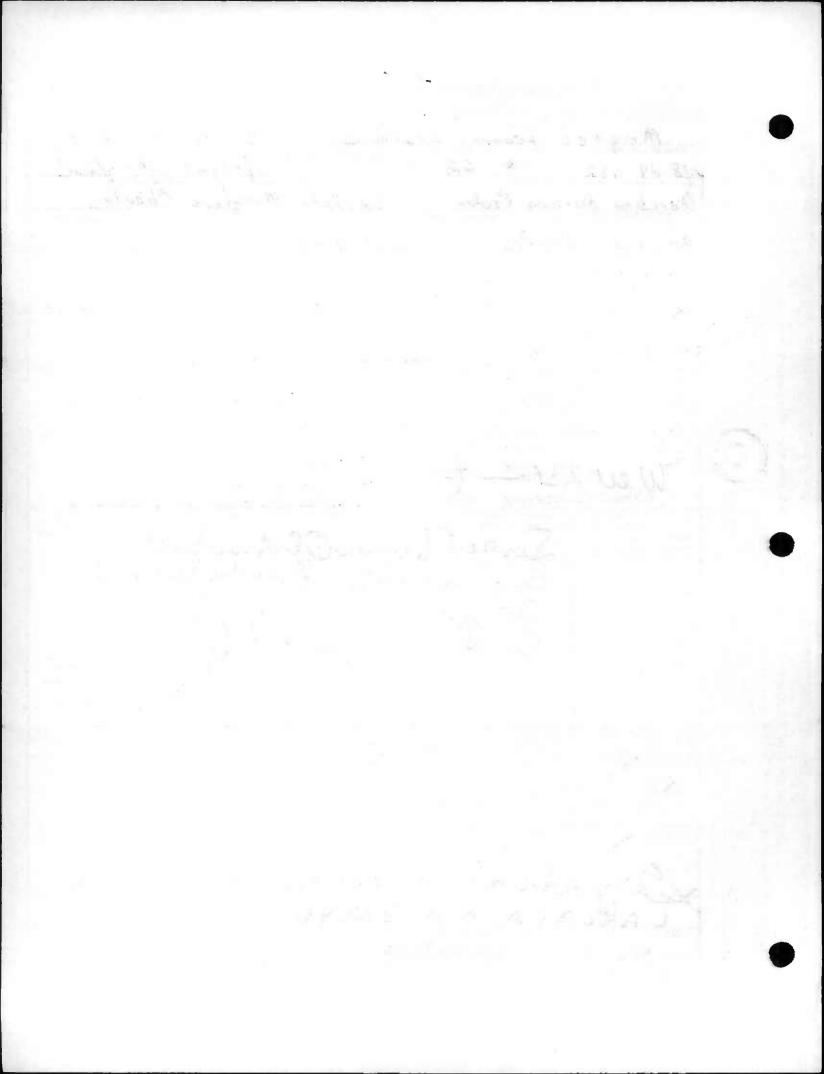


| | 1 - STATE REGISTRAR CERTIFICATE OF DEATH | REG. NO. | | | | | | | |
|---------------|--|-------------------------------------|--------------------|---|--|--|--|--|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | 2. DATE OF DEATH | YEAR | 3. TIME OF DEATH | | | | | |
| | 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vis. line) birthday) IF UNDER 1 YEAR IF UNDER 24 HIS. | 3 6 | 71 | 2 4 M | | | | | |
| | 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yra. lest birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7 YRS. MONTHS DAYS HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) | 8. BIRT | HPLACE (State or Foreign | | | | | |
| | 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DI | EATH | 9c. COUNTY OF | DEATH | | | | | |
| TOR | Calvert Manor Nursing Home RISING SUN RESIDENCE OF DECEDENT | | Cec | 11 | | | | | |
| DIRECTOR | Maryland Cecil Port Deposit | | | 10d. INSIDE CITY LIMITS? | | | | | |
| FUNERAL | 100. STREET AND NUMBER 1129 TOME HWY 2 1904 | | 10g. CITIZEN OF | WHAT COUNTRY? | | | | | |
| UNE | 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPA | NIC ORIGIN? (Specify Yea | or No.— 14. BAC | E - American Indian, | | | | | |
| BY F | 1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Maxier 1 YES 2 NO Specify Cuban, Maxier 1 YES | | Spec | tk, White, etc. | | | | | |
| ED | 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working | 16b. KIND OF BUS | INESS/INDUSTRY | ., | | | | | |
| COMPLET | Elementary/Secondary (0-12) College (1-4 or 5+) Iffe. Do NOT use retired.) | Aberdeen | | | | | | | |
| MP | Eleven Years ElecTrician 17. FATHER'S NAME (First, Middia, Lust) 18. MOTHER'S NA | Aberdeen | | and | | | | | |
| | | ME (First, Middle, Maiden S | , , | | | | | | |
| BE | 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural | | State, Zip Code) | .9 | | | | | |
| 2 | Dorothy Brown 1129 Tone Hwy, | Port De | posit. | 111,21904 | | | | | |
|) | 20a. METHOD OF DISPOSITION XXBurtel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) | 20c. LOC | CATION — City or T | own, State | | | | | |
| / | 4 Donation 5 Other (Specify) Hopewell Cemetery | | t Deposi | it, Maryland | | | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FA Lee A. Patte | erson & Son | | 1 Home | | | | | |
| | 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, suc | | | Approximate | | | | | |
| | shock, or heart fellure. List only one cause on each line. | | , | Interval Between Onset and Death | | | | | |
| | disease or condition | | | | | | | | |
| | a. Due TO (OR AS A CONSEQUENCE OF): | | | | | | | | |
| NO | Sequentially list conditions, Due to (OR AS A CONSEQUENCE OF): | | | | | | | | |
| CERTIFICATION | cause. Enter UNDERLYING | | | | | | | | |
| IFIC | CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | |
| ERI | resulting in death) LAST | | | | | | | | |
| | PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in | Part I. 24s. WAS AN | | b. WERE AUTOPSY FINDINGS | | | | | |
| DICAL | | PERFOR 1 YES 2 | . 2 | AVAILABLE PRIOR TO COMPLETION OF CAUSE | | | | | |
| MED | | | 1 | OF DEATH? | | | | | |
| | | | | | | | | | |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 26. PLACE OF DEATH (CI | neck only one) | | | | | | | |
| YSI | 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 6 Residence | 6 Other (Specify) | | | | | | | |
| | 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Dey. Year) 28b. TIME OF INJURY WORK? 1 Notural 5 Pending | 28d. DEŞCRIBE HOW II | JURY OCCURED | | | | | | |
| BY | 2 Accident investigation 28e PLACE OF INJURY At home form street factory office | 281, LOCATION (Street a | nd Number or Bural | Boute Number | | | | | |
| TED | 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | | | | | | | |
| COMPLET | 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dur | to the causs(a) and man | ner as stated. | | | | | | |
| OM | one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the | time, data and place, and | d due to the cause | (a) and manner as stated. | | | | | |
| ш | 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NU | MBER | 29d. DATE SIGNE | D (Month, Dey, Year) | | | | | |
| TO B | Mul K Tolor (N) D-11 | 115 | 13-7 | -9/ | | | | | |
| - | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TIPEM 27) (Type, Print) | . 1.1.1 | 1 0 | | | | | | |
| | 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE | re. + lualnut | SR. KISH | ng. Sun. md. | | | | | |
| | MAR 0.7 '91 | | | O | | | | | |
| لب | glilla dairles fondes | | | DHMH-18 Rev 1/89 | | | | | |



| TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Programme retained by the host | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the numeral control of the total of the to | | IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner from the political at once. | |
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| E. | ate | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | tem | l |
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| | 1 - FOR STATE OF MA | ARYLAND / DEPARTMI | NT OF HEALTH | | TAL HYGIENE REG. NO. | 91 | 0/533 |
|--------------------|--|---|---|-----------------|--|-----------------|---|
| | 1. DECEDENT'S NAME (First, Middle, Lest) Margaret | Leona Bassfo | ' / | | ATE OF DEATH | 9 / YEA | 3. TIME OF DEATH |
| | | | NDER 1 YEAR IF UNDER | | TE OF BIRTH Johth, Day, Year) | | ATUANO |
| TOR | 98. FACILITY NAME (If not institution, give street and number) Meri dian Nursing Cen RESIDENCE OF DECEDENT | | CITY, TOWN OR LOCATION | ON OF DEATH | ryland | 9c. COUNTY C | 1 |
| DIRECTOR | 100. STATE 10b. COUNTY MARYLAND Charles | BV4 | AN TOWN |) | | | 10d. INSIDE CITY LIMITS? 1 YES 2 NO |
| FUNERAL | P. O.BOX 64 | | 101. ZIP CODE 20 | 617 | | 10g. CITIZEN | of what country? |
| B | | EVER IN U.S. ARMED YES 2 XNO R OR DATES | 13. WAS DECENDENT O | | | | RACE - American Indian, Black, White, atc. Specify: White |
| COMPLETED | 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 7 | 16e. DECEDENT'S USUA (Give kind of work a life. Do NOT use retir HOUSEW. | one during most of working ed.) | 9 | 16b. KIND OF BUS | | RY . |
| MO | 17. FATHER'S NAME (First, Middle, Last) | I Housew. | | HER'S NAME (Fir | HOM st, Middle, Maiden S | | |
| BE C | William Joseph Burch | | | Mary E | va Quade | | |
| TO E | M. Lucille Wathen | | RESS (Street and Number DX 200, We | | | | 9) |
| | 20e. METHOD OF DISPOSITION Grantal 2 Cremation 3 Removal from State | other place) St. Mary's | (Name of commetery, cross S Cemetery | nstory or | | ATION — City of | |
| / | other (Specify). The second of the second o | M00857 | HUNTT FUN | eral Ho | ome | antown. | |
| | 23. PART I. Enter the diseases, or complications that | caused the deeth. Do not a | P. O. Box | | | | Approximata |
| | ahock, or heart failure. List only one ceus IMMEDIATE CAUSE (Final disease or condition reaulting in deeth) | w Chro | in O | lest | Lan | w). | Interval Between Onset and Death |
| NOIL | Sequentielly list conditions, If any, leading to immediate | OR AS A CONSEQUENCE OF): | Tunor | Lin | Nay I | Disu | sel. |
| CERTIFICATION | CAUSE (Disease or Injury | ON NS A CONSEQUENCE OF | 1 Trace | ur | 1 | nue | 2. |
| | PART II. Other significant conditions contributing to d | feath but not resulting in the | underlying cause | niven in Part i | L 24a, WAS AN | илторяу 1 | 24b. WERE AUTOPSY FINDINGS |
| PHYSICIAN: MEDICAL | | | U. | | PERFOR | meo. | AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| IAN | 25. WAS CASE REFERRED TO MEDICAL | | 25. PLACE OF D | EATH (Check on | ly one) | | |
| YSIC | EXAMINER? 1 YES 2 NO HOSPITAL: 1 Input Input 2 | ER/Outpatient 3 🗆 DOA | MER: Nursing Home 5 - Re | esidence 6 🗆 0 | Other (Specify) | | |
| ВУ РН | 27. MANNER OF DEATH Natural 5 Pending Natural Investigation | | 28c. INJURY AT WORK? M 1 YES 2 | | DESCRIBE HOW IN | JURY OCCURE | D |
| - 1 | 3 Suicide 6 Could not be detarmined 28e. PLACE OF building, a | INJURY — At home, farm, street tc. (Specify) | , factory, offica | | LOCATION (Street a City or Town, State) | nd Number or Ri | ural Route Number, |
| COMPLETED | 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of a | | | | | | uee(a) and manner as stated. |
| TO BE | 29b. SIGNATURE AND TITLE OF CERTIFIER AND THE CONTROL OF CERTIFIE | Jhu. | M) D5 | O C Z | 9 | 29d. DATE SIG | NED (Monito, Day, Year) |
| - | 36-NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE | E OF OEATH (ITEM 27) (Type Brini | 0646 |) | | | |
| | 31. DATE FILED (Month, Day, Year) 132. REGISTRAN Julian Julian | r's SIGNATURE Vauidson-Randelle | | | | | |
| | U | | | | | | DHMH-16 Rev 1/89 |



MARYLAND 21203-3146

FOR STATE REGISTRAR

LBERT

RECEDENT'S HAME (First, Middle, Last)

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4. SOCIAL SECURITY HUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign May 19, 1910 80 MONTHS DAYS HOURS 1 M 2 - F YRS. Maryland 212 07 5180 9a. PACILITY NAME (If not institution, give street and number) 9c. COUNTY OF OEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR St Agnes Hospital Baltimore City 10c. CITY, TOWN OR LOCATION Ellicott City Howard Maryland 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 10a, STREET AND HUMBER FUNERAL U.S.A. use as the burial-transit 21043 4990 Waterloo Road be retained by the hospital or attending physician. 14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 12. WAS DECEDENT EVER IH U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 HO Specify: FORCES? 1 YES 2 2 100 1 Never Married 2 Norried Spec/ly: White BY 3 Widowed 4 Divorced 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIHO OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest gra COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) ge 5 should be detached for Consolidated Engineer Co. Construction Worker 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S HAME (First, Middle, Meiden Surneme) 7 Margaret Albert J Bangs 19b. MAILING ADDRESS (Street and Number or Bural Route Number, City or Town, State, Zip Code) 4990 Waterloo Road Ellicott City Md 21043 19e. INFORMANT'S HAME (Type/Print) 2 Mrs Mary V Bangs Pe 39e. METHOD OF DISPOSITION

↑ Burlel 2 □ Cremetion 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE OF OISPOSITION (Nome of cometery, crematory or other place) Meadowridge Cemetery 20c. LOCATION - City or Town, State Howard County Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. HAME AHO ADDRESS OF FACILITY Harry H Witzke Funeral Home Inc . Harry 84 4112 Old Columbia PikeEllicott City and completely filled in by the purial, cremation, or removal. 23. PART I. Enter the discrete, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Onset and Death IMMEDIATE CAUSE (Final 1 disease or condition_ 2 DMS ASPIRATION PNEUMON.A resulting in death) DUE TO (OR AS A CONSEQUENCE OF): ACHEXIA 6005 traumatic CERTIFICATION Sequentially list conditions, ending physician an Hygiene prior to b DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury YRS CANCEK other DUE TO (OR AS A CONSEQUENCE OF): that initiated events the attending p resulting in death) LAST 6 24a. WAS AN AUTOPSY PERFORMED? PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL has been signed by I Dept. of Health and AMAILABLE PRIOR TO COMPLETION OF CAUSE PULMOVARY DISEASE OBSTRUCTIVE 1 TES 2 AND OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) certificate h HOSPITAL: OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 | YES 2 |-NO Inpatient 2 - ER/Outpatient 3 - DOA the the 28a. DATE OF IHJURY (Month, Day, Year) 27. MAHHER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, this c 1 Natural 5 Pending Investigation 1 YES 2 NO death death BY ATTENDING 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide a Could not be datermined DIRECTOR: A hours after d item 28 is COMPLETED 4 Homicide 29e. CERTIFIER (Check only one)

AMENICAL EXAMINED. On the heat of avantables and selected from the course of the lime, date and due to the course(e) and manner as stated. 8 TO THE FUNERAL OF THE FUNERAL CODE filed within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, end due to the cause(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE HUMBER 29d. DATE SIGHEO (Month, Day, Year) 五五百 844 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) FREDERICK 10 BALTIMERE, OLD 2,229 5411 22. REGISTEAR'S SIGNATURE is in Davidson Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

ALBERT JEROME BANGS Jr.

JANGS

2. DATE OF DEATH

03

OHMH-16 Rev 1/89

91 07534

3. TIME OF OEATH

WELL THE RESERVE

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d street street

Target Life

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SECRETAL

THE RESIDENCE AND SELECTION OF

TYSERSON STAIRS

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Transfer to the name of the original

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PERSONAL TRANSPORT NAME OF THE PARTY NAMED IN COLUMN TWO IS NOT THE PARTY NAMED IN CO

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

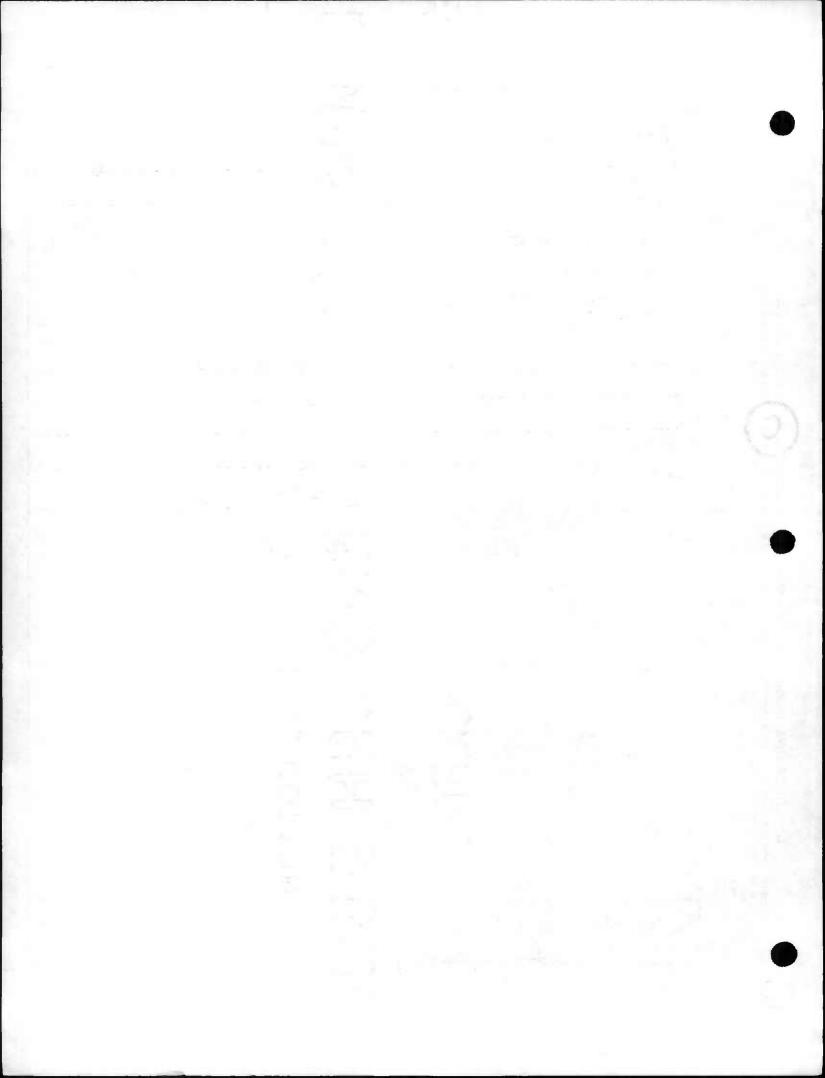
| DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE MARYLAND 21203-3146 | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Yours after death. Page 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the affelding physician and competely filled in by the tuneral direction, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should | be filed within 72 hours after death with the State Dept. of Health and Metrial Hythere prior to burial, cremation, or removal. | IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. | |
|--|---|---|---|--|--|
| 1 | + | | | | |

| | HEGISTHAH | | | CENTIF | ICAIC | 2 OF | DEAL | п | | HEG. NO. | | | |
|--|--|---------------------------------------|-----------------------------------|---------------------------------|---------------|-------------|--------------------------------|------------|--------------------------------|-----------------------------|-------------------------------|---------------|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | 9.1 | | | | | 2. DATE OF DEATH MONTH DAY YEA | | | YEAR | 3. TIME OF DEATH | | |
| | JOHN W | JR | | | | | | | | | 3:13A | | |
| | 4. SOCIAL SECURITY NUMBER | 5. SEX | | s. last birthday) | IF UNDER | DAYS | HOURA | 24 HRS. | 7. DATE OF (Month, D | BIRTH ey, Year) | 8. BIRTHPLACE (State Country) | | PLACE (State or Foreign |
| - 11 | 212-13-7303 | | | | | | | 10- | 30-1 | 0-1986 Country) Marylan | | | |
| | 9a. FACILITY NAME (If not institution, give st | | 9b. CITY | , TOWN | OR LOCATIO | ON OF DE | ATH | | 9c. COU | NTY OF D | EATH | | |
| DIRECTOR | THE JOHNS HOPKI | | В | BALT | IMORE | - | | | BALT | TIMOR | E CITY | | |
| ᄓ | RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY | , | | 10c CIT | Y, TOWN (| OR LOCAT | TION | | | | | | 10d, INSIDE CITY |
| <u> </u> | | altimor | 30 | 100.011 | Bal | | | | | | | ı | LIMITS? |
| | 10e. STREET AND NUMBER | al clinor | Е | | рал | _ | ZIP CODE | | | _ | 10a CIT | 175N OF W | 1 YES 2 NO |
| FUNERAL | 4448 Fenor Roa | a | | | | 100 | | 2122 | 77 | | log. Cit | USA | MAI COOKINI |
| 밀 | 11. MARITAL STATUS | 12. WAS DECEDER | | 101150 | T 10 | | | | 1 | | | | |
| 5 | 1 Never Married 2 Married | FORCES? | YES 2 | NO | | If yea, sp | ecify Cuba | n, Maxicai | IIC ORIGIN? (n, Puerto Ric | | or No- | Black | E — American Indian, c, White, atc. |
| B | 3 Widowed 4 Divorced | IF YES, GIVE | WAR OR DATES | 3 | | 1 TYES | 2 💢 NO | Specify | r: | | | Speci | "White |
| | 15. DECEDENT'S EDUC | CATION | 164 | . DECEDENT'S | USUAL O | CCUPATI | ON | | 16b. K | ND OF BUS | INESS/IN | DUSTRY | |
| COMPLETED | (Specify only highest grade Elementary/Secondary (0-12) | | | (Give kind of life. Do NOT u | work done | | | ng | 27.00 | | | | |
| 7 | Elementary/secondary (U-12) | College (1-4 or 5 | *' | | | | | | | _ | | | |
| 2 | 17, FATHER'S NAME (First, Middle, Last) | | | | | | 16. MOTI | HER'S NA | ME (First, Mid | die. Maiden | Sumame) | | |
| | John Way | ne Bidi | nger | sr | | | Kin | her | ly K | athe | rine | - Ki | sser |
| BE | 19a. INFORMANT'S NAME (Type/Print) | 2202 | | | ADDRES | S (Street) | _ | | Route Number, | | | | 0001 |
| 임 | John W. Biding | er sr. | | | | | | | | | | | land 2122 |
| | 20s. METHOD OF DISPOSITION | 01 01 | 20b. PL | ACE OF DISPO | SITION /N | ame of ce | metery cond | netony or | Ť | | | City or To | |
| | 120 Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify) | ovel from State | ott | Lakevi | ew | Mem | oria | 1 P | ark | | | | rg, MD |
| | 21. SIGNATURE OF FINER L SERVICE LIC | ENSEE / | / | | 22. | NAME A | ND ADDRE | SS OF FA | CHITY | - | | | |
| | 1 611 1 00c | /// | 1 | | | | | | | | | | 1 Home |
| | Mustalen | Mu | | v10053 | | | | | | | | | d 21043 |
| | 23 PART I. Enter the diseases, or ehock, or heart failure. | complications the List only one ce | et ceueed the | e death. Do | not enter | r the mo | ode of dy | ing, eucl | h ae cardle | c or reepl | ratory er | rest, | Approximate Interval Between |
| | 0 | | | | | | | | | Onset and Deat | | | |
| | diefees or condition | | | | | | | | | 145 | | | |
| | | DUE TO | (OR AS A CO | NSEQUENCE O | F): | J | | | | | | | |
| Z | Sequentially list conditions, | b | | | | | | | | | | | |
| CERTIFICATION | If any, leading to immediate cause. Enter UNDERLYING | | | | | | | | | | | | |
| 5 | CAUSE (Disease or Injury | C. DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | |
| Ē | that initiated events resulting in deeth) LAST | 552 (| (01.101.00 | | . ,. | | | | | | | | İ |
| 빙 | | d | | | | | | | | | | | |
| 4 | PART II. Other algnificant conditions contributing to death but not resulting in | | | | | | | | | | AUTOPSY | 24b | WERE AUTOPSY FINDINGS |
| EDICAL | | | | | | | | | | 1 7 mm 1 7 de | | | COMPLETION DF CAUSE OF DEATH? |
| | | | | | | | | | | | | | 1 YES 2 NO |
| 2 | | | | | | | | | _ | | | | |
| M | 25, WAS CASE REFERRED TO MEDICAL | | | | | | LACE OF D | EATH (Ch | eck only one) | | | | |
| Sic | EXAMINER? | HOSPITAL: | ☐ ER/Outpatie | ent 3 🗆 DOA | 4 Nu | | ne 5 🗆 Re | nsidence | 6 Other (| Specify) | | | |
| PHYSICIAN: | 27, MANNER OF DEATH | 26a, DATE O | F INJURY Djay, Ybar) | 28b. TII | ME OF JURY | | JURY AT | | 28d. DEŞCI | NBE HOW | NJURY O | CURED | |
| ВУ Б | 1 Natural 5 Pending 2 Accident Investigation | N | A | -/" | M | | YES 2 | □ NO | | | | | |
| | 3 Suicide 6 Could not be | | OF INJURY — . , etc. (Specify) | At home, farm, | street, fac | tory, offi | Ca | | | ION (Street Town, State) | | er or Rural i | Route Number, |
| TEI | 4 Homicide determined | bunung | , etc. (opoolly) | | | | | | City or | iown, State) | | | |
| Ä | 29a. CERTIFIER 1 CERTIFYING PHYSI | ICIAN: To the best of | f my knowledo | e, death occur | red at the | time, data | and place | , and due | to the cause | (a) and me | nner as st | ated. | |
| COMPLETED | one) | | | | | | | | | | | | s) and manner as stated. |
| 8 | 29b. SIGNATURE AND TITLE OF CERTIFIE | 0 | | | | | T 200 110 | ENSE NUI | MOCD | | 204 04 | TE PLONE | (Month, Day, Year) |
| BE | 12+1 a Doct mo | | | | | | 290. 110 | | | | 290.00 | 7 5 | a I |
| 2 | 30. NAME AND ADDRESS OF PERSON WH | O COMPLETED CAL | SE OF DEATH | (ITEM 27) (%n) | e. Print) | 1 | 114 | 624 | 004 | | - | 10 | -11 |
| P 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Beth A. Vost MD Johns Hopkins Hospidal Baltimore, MD | | | | | | | | | | | | | |
| | 201711111 | 12 30 | 170 K | 20 h km | 17 | 140 7 | 7 | 4 | Dva | VIII | in | F | |

| BALTIMORE, MARYLAND 21215-0020 | 24 hours after death. Page 6 tray investine by the hospital or attending physician. | funeral dine | oor, or removal. | he medical examiner must be notified at once. |
|--|--|---|--|--|
| DIVISION OF VITAL RECORDS, P.O. BOX 68760, | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Place 6 | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely | be filed within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremains | IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |

| | FOR | | | | | | | 1 07536 | | | |
|--------------------|--|---|-----------------------------------|-----------------------------|--------------------------------|--|----------------|--|--|--|--|
| | FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) | STATE OF MARYL | | ICATE OF | | REG. N | 10. | 3. TIME OF DEATH | | | |
| | ERIC ROB | BERT BL | -OMQV | 1.T21 | II | 2. DATE OF DEATH MONTH | | YEAR 3:39 P | | | |
| | 4. SOCIAL SECURITY NUMBER | | In yrs. lest birthday) 47 YRS. | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS, HOURS MIN. | 7 DATE OF BIRTH | 1948 | BIRTHPLACE (State or Foreign Country) Riverdale, Md | | | |
| Ę I | 90. FACILITY NAME (If not institution, give str. Holy Cross Hospit | | | 9b. CITY, TOWN | Spring | ATH | 9c. COUNT | y of DEATH gomery County | | | |
| 5 | RESIDENCE OF DECEDENT | | | | | | -10116 | | | | |
| DIMECTOR | | gomery | | y, town or Loca 1ver Spr | ing | | | 10d. INSIDE CITY LIMITS? 1 X YES 2 \(\text{NO} \) NO | | | |
| FUNERAL | 10709 Lester Stre | et | | 10 | 20902 | | U.S | | | | |
| B | 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA | 2X NO | If yes, sp | | ilC ORIGIN? (Specify n, Puerto Rican, etc.) /: | Yee or No 1 | 4. RACE — American Indian, Black, White, etc. Specify: White | | | |
| COMPLETED | 15. DECEDENT'S EDUC, (Specify only highest grade of Elementary/Secondary (0-12) 12th Grade | ATION completed) College (1-4 or 5+) None | (Give kind of life. Do NOT u | | ast of working | mi verze | BUSINESS/INDU | | | | |
| | 17. FATHER'S NAME (First, Middle, Lest) Eric Robert Blomq | | Station | ary Stea | 18. MOTHER'S NA | er Air (| | oning | | | |
| O BE | 19e. INFORMANT'S NAME (Type/Print) | | | | and Number or Rural | Hudgins Route Number, City or | | | | | |
| | David A. Blomquist (Brother) 3851 Harrison Lane, Huntingtown, Maryland 20639 20a. METHOD DE, DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) | | | | | | | | | | |
| | 4 Donellon 5 Other (Specify) Metropolitan Crematory 03/03/91 Alexandria, Virginia | | | | | | | | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE UNTIL SERVI | | | | | | | | | | |
| | 23 PART Enter the diseases, pr co | omplications that coused | the death. Do | not enter the me | de of dying, suc | h as cardiac or re | spiratory arre | st, Approximata interval Between | | | |
| | IMMEDIATE CAUSE (Finel disease or condition resulting in death) | ESOPI | 4A GEA | | ANCER | 2 | | Onset and Death | | | |
| | DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | |
| ERTIFICATION | Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING | | | | | | | | | | |
| RTIFIC | CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST | | | | | | | | | | |
| 5 | d | | | | | | | | | | |
| PHYSICIAN: MEDICAL | PART II. Other significent conditions | PER | PERFORMED? 1 YES 2 NO OF DEATH | | | | | | | | |
| Σ | 1 7 | | | | | | | | | | |
| AN | 25. WAS CASE REFERRIGO TO MEDICAL 26. PLACE OF DEATH (Check only one) | | | | | | | | | | |
| 2 | EXAMINER? 1 YES 2 TO NO | HOSPITAL: 1 Inpatient 2 ER/Out | patient 3 DOA | OTHER: 4 Nursing Hor | ne 5 🗆 Residence | 6 Other (Specify) | | | | | |
| BY PHY | 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF VORK? WORK? M 1 YES 2 NO | | | | | | | E HOW INJURY OCCURED | | | |
| | 2 Accident 3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | | | | | | | | | |
| COMPLETED | 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. | | | | | | | | | | |
| BE CO | 29b. SIGNATURE AND TITLE OF CERTIFIER | | | | 29c, LICENSE NU | | | BIGNED (Mopth, Day, Year) | | | |
| 2 | 30. NAME AND ADDRESS OF PERSON WHO | | | | (Aug II) | 7011 | 20110 | 2000 | | | |
| | JOSEPH HAGGERTY ND 14808 PHYSICIANS CANE #212 ROCKVILLE, MD 20850 31/MARS FILED (MOGETT) DON, 16017 32. REGISTRAR'S SIGNATURE | | | | | | | | | | |
| - 1 | 91 | ruia Davidson To | and on | | | | | | | | |

DHMH-16 Rev 1/89



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Juan Mallom

SCARIA MATHEN MD

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

| | ij | 8 | 7 | , |
|---|--|---|---|--|
| ON OF VINAL RECORDS, F.O. BOX 13146, BALLIMONE, MARIEMIN 21203-3146 | IDING PHYSICIAN: The law requires that the death certificate be executed within virs after death. Page 6 may be retained by the hospital or attending physician. | After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Physics 12, 32, 32, 32, 33, 33, 33, 33, 33, 33, 3 | death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | s market or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |

91 07537 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OFATH 3. TIME OF DEATH ISA 6. AGE (In yn last birthday) 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE /State or Foreign Feb 4,1915 Wasingten.D.C. 9a. FACILITY NAME (If not institution, give atr 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Vert Count Calvert County
RESIDENCE OF DECEDENT DIRECTOR Princ 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Calvert Prince Frederick 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 85 Hospita1 Rd. 20678 USA 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 YNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Marrie 1 TYES 2 NO Specify. BY 3 🔀 Widowed 4 🗌 Divorced White COMPLETED 16e. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EOUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Manager Real Estate 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE Charles Elmer Talbert Lillian Maude Hughes 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Berezoski Jr. 780 Ches. Bch. Rd., Owings John 20s. METHOD OF DISPOSITION
1 □ Burlei 2

Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Metropolitan Crematory Alexandria 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Owings MD 20736 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ahock, or heart failure. List only one ceuse on each line. Onset and Death IMMEDIATE CAUSE (Final disease or condition 1 week SEPSIS reaulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Year CANCER OF LUNG CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24s. WAS AN AUTOPSY 1 YES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one OTHER: 1 - YES 2 X NO 1 Inpetient 2 ER/Outpetient 3 DOA te 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a, DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 29a, CERTIFIER 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year)

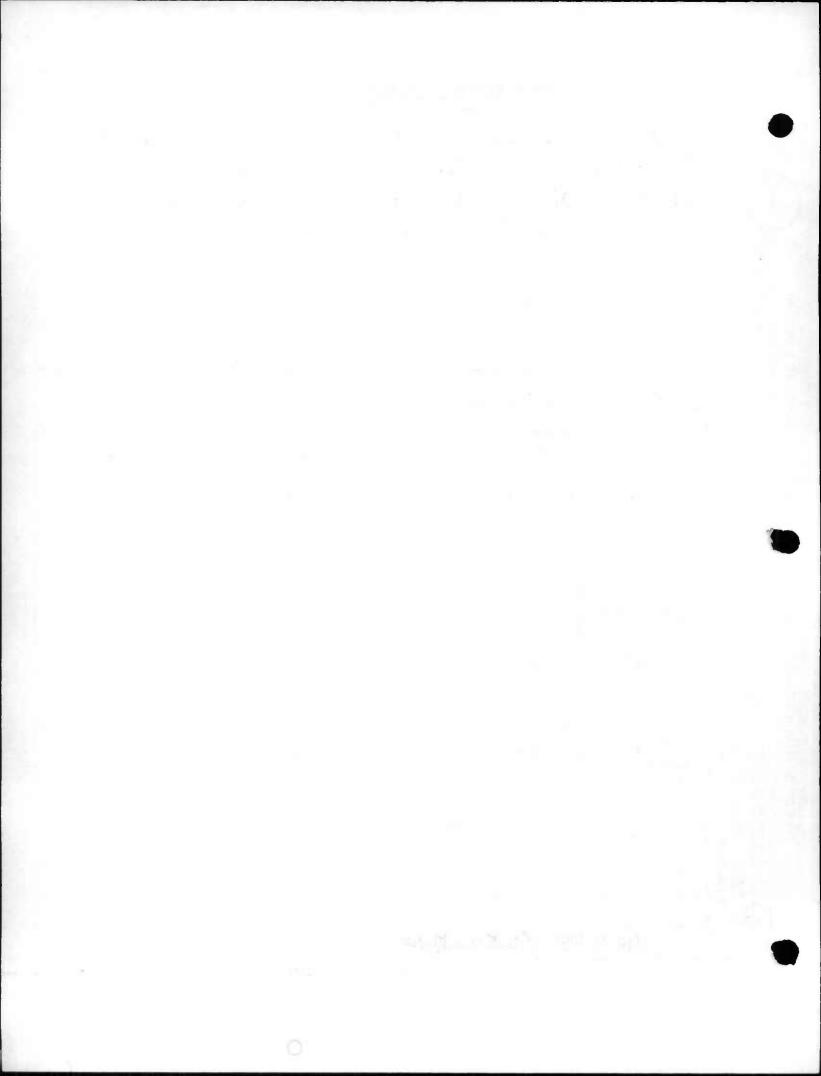
11840 H. G. TRUEMAN RD

32. JEGISTRABIS SIGNATURE
Fichia Davidson-Randall

D36969

LUSBY

MD 20657

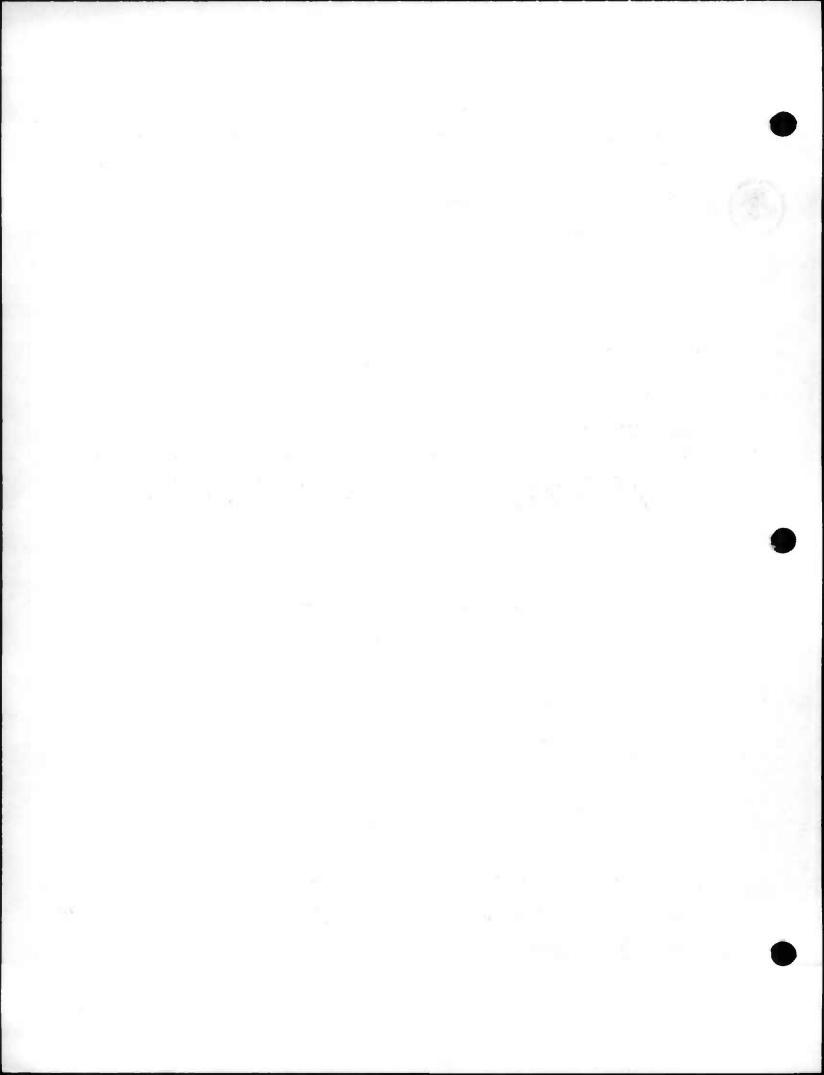


TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

| FOR STATE REGISTRAR | STATE OF MARYLAN | ND / DEPARTM CERTIFICA | | | MENTAL HYGIEI REG. NO | | | 7000 |
|--|--|---|---------------------------|-------------------------------------|---|-----------------|------------------------------|--|
| 1. DECEDENT'S NAME (First, Middle, La | ist) | | | | 2. DATE OF DEATH | DAY YE | 3. TIME | OF DEATH |
| KAHEEM | 1A BASI | HIRUDI | DIN | | 2. | 22- 9 | / 0 |) 30 m |
| 4. SOCIAL SECURITY NUMBER | The second second second | MON | UNDER 1 YEAR | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) 11-24-2 | | BIRTHPLACE (S Country) | |
| 277-16-0442 9a. FACILITY NAME (If not institution, gh | 1 □ M 2 🔀 F 70 | YRS. | | | | | Kentuck | ку |
| 0 | - 4/ - 1 | | -60 | OR LOCATION OF DEA | ATH | 9c. COUNTY | OF DEATH | 0 - |
| RESIDENCE OF DECEDENT | | | | INTON | | | . (7.(| DUNIY |
| Mary land Priv | | | OWN OR LOCAT | | | | LIN | SIDE CITY WITS? |
| Maryland Prin | nce Georges | 50 | iitland | I. ZIP CODE | | T OFFITCH | | ES 2 A NO |
| 6801 Woodland I | Road | | 101. | 1. ZIP CODE 2074 | 46 | 10g. CITIZEN | USA | UNTRY? |
| 11. MARITAL STATUS | 12. WAS DECEDENT EVER IN U | | | | IC ORIGIN? (Specify Y | 98 Or No- 14. | RACE - Amer Black, White, | ricen Indien, |
| 1 Never Merried 2 Merried 3 Widowed 4 Divorced | FORCES? 1 YES | 2 NO ES | | ecify Cuben, Mexican, 2 NO Specify: | | | Specific: | Black |
| 15. DECEDENT'S E | EDUCATION T | 16a. DECEDENT'S USU | TAL OCCUPATIO | na. | THE KIND OF B | USINESS/INDUST | | DIACK |
| (Specify only highest gr | college (1-4 or 5+) | (Give kind of work life. Do NOT use ret | done during mo tired.) | at of working | 100. KNU O: 2: | JSINESS/INDUS | INT | |
| Elementary/Secondary (U-12) | 3 years | Housew | wife | | | | | |
| 17. FATHER'S NAME (First, Middle, Last) | | | | 18. MOTHER'S NAM | ME (First, Middle, Maide | n Surneme) | | |
| Abdu1 | Shakoor | | | Unkno | wn | | | |
| 19e. INFORMANT'S NAME (Type/Print) | | | | | Route Number, City or To | | | |
| Basheera Mohame | | | | | Suitland. | | | |
| 20e. METHOD OF DISPOSITION 1) Burlet 2 Cremation 3 F | Removal from State 0 | PLACE OF DISPOSITIO | | | | OCATION - Chy | | |
| 4 Donetion 5 Other (Specify) _ | THE COLUMN TWO IS NOT THE PARTY OF THE PARTY | ashington | | | | Suitland | d, Mary | ylanu |
| 111. +1 | 1/1/ | | | | as Funera | | | |
| mu r | Mor | | 6160 | Oxon Hil | 1 Rd. Oxo | n Hill. | | 20745 |
| 23. PART I. Enter the diseases, shock, or heart fallu | or complications that caused ture. List only one cause on each | | enter the mo | de of dying, such | a a cardiac or rea | piratory arrest | | pproximata nterval Between |
| IMMEDIATE CAUSE (Final disease or condition | Anci | lesti: | 40 | Like | | | | Inset and Death |
| resulting in death) | DUE TO (OR AS A C | 1010 | 0 | | | | | |
| | Carel | ONSEGUE | corr | 25 | | | i | |
| Sequentially list conditions, | DUE TO (OR AS A C | CONSTAUENCE OF): | (/, | | | | | |
| If any, leading to immediate cause. Enter UNDERLYING | ferma | 6-6- | ule | 1 | | | | |
| CAUSE (Disease or Injury that initiated events | DUE TO (OR AS A C | CONSEQUENCE OF): | 00 | -017 | | | | |
| resulting in death) LAST | d. Have | nce | RCE | עון | | | | |
| PART II. Other significant condi | itions contributing to death but | t not resulting in t | the underlyin | g cause given in | | AN AUTOPSY | | AUTOPSY FINDINGS |
| | DM | | | | | ORMED? | COMPLE | BLE PRIOR TO ETION OF CAUSE |
| | 1+026 | | | | _ | Z M HO | OF DEA | ES 2 NO |
| | Devere 4 | A-600 | sec | =008 | \$ | | | |
| 25. WAS CASE REFERRED TO MEDICA | | | | LACE OF DEATH (Che | ack only one) | | | |
| 1 TES 2 NO | HOSPITAL: 1 Inpetient 2 ER/Outpet | | THER: Nursing Hore | ne 5 🗆 Residence (| 6 Other (Specify) | | | |
| 27. MANNER OF DEATH 1 (A) Natural 5 Pending | 28a. DATE OF INJURY (Month, Day, Year) | 28b. TIME OF | Y WC | JURY AT ORK? | 28d. DESCRIBE HOV | INJURY OCCUP | RED | |
| 1 Natural 5 Pending 2 Accident Investigati | | | | YES 2 NO | | | | |
| 3 Suicide 6 Could not 4 Homicide determine | | - At home, farm, stree y) | et, factory, offic | * | 26f. LOCATION (Stree City or Town, Sta | | Rural Route Nur | mber, |
| 290. CERTIFIER | | SUELEN / 1500 / 1 | | | | | | |
| (Check only | HYSICIAN: To the best of my knowled MINER: On the basis of examination of | | | | | | | |
| | | ondor investigation, in | n hy opinion, | | | _ | | Contraction of the Contraction o |
| 296. SIGNATURE AND TITLE OF CERT | L act | 7 | | 29c. LICENSE NUM | ABER | 29d. DATE S | SIGNED (Month, | Day, Year) |
| 30, NAME AND ADDRESS OF PERSON | WHO COMPLETED CAUSE OF DEAT | TH (ITEM 27) (Type, Pric | | 1 14 | 200 | 20 | C-D- | |
| ABULHASAA | 1 | mo | 0 | into | Morsa | 1)35 | 54 T | = 101 |
| 31 DATE ENLED (MONTO, Day, Year) | 32. REGISTRAR'S SIGNAT | TURE | | | | | | |



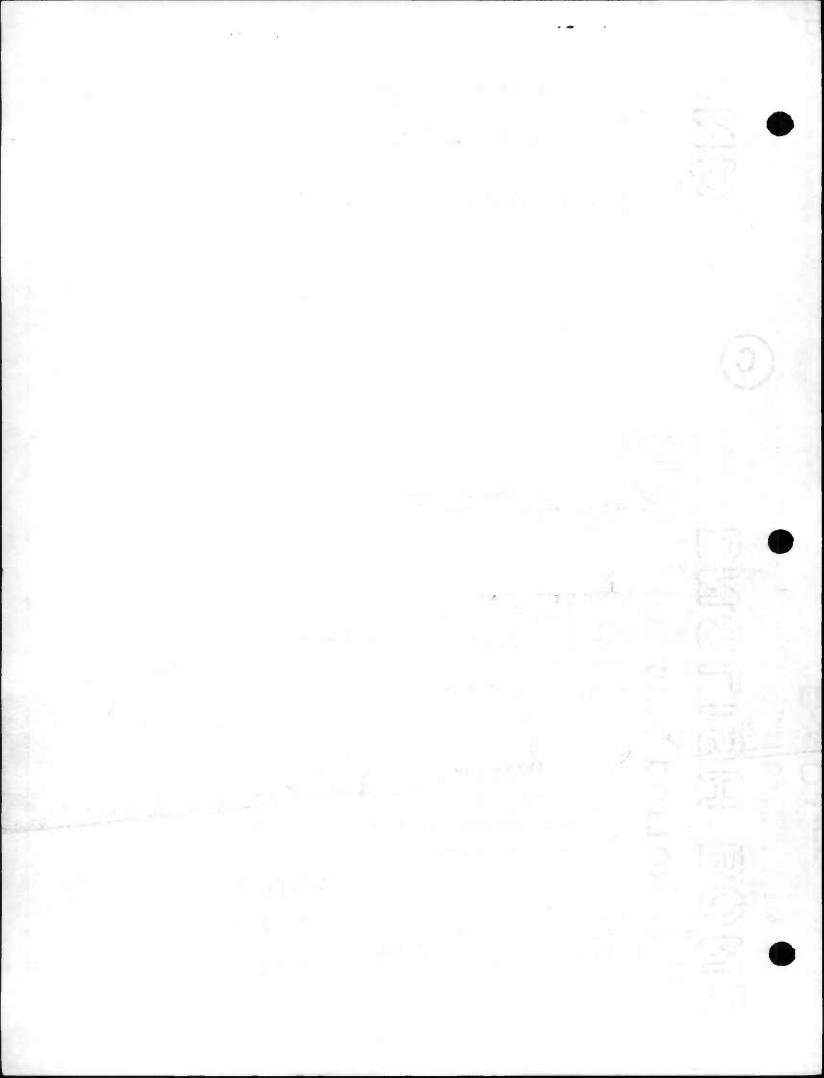
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

| BALTIMORE, MARYLAND 21215-0020 | y be retained by it mospital druthending physician. | hape is should be reached up as the burns transit permit. Pages 1, 2, 3 should | be notified at thes. | TO BE COMPLETED BY FINERAL DIRECTOR |
|--|--|--|--|---|
| DIVISION OF VITAL RECORDS, P.O. BOX 68760, | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page is may be retained by thy mospital in without physician. | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Health and Memial Hygiene prior to burial, cremation, or removal. | IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at the | TO BE COMDIFETED BY BHYSICIAN. MEDICAL CEDITICICATION |

31. DATE FILED (Month, Day, Year) FEB: 28 '91

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randale

| | | | | | | 9 | 1 07539 | |
|--|--|--------------------------------|-------------------------------|---|--|-----------------|--|--|
| 1 - FOR STATE REGISTRAR | STATE OF MARYI | | MENT OF HE | | NTAL HYGIEN! REG. NO. | E | | |
| 1. DECEDENT'S NAME (First, Middle) I | hristine | Bour | drea | | DATE OF DEATH MONTH DA | 20 91 | 3. TIME OF DEATH | |
| 4. SOCIAL SECURITY NUMBER 579-70-5782 | 5. SEX 6. AGE | | | | DATE OF BIRTH (Month, Day, Year) 7-20-31 | C | enthplace (State or Foreign buntry) Germany | |
| RESIDENCE OF DECEDEN | Anyland H | OSPITA | CITY, TOWN OR | LOCATION OF DEATH | | POINTY | CLOCK | |
| Md . | the same of the sa | 10000 | cown or Location | N | | | 10d. INSIDE CITY LIMITS? 1 YES 2 NO | |
| 100. STREET AND NUMBER 7700 Keppe | 1 Place | W | 101. Z | 20735 | | 111.5-71 | ermany | |
| 11. MARITAL STATUS 1 Never Married Married 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I | 2 XNO | If yes, speci | IDENT OF HISPANIC Of Cuban, Mexican, Po | | | RACE — American Indian, Black, White, atc. Specify: White | |
| 15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) | EDUCATION grade completed) College (1-4 or 5+) | Iffe. Do NOT use n | k done during most | | 16b. KIND OF BUS | | ay. | |
| 17. FATHER'S NAME (First, Middle, Les Kurt W. Luh | r) | рау са | | IS. MOTHER'S NAME | | | y eu | |
| 19a. INFORMANT'S NAME (Type/Print) | ODRESS (Street and | Number or Rural Route | e Number, City or Town | n, State, Zip Code | 9) | | | |
| Gerald J. Boudreau Same as 10a-10f. | | | | | | | | |
| | 1 | | | | | | | |
| 21. SIGNATURE OF FUNERAL SERVICE | E LICENSEE | | 22. NAME AND 6633 Clint | Old Ale: on,Md. | "Lee Fu xander 20735 | neral Ferry | Home, Inc. Road | |
| 23. PARTY Enter the diseases shock, or heart fell IMMEDIATE CAUSE (Final disease or condition resulting in death) | a. Cau | eech line. | | of dying, auch a | a cardiac or respi | ratory arrest, | Approximate interval Betwee Onset and Dear | |
| Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST | · Nont | A CONSEQUENCE OF: | in f | pople | ung. | | | |
| PART II. Other algorificant cond | litions contributing to death | but not resulting in | the underlying | cause given in Par | 24e. WAS AN PERFOR | MED? | 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | |
| 25. WAS CASE REFERRED TO MEDIC EXAMINER? | D TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: | | | | | | | |
| 1 VES 2 NO 27. MANNER OF DEATH 1 Netural S Pending | 1 | | | | | NJURY OCCURE | ED . | |
| 2 \(\backslash \text{Accident} \) suicide \(\text{4} \) Homicide \(\text{Homicide} \) detarmin | 28s. PLACE OF INJUR | RY — At home, farm, streecify) | set, factory, office | 28 | of. LOCATION (Street of City or Town, State) | and Number or R | ural Route Number, | |
| onel | PHYSICIAN: To the best of my known with the best of my known with the best of examinat | | | | | | use(s) and manner as stated. | |
| 29b. SIGNATURE AND TITLE OF CEF | th aff | | 1 | 20c LICENSE NUMBE | PX. | 29d. DATE SIG | SNED (Month, Day, Year) | |
| 30. NAME AND ADDRESS OF PERSO | N WHO COMPLETED CAUSE OF E | DEATH (ITEM 27) (Type, P | rint) 872 | Caso | of year | Tid ! | 100001 | |



| 1 | - | FOR STATE REGISTR | AR |
|---|------|-------------------------|----|
| Г | 1. D | ECEDENT'S | NA |
| | | | |

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | REGISTRAR | | | C | ERTIFIC | CATE O | F DEATH | R | EG. NO. | | | | |
|---|--|-------------------|----------------------------------|-----------------|-------------------|-------------------------|------------------------|--|------------------|---------------|--------------|-------------------------------------|---------|
| | 1. DECEDENT'S NAME (First, I | Middle, Last) | | | | | | 2. DATE OF E | | | | 3. TIME OF DEA | и Р |
| | Mans. 174. | | 2 Pall | | | | | НТИОМ | 24 DAY | 3.0 | YEAR | 0.35 | М |
| | Mary Vi | | | | | | | 4 | | T | 91 | 9:35 | |
| | 4. SOCIAL SECURITY NUMBE | :FI | | AGE (In yrs. le | | IF UNDER 1 YEA | | 7. DATE OF B (Month, De) | NRTH (, Year) | | 6. BIRTH | IPLACE (State or Form) | oreign |
| | 213-38-012 | 27 | 1 □ M 2 🖵 F | 83 | YRS. | - UAY | HOURS MIN. | 7/11/ | | 7 | | polis, | MD |
| | 9a. FACILITY NAME (If not ins | titution, give st | reet and number) | | | 9b. CITY, TOW | N OR LOCATION OF D | EATH | | 9c. COUN | | | |
| - | Villa Rosa | a Nur | sing Hon | ne | 1 | litch | ellville | 9 | - 1 | | | e Geor | ges |
| 2 | RESIDENCE OF DECI | | | | | | | | | | | | |
| DIRECTOR | | 10b. COUNTY | | | 10c. CITY | TOWN OR LO | CATION | | | | | 10d. INSIDE CITY | , - |
| | 340 | Monto | omo wii | | | kville | | | | | | LIMITS? | |
| | | Montg | omery | | KOC | V∧TTT€ | | | | | | 1 YES 2 1 | NO |
| UNEHAL | 10e. STREET AND NUMBER | | | | | | 10f. ZIP CODE | | | 10g. CITI | ZEN OF | WHAT COUNTRY? | |
| | 11327 Rolli | ng Ho | use Road | | | | 20852 | | 1 | Unit | ted | States | |
| 5 | 11, MARITAL STATUS | | 12. WAS DECEDENT E | VER IN U.S. A | RMED | 13. WAS (| ECENDENT OF HISPA | NIC ORIGIN? (Sc | pecify Yes o | r No- I | 14. RAC | E — American Indi | 00. |
| _ | 1 Naver Married 2 N | Aerried | FORCES? 1 | YES 2X | NO | If yes, | specify Cuban, Maxic | an, Puerto Rican | | | | E — American Indi k, White, etc. | |
| 6 | 3 🔀 Widowed 4 🗌 Divor | ed | IF YES, GIVE WAR | OR DATES | No | 1 1 1 | ES 2 NO Spec | ^{⊮y:} No | | - 1 | Spec | "y: White | |
| 2 | 14 0505 | DENT'S EDU | PATION | | F0F0F1/F10 1 | | 710.1 | 200 000 | | 1 | | _ | |
| <u> </u> | (Specify only | highest grade | completed) | (| Give kind of wo | ISUAL OCCUP | most of working | 166. KIN | D OF BUSI | NESS/IND | USTRY | | |
| 4 | Elementary/Secondary (0-1 | 12) | College (1-4 or 5+) | " | b. Do NOT use | _ | | | | _ | | | |
| 2 | 12 | | | | Homem | aker | | | Own H | lome | | | |
| COMPLE | 17. FATHER'S NAME (First, Mid | idle, Last) | | | | | 18. MOTHER'S N | AME (First, Middle | e, Maiden St | urname) | | | |
| | Thomas W. | Baxte: | r | | | | Carol | ine A. | Nalle | e y | | | |
| N N | 19a. INFORMANT'S NAME (7) | pe/Print) | | T | 9b. MAILING | AOORESS (Street | et and Number or Rura | | | _ | Codel | | |
| 2 | Dolores B S | | | | | | | | | | | Tand 200 | 252 |
| | | | | 1 | | | g House I | | | | - | | 226 |
| | 20a, METHOD OF DISPOSITION 1 ★ Burial 2 ☐ Cremation | | oval from State | other j | place) | | cemetery, cremetory or | | 20c. LOCA | | | | |
| | 4 Donation 5 Other | | | | | ln Cen | etery | | Bren | two | M bc | aryland | |
| - 1 | 21. SIGNATURE OF FUNERAL | SERVICE LIC | ENSEE | | | 22. NAME | AND ADDRESS OF F | ACILITY | | | | | |
| | Dellan | 8 | 6 | , | 2 | | 11-Evans | | | | | | |
| | 23. PART I. Enter the dis | (. | Urm | 2/, | Tres | | 00 Annapo | | | | | yland 20 | 715 |
| Recurrent unnary fract mection 1 - YES 2 - NO OF DEATH? | | | | | | | | ». WERE AUTOPSY P MAILABLE PRIOR COMPLETION OF | TO CAUSE | | | | |
| 2 | 1 TYES 2 XNO | | HOSPITAL: 1 Inpetient 2 E | R/Outpatlant | 3 DOA | OTHER: 4 2 Nursing I | lome 6 🗆 Realdence | 8 Other (Sp | ecify) | | | | |
| | 27. MANNER OF DEATH | | 28a. DATE OF IN- (Month, Day, | | 26b. TIME INJU | | INJURY AT | 28d, DESCRI | BE HOW IN | JURY OC | CURED | | |
| - 1 | | ending | (Month, Day, | ioui) | INJU | | WORK? YES 2 NO | | | | | | |
| ٥ | a 🗆 a 1114 | rvestigation | 28e. PLACE OF I | NJURY — At I | nome, farm, at | | | 26f, LOCATIO | N (Street an | nd Number | or Rural | Route Number, | |
| 3 | | could not be | building, etc | (Specify) | | | | | wn, State) | | ar y mar qui | | |
| ī | | | | | | | | | | | | | |
| COMPLETED | anal and | | CIAN: To the best of my | | | | | | | | | a) end manner ea | stated. |
| | 29b. SIGNATURE AND TITLE | OF CERTIFIE | 1 | | | | 29c. LICENSE N | UMBER | | 29d. DAT | E SIGNE | Month, Day, Year) | - 1 |
| | KaK18 | Sh (| ZAMO | 1 | MI |) | 120 | 100 | | > : | 21 | 25/91 | |
| 2 | 30. NAME AND ADDRESS OF | PERSON WH | O COMPLETED CAUSE | OF DEATH (IT | EM 27) (Type; | Print) | LANTS | OX L | ハキ | 122 | 2 13 | Somie | |
| | AT DATE BY ST. ST. | 411 | I an amount to | | | J | | | | | 1 | MOZO | 7-10 |
| | 31. DATE FILED (Mogin, Pay, Ther) FEB O 1 91 Guite Mandan Abade | | | | | | | | | | | | |

i i inionil vnat

| | in detached for use as the bunial-transit permit. Pages 1, 2, 3 should | |
|---|---|--|
| ending physician. | as the burial-trans | |
| the hospital or att | detached for use | once. |
| Ty be retained by | Die C | notified at |
| 8 | ğ. | ¢ |
| 9 | Q; | must |
| 230 | al din | ner |
| ffer death. Pag | funer | wex |
| atter (| n by the removal. | cal e |
| OUTS | d in b | med |
| 74 1 | filled thon, | the |
| MITTIN | pleteh | ent, |
| Delin | f com | ic ev |
| exec | n and to bu | ımat |
| ate De | prior | r tra |
| ertific | ing ph | othe |
| The law requires that the death certificate be executed within 24 | attend ital Hy | ir item 23 shows any injury, or other traumatic event, the medical examiner must |
| the d | d Mer | Injur |
| s that | ned by | эпу |
| dnire | n sign | 10WS |
| JAW LE | as bee | 23 sl |
| The | tate D | tem |
| CIAN | the S | 0. |
| PHYS | this (| rked, |
| DING | After | E ma |
| TEN | after after | 28 1 |
| OR A | DIREC | tem |
| PITAL | ERAL n 72 l | 11 11 |
| HOS | Withir | TAN |
| ID THE HOSPITAL OR ATTEM | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dis the filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal. | IMPORTANT: If Item 28 Is marked, or Ite |
| Ħ. | FA | = |

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE MARYLAND 21203-3146

| | 1. DECEDENT'S NAME (First, Middle, Last) | | . 1 | | | 2. DATE OF DEATH MONTH | DAY | YEAR | 3. TIME OF DEATH |
|---|---|--|--|---|--|--|---|------------------------|--|
| - 1 | aluer W. | Blake - | 4 | | | 02 4 | A . | 91 | 11:30AH |
| | 4. SOCIAL SECURITY NUMBER | 5. SEX 8. AGE | (In yrs. last birthday) | | | 7. DATE OF BIRTH (Month, Day, Year | , | 8. BIRTHP Country) | LACE (State or Foreign |
| | 579-07-3238 | 1 ☑ M 2 ☐ F | 73 YRS. | MONTHS 02 | WS HOURS MIN. | 12/3/1 | 7 | | zinia |
| | 9a. FACILITY NAME (If not institution, give s | treet and number) | | 9b. CITY, TO | WN OR LOCATION OF D | EATH | - | NTY OF DE | ATH |
| 5 | Dorcheste Den. | dospital | | Came | wike . O | ne. | De | school | ter |
| ב כ | RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT | v | 100 00 | TY, TOWN OR L | OCATION . | | | | 10d. INSIDE CITY |
| | | sche Tu | | mbride | | | | - 1 | LIMITS? |
| 7. | 10e. STREET AND NUMBER | reneres | 1 00 | IIIDI IUE | 101. ZIP CODE | | 10m CIT | | 1 YES 2 NO |
| | 5508 Mallard Lan | Α. | | | 21613 | | | | TAI COUNTAIT |
| CINED | 11. MARITAL STATUS | 12. WAS DECEDENT EVER | IN U.S. ADMETS | 12 46.0 | DECENDENT OF HISPA | NIC OBIGIN2 (Specify | | S.A. | — American Indian, |
| - | 1 Never Married 2 Married | FORCES? 1 VES | | If yo | s, specify Cuben, Mexico | en, Puerto Ricen, etc.) | | Black, | White, etc. |
| 5 | 3 Widowed 4 Divorced | 1942 - 194 | 5 | ,,, | YES 2 NO Specif | y. | | Specify | white |
| 3 | 15. DECEDENT'S EDU (Specify only highest grade | CATION | 16a. DECEDENT'S | S USUAL OCCU | PATION | 16b. KIND OF | BUSINESS/INC | DUSTRY | |
| إ | Elementary/Secondary (0-12) | College (1-4 or 5+) | Me. Do NOT L | more durie durie use retired.) | ng most of working | | | | - 1 |
| 1 | 12 | | steamfi | tter | | Capita | al Pow | er Pl | ant |
| COMPLE | 17. FATHER'S NAME (First, Middle, Last) | | | | 18. MOTHER'S NA | ME (First, Middle, Mai | den Surname) | | |
| מב | Walter G. Blak | e | | | Mary An | n Whalan | | | |
| | 19a. INFORMANT'S NAME (Type/Print) | | 19b. MAJLIN | G ADDRESS (SI | treet and Number or Rural | Route Number, City or | Town, State, Zip | p Code) | |
| | Lois M. Blake | | 5508 | Mallar | d Lane Car | bridge. I | 4D. 21 | 613 | |
| | 20a. METHOD OF DISPOSITION KIX Burlal 2 Cremation 3 Ham | soval from State | other place) | OSITION (Name | of cometery, cremetory or | 20c. | LOCATION - | City or Tow | rn, Stata |
| | 4 Donation 5 Other (Specify) | 1 | | | tery 2/25/ | | uitlan | d, MD |) |
| | EL SIGNATURAL OF FUNERAL SERVICE LI | DENSER | 1 | | ME AND ADDRESS OF FA | | //30 | Q C | tland Rd. |
| | Days | I Heel | mel | Rob | ert E. Wil | helm, Ind | 430i | tland | . MD. 20746 |
| | 23. PART I. Enter the diseases, or | complications that cause | ed the death. Do | not enter the | e mode of dying, suc | ch as cardiac or re | spiratory an | rest, | Approximate |
| 1 | IMMEDIATE CAUSE (Firm) | List only one cause on | | | | | | | Interval Between Onset and Death |
| | disease or condition | ACUTE | = Hync | · · · · · · | ine Info | uchin | | | 2 Lagra |
| | resulting in death) | DUE TO (OR AS | A CONSEQUENCE O | DF): | ine Info | | | | 1 |
| | | b. | | 1 | 1804D | | | | Sou . 425. |
| Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | |
| 3 | If any, leeding to immediate cause. Enter UNDERLYING | | | | | | | | |
| 3 | | c | | | | | | | |
| | CAUSE (Disease or Injury that Initiated events | cDUE TO (OR AS | A CONSEQUENCE O | OF): | | | | | |
| | CAUSE (Disease or Injury | c. DUE TO (OR AS | A CONSEQUENCE O | OF): | | | | | |
| 3 | CAUSE (Disease or Injury that Initiated events | d | | | rlying cause given in | | AN AUTOPSY | | WERE AUTOPSY FINDINGS |
| 3 | CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST | d | | | rlying cause given in | PER | FORMED? | | AMAILABLE PRIOR TO COMPLETION OF CAUSE |
| EDICAL CE | CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST | d | | | rlying cause given in | PER | | | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| MEDICAL CE | CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST | d | | | rlying cause given in | PER | FORMED? | | AMAILABLE PRIOR TO COMPLETION OF CAUSE |
| MEDICAL CENTIFICATION | CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL | d | | in the unde | rlying cause given in | 1 TYE | FORMED? | | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| MEDICAL CE | CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significant condition | d | but not resulting | in the under | | PER 1 VE | FORMED? | | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| MEDICAL CE | CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: 1 Princetion: 2 EPVOU 280. DATE OF INJURY | but not resulting | OTHER: | 26. PLACE OF DEATH (C) 1 Home 5 Residence 1. INJURY AT | PER 1 VE | FORMED? | | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| THISICIAN. MEDICAL CE | CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending | d | but not resulting | OTHER: 4 Nursing | 28. PLACE OF DEATH (CI | PER 1 YE | FORMED? | | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| DI FILISICIAN. MEDICAL CE | CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be | HOSPJTAL: 1 integration 2 C ENOU 28a. DATE OF INJURY (Month, Day, Year) | but not resulting | OTHER: OTHER: ME OF Nursing | 26. PLACE OF DEATH (C) g Home 5 Residence c. INJURY AT WORK? l YES 2 NO | heck only one) 6 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Sir | FORMED? S 2 NO W INJURY OC | CCURED | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
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| DEL FILISICIAIN. MEDICAL CE | CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Matural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER | HOSPJTAL: 1 integration 2 C ENOU 28a. DATE OF INJURY (Month, Day, Year) | tripetion: 3 DOA | OTHER: 4 Nursing ME OF 28 JURY M 1 , street, factory, | 26. PLACE OF DEATH (CI) Home 5 Residence IC. INJURY AT WORK? 1 YES 2 NO , office | heck only one) 6 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Str. City or Town, S | FORMED? S 2 NO WW INJURY OC met and Number tate) | CURED or or Rural Ro | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
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| DE COMPLETED DI PRISICIAIN. MEDICAL CE | CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN | HOSPJFAL: 1 Infinetient 2 ER/Ou 28a. PLACE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY (Month, Day, Year) 1 Infinetient 2 Infinetien | repetient 3 DOA 7 28b. Til RY — At home, ferm, ocily) wiedge, death occur ion and/or investigat | OTHER: 4 Nursing ME OF July M street, factory, med at the time | 26. PLACE OF DEATH (C) g Home 5 | 6 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Str. City or Town, S | FORMED? S 2 NO NO NO NO NO NO NO NO NO NO | ccured or or Rural Ro | AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO Dute Number, and manner as stated. |
| E COMPLETED BY PHISICIAIN. MEDICAL CE | CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | HOSPJFAL: 1 Infinetient 2 ER/Ou 28a. PLACE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY (Month, Day, Year) 1 Infinetient 2 Infinetien | but not resulting ripetient 3 DOA 28b. Till PY — At home, farm, ecily) DEATH (ITEM 27) (Typ) | OTHER: 4 Nursing M 1 , street, factory, rred at the time tion, in my opin | 26. PLACE OF DEATH (C) g Home 5 Residence c. INJURY AT WORK? I YES 2 NO office dete and place, and du fon, death occured at the | 6 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Str. City or Town, S | FORMED? S 2 NO NO NO NO NO NO NO NO NO NO | ccured or or Rural Ro | AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Dute Number, and manner as stated. |
| DE COMPLETED DI PRISICIAIN. MEDICAL CE | CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | HOSPJFAL: 1 Infinetient 2 ER/Ou 28a. PLACE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY (Month, Day, Year) 1 Infinetient 2 Infinetien | put not resulting repetient 3 DOA 28b. Till WY — At home, farm, early) DEATH (ITEM 27) (%p | OTHER: 4 Nursing ME OF 28 JURY M 1 , street, factory, med at the time | 26. PLACE OF DEATH (C) g Home 5 | 6 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Str. City or Town, S | FORMED? S 2 NO NO NO NO NO NO NO NO NO NO | ccured or or Rural Ro | AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO Dute Number, and manner as stated. |

3. TIME OF DEAT

REG. NO

2. DATE OF OEATH

FRO

FOR STATE REGISTRAR

HOMAS

1. OECEDENT'S NAME (First, Middle, Lest)

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8. BIRTHPLACE (State or Fo 7. DATE OF BIRTH
(Month, Day, Year)
MARCH 13, 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrg. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1916 SOUTH CAROLINA 250-12-2221 DAYE HOURS 1 M 2 | F Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATN PRINCE GEORGE'S HOSPITAL CENTER CHEVERLY PRINCE GEORGE'S DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND PRINCE GEORGE'S PALMER PARK 1XX YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 7614 OXMAN ROAD 20785 U.S.A. burial-transit 13. WAS OECENOENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexicen, Puerto Rican, etc.)
1 YES 2 YOU Specify: by the hospital or attending physician. 14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 XNO 1 Never Merried 24 Married IF YES, GIVE WAR OR DATES Specify: BLACK BY 3 Widowed 4 Olvorced for use as the COMPLETED 18s. OECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEOENT'S EDUCATION pecify only highest grade complete 16b. KINO OF BUSINESS/INOUSTRY (Spe ntery/Secondery (0-12) College (1-4 or 5+) 12th grade LABORER RETIRED detached once. 16. MOTNER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) SINKLER BENBOW F JULIA CARTER BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10 7614 OXMAN ROAD PALMER PARK, MARYLAND MRS. MARY BENBOW 20785 pe 20e. METNOD OF DISPOSITION

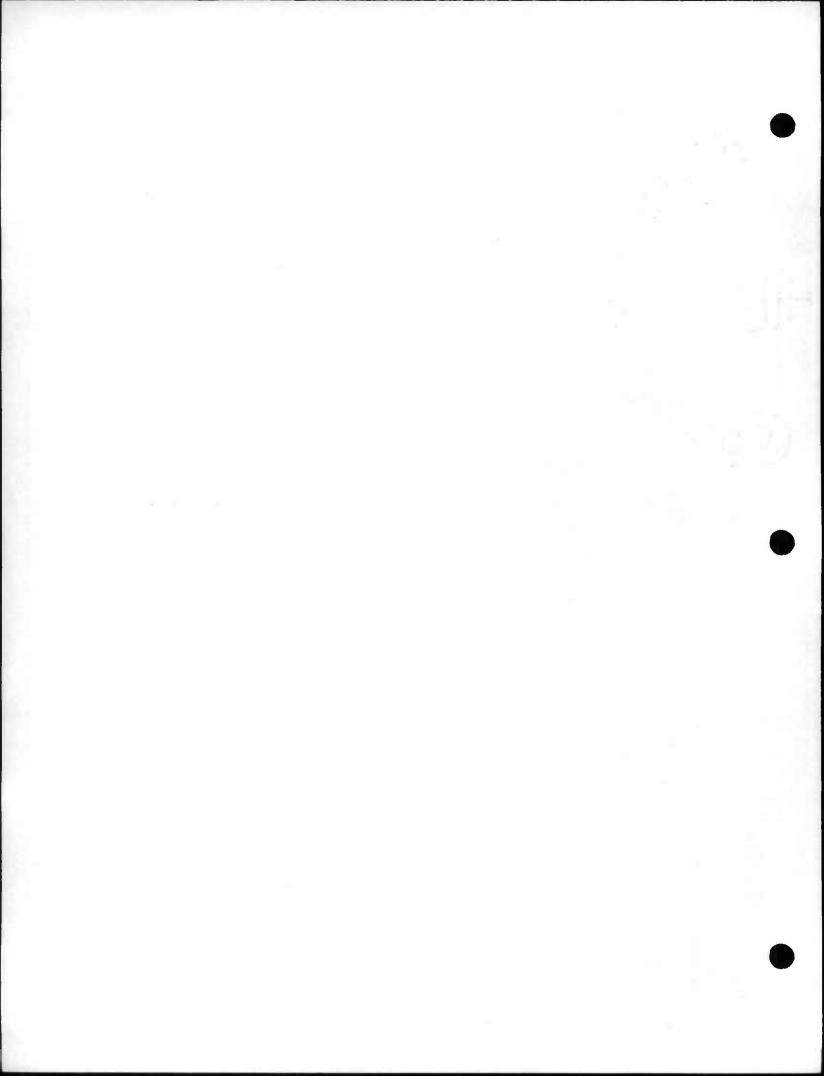
1X Burlel 2 Cremetton 3 Removal from State
4 Donatton 5 0 20b. PLACE OF OISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State must FORT LINCOLN CEMETERY BRENTWOOD, MARYLAND examiner 21. SIGNATURE OF PUNEBAL SERVICE A ROLLINS FUNERAL HOME, INC. 4339 HUNT PLACE, N.E. WASH. 20019 in and completely filled in by the to burial, cremation, or removal. medicai 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart felium. List only one cause on each line. Approximate interval Batwean **Onset and Death** IMMEDIATE CAUSE (Fine) the disease or condition resulting in death) event. tenseles traumatic CERTIFICATION Sequentielly list conditions, QUE TO (OR AS A CONSEQUENCE OF) unding physician and Mygiene prime if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in daeth) LAST 10 death the atten Mental F Injury, 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a, WAS AN AUTOPSY PERFORMED? the MEDICAL signed by t Health and that any 1 YES 2 -WC OF DEATH? shows 1 YES ZYNO been R. of A Dept. t PHYSICIAN: MP 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one) The th the State D Hem **EXAMINER?** HOSPITAL: OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) PHYSICIAN: 0 27. MANNER OF BEATH 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCUREO this c marked, 1 Natural 1 YES 2 NO BY After 1 2 Accident ATTENDING 281. LOCATION (Street and Number or Rural Route Number, City or Yours, States) 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Spec/ly) 60 3 Suicide 8 Could not be DIRECTOR: / COMPLETED 4 Homicide 200 Hem 8 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner as stated. FUNERAL within 72 h HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(e) and manner as atted. THE HOSPITA
TO THE FUNERA
DE filed within 72
IMPORTANT: II 29c. LICENSE NUMBER 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Year, BE ms an 2 ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1RAFTON MD 31. DATE FILEO (Month, Day, FEB 26 Julia Davidson-Randalle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

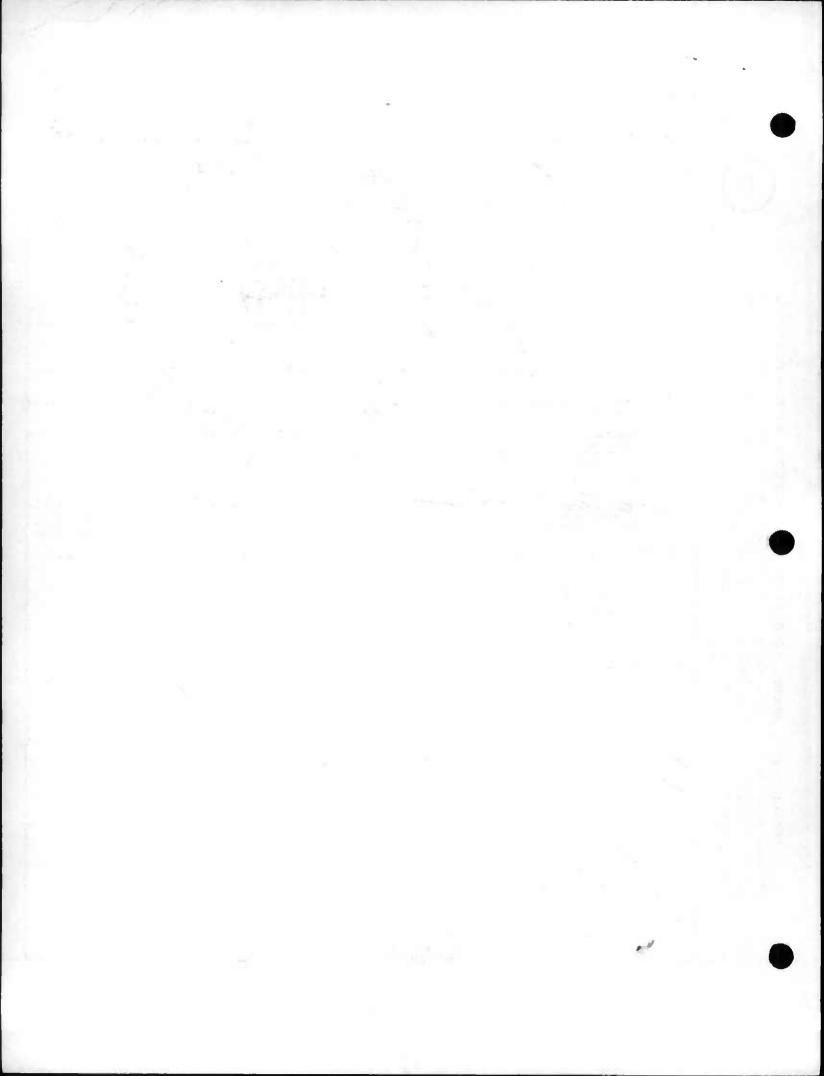
BENBOW

OHMN-18 Rev 1/89



FOR

| | 1 - STATE REGISTRAR | | CERTIFI | CATE OF | DEATH | REG. NO. | | | |
|---------------|---|--|---|-----------------------------------|---|---|--------------|---|--|
| | 1. OECEOENT'S NAME (First, Middle, Last) Rebert Hen | Robert Hen | ry Bal | dwin | | 2. DATE OF DEATH DATE 3 | 91 | S. TIME OF DEATH | |
| | 172-30-2224 | M20F 5. | yrs. last birthday) 52 YRS. | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Moriti, Day, Year) | N | BIRTHPLACE (State or Foreign Country) EW York | |
| TOR | 98. FACILITY NAME (If not institution, give street Physicians Memo: RESIDENCE OF DECEDENT | | tal | La Pl | ata | ATH * | Cha | of DEATH rles | |
| DIRECTOR | 10a. STATE 10b. COUNTY Maryland Charle | 0.0 | | ort To | | | | 10d. INSIDE CITY LIMITS? 1 YES 2 NO | |
| | 10e. STREET AND NUMBER | | 1 1 | | 1. ZIP CODE | | | OF WHAT COUNTRY? | |
| FUNERAL | Port Tobacco Ma: 11. MARITAL STATUS 1 Never Married 2 Married | TINA 2. WAS DECEDENT EVER IN FORCES? 1 X YES | | | 20677 CENDENT OF HISPAN Hecity Cuban, Mexican | IC DRIGIN? (Specify Yea n, Puerto Rican, etc.) | | S.A. FIACE — American Indian, Black, White, etc. | |
| B | 3 Widowed 4 NOIvorced | IF YES, GIVE WAR OR DAT | res | | 3 2 X ND Specify. | | | White | |
| COMPLETED | 15. DECEDENT'S EDUCAT (Specify only highest grade col Elementary/Secondary (0-12) | TON mpleted) College (1-4 or 5+) | 16a. DECEDENT'S (Give kind of w life. Do NOT us) Electr | vork done during m e retired.) | ost of working | Elect: | | | |
| | 17. FATHER'S NAME (First, Middle, Last) John W. Baldwin | | 410001 | OHLCO | | ME (First, Middle, Meiden | | | |
| TO BE | 19s. INFORMANT'S NAME (Type/Print) | | | | and Number or Flural F | loute Number, City or Town | | | |
| | Robert L. Baldw | , , , , , , , , , , , , , , , , , , , | | | de Dr., | Boalsbu | | A 16827 | |
| | 1 Donation 5 Other (Specify) | I from State | e Crem | atory | | Cli | nton, | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICEN | Ell S | TOP | 22. NAME / | | t Funera | | e, Inc. a. MD 20646 | |
| | 23. PART I. Enter the diseases, pr cor shock, or heart failure. Lis IMMEDIATE CAUSE (Final | mplications that caused at only one cause on as | the death. Do r ch lina. | not enter the m | | | | | |
| | disease or condition resulting in death) a. Arturuschurc Carbarascular Aspase Due to (or as a consequence of): | | | | | | | | |
| NOI | Sequentially list conditions, If any, leading to immediate | | | | | | | | |
| CERTIFICATION | cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST | DUE TO (OR AS A | CONSEQUENCE OF | F): | | | | | |
| CER | d., | | | | | | | | |
| DICAL | PART II. Other significent conditions | contributing to death bu | it not resulting | in the underlyi | ng cause given in | PERFOR | IMED? | 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE | |
| Ш | 1 YES 2 NO OF DEATH? 1 YES 2 NO | | | | | | | | |
| PHYSICIAN: M | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | 26. OTHER: | PLACE OF DEATH (Ch | eck only one) | - | | |
| 1XSI | | 26a. DATE OF INJURY | ntient 3 DOA | 4 - Nursing Ho | me 5 Residence | 8 Other (Specify) 28d, DESCRIBE NOW I | NUMBY OCCUR | RED. | |
| BY PI | 1 Natural 5 Pending Investigation | (Month, Day, Year) | IN | M 1 | YES 2 NO | | | | |
| ETED | 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Flural Route Number, City or Town, State) | | | | | | | | |
| COMPLETED | one) | AN: To the best of my knowl On the basis of examination | | | | | | cause(s) and manner as stated. | |
| TO BE (| 29b. SIGNATURE AND TITLE OF CERTIFIER | o chas co | MR | | 29c. LICENSE NUI | WBER | 29d. DATE \$ | SIGNEO (Month, Day, Year) | |
| | 30. NAME AND ADDRESS OF PERSON WHO | resteris R. | trect | p, Print) | (flata) | M+ 20 | 046 | | |
| | 31. DATE FILED (Month, Day, Year) | Julia Davido | 0 | 2 | | | | | |
| | | | | | | | | | |



| 50, BALTIMORE, MARYLAND 21215-0020 | within 24 hours after death. Page 6 may be retained by the hospital or attending physician. | poletely filled in by the funeral director, page 5 should be detached for use as the burlal-transit per- cremation, or removal. | rent, the medical examiner must be notified at once. |
|--|--|---|--|
| DIVISION OF VITAL RECORDS, P.O. BOX 68760, | THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. | THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Parties within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. | IMPORTANT; If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. |

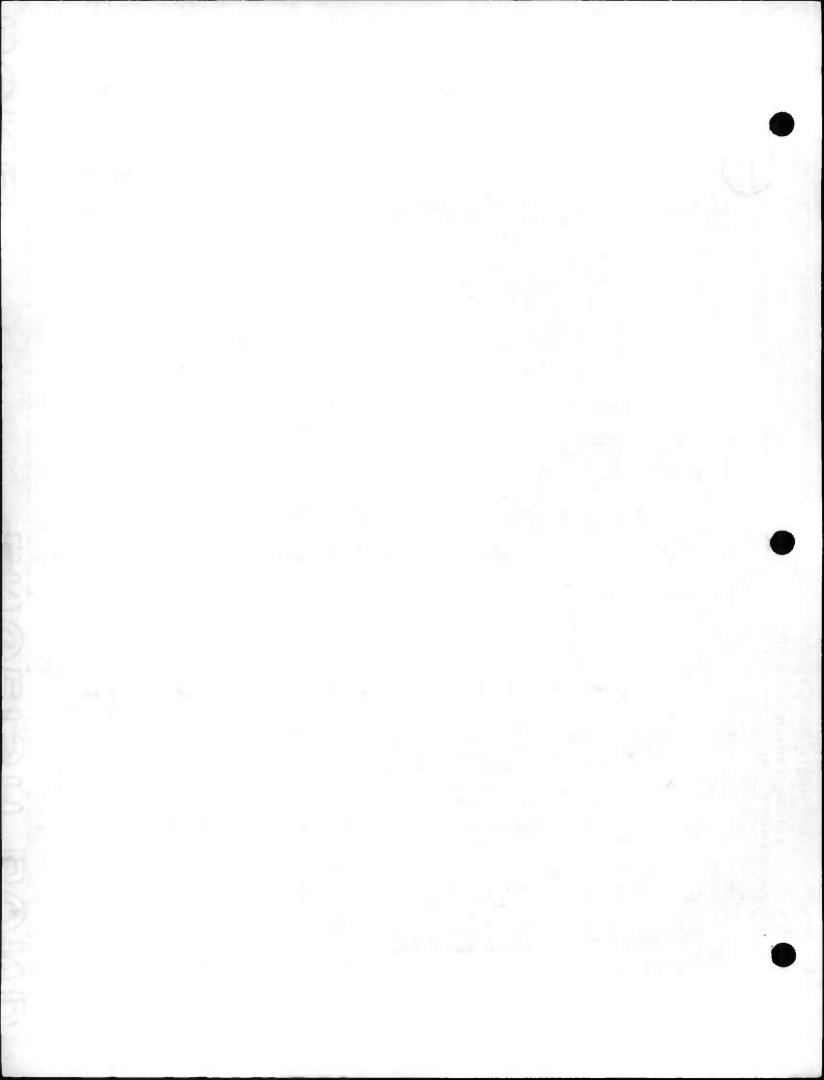
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE PHENTINGTH, 80% 1911

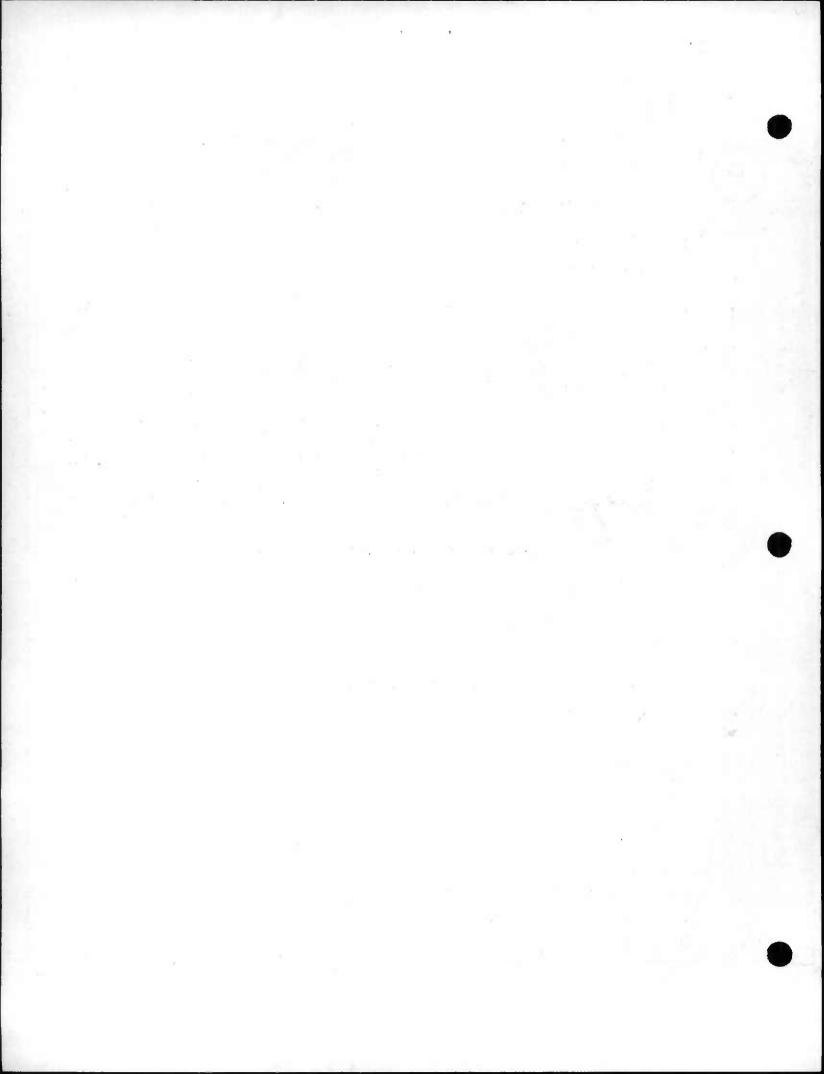
32. MEGISTRAD'S SIGNATURE
Julia Davidson-Randosa

| REGISTRAR | | | | CERTIF | ICATE O | F DEATH | | REG. NO |). | | | |
|---|-------------------------|----------------------|------------------|-------------------|--------------------|---|-------------|----------------|--------------|-----------|--|---------|
| 1. DECEDENT'S NAME (First | t, Middle, Last) | | | | | | | OF DEATH | DAY | WEAR | 3. TIME OF DEA | TH |
| EDNA | 1 | | BOYC | E | | | Man | ch 1, | 1991 | YEAR | 6:15 | A |
| 4. SOCIAL SECURITY NUM | BER | 5. SEX | 6. AGE (In yra | s. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. | 7 DATE | OF BUSTH | | 8. BIRT | THPLACE (State or F | |
| 579 48 827 | 6 | 1 M 2 XF | 9. | 5 YRS. | MONTHS DAY | HOURS MIN. | | h, Day, Year) | 1805 | Coun | shington | D (|
| 9e. FACILITY NAME (If not in | nstitution, give | street and number) | | | 9b. CITY, TOW | N OR LOCATION OF D | | . 10 | | NTY OF | | D. (|
| Doctors Com | munit | y Hoenita | 1 | | Lanl | 2.05 | | | Des d | | 0 | |
| RESIDENCE OF DE | CEDENT | y nospica | <u>.</u> | | Laili | iaiii | | | PII | nce | George' | S |
| IOa. STATE | 10b. COUNT | | | | Y, TOWN OR LO | CATION | | | | | 10d. INSIDE CIT | Υ |
| Maryland | Prin | ce George | es | В | owie | | | | | | TE YES 2 |] NO |
| 10a. STREET AND NUMBER | | | | | | 101. ZIP CODE | | | | | WHAT COUNTRY? | |
| 12635 Korn | ett La | ine | | | | 20715 |) | | Un | ited | l States | |
| 11. MARITAL STATUS | | 12. WAS DECEDEN | T EVER IN U.S | | | ECENDENT OF HISPA specify Cuben, Mexic | | | ee or No- | 14. RAC | CE — American Ind ck, White, atc. | llen, |
| 1 🔯 Never Merried 2 🗌 3 🗍 Widowed 4 🗍 Div | | IF YES, GIVE Y | | | | ES 2 NO Speci | | ritoani, ato.; | | Spe | White | |
| | | | | | 1 | | | | | | WILLE | |
| (Specify on | CEDENT'S ED | le completed) | 16a | | work done during | | 168 | b. KIND OF BU | JSINESS/IN | DUSTRY | | |
| Elementary/Secondary (| 0-12) | College (1-4 or 5 | +) | - | etary | | | Manda | 1 0 | | | |
| | | | | pect | etary | | _ | | | eogi | raphic | |
| 7. FATHER'S NAME (First, A | | D | | | | 18. MOTHER'S N | | | | | | |
| | | lam Boyce | | | | Lizzie | - | | | | | |
| 99. INFORMANT'S NAME (| 24.111 | | | | | et end Number or Rural | | | | | | |
| Mabelle B | | | | | | tt Lane | Bowi | e Mar | | | | |
| 10a. METHOD OF DISPOSIT | | moval from State | 20b. PL | ACE AND DAT | E OF DISPOSITI | ON (Name | DAT | | OCATION — | | | |
| □ Donation 5 □ Othe | | | _ Me | tropol | | | 3/2/9 | 91 | A | lexa | andria V | a. |
| 1. SIGNATURE OF FUNER | AL SERVICE L | JCENSEE | | D | 22. NAME | AND ADDRESS OF F | ACILITY | | | | | |
| ► Kblui | TC | CHAN | w | nin | Bea | 11-Evans | Fune | ral He | ome, | P.A. | | 715 |
| 23. PART I. Enter the c | liseasea, or | complications the | it caused the | e deeth. Do | not anter the | 000 Annapo | ch ss car | disc or real | owie | mary | Approxin | |
| shock, or t | neart failure | . List only one car | use on each | line. | | | | | | | Interval I | Betwee |
| iMMEDIATE CAUSE (Fi disease or condition | nei | 100 | Pincos + | es de | Con H | failure | | | | | | - 4 |
| resulting in death) | | | (OR AS A CO | | | Tailore | | | | | 34 | reen |
| | | 202.10 | (011 710 71 00) | NOLUGE I | ··)· | | | | | | | |
| Sequentially list condi | | b. DUE TO | (OR AS A COI | NSEQUENCE O | OFI: | | | | | | - | |
| if any, leading to imme cause. Enter UNDERLY | | | • | | | | | | | | İ | |
| CAUSE (Disesse or Inj thet initiated events | ury | CDUE TO | (OR AS A COI | NSEOUENCE C | OF): | | | | | | | |
| resulting in death) LAS | ST | | | | | | | | | | 1 | |
| | | d | | | | • | | | | | | |
| PART ii. Other signific | ant condition | one contributing to | deeth but n | ot resulting | in the underly | ring cause given in | Part I. | | N AUTOPSY | 24 | MAILABLE PRIOR | |
| PA | 20~ | onia - c | omm. | unity | acqui | red | | 1 TYES | | | COMPLETION OF OF DEATH? | |
| , | | | | , | U | | | _ | 6 | | 1 TYES 2 K | NO |
| | | | | | | | | | | | | |
| 25. WAS CASE REFERRED | TO MEDICAL | | | | 26 | PLACE OF DEATH (C | heck only o | ne) | | | | |
| EXAMINER? | | HOSPITAL: | ER/Outpatier | nt 3 🗆 DOA | OTHER: | lome 5 🗆 Residence | 5 Oth | er (Snenthi) | | | | |
| 27. MANNER OF DEATH | | 28e. DATE OF | FINJURY | 28b. TIR | ME OF 28c. | INJURY AT | _ | SCRIBE HOW | INJURY O | CURED | | - |
| | Pending | | Day, Year) | , IN | JURY 1 | WORK? YES 2 NO | | | | | | |
| 2 Accident 3 Suicide | Investigation | 28e, PLACE (| OF INJURY — / | At home, ferm, | street, factory, o | office | 28f. LO | CATION (Stree | t and Numbe | or Rura | I Route Number. | |
| 4 Homicide | Could not be determined | | , etc. (Specify) | | ,, | | | or Town, Stat | | | | |
| 29e. CERTIFIER | | | | | | | | | | | | |
| (Check only | | | | | | date end place, end du | | | | | | |
| 2 MEI | DICAL EXAMI | NER: On the basic of | examination en | d/or investigati | lon, in my opinio | n, death occured at th | e time, dat | a and place, | and due to I | the cause | e(e) and manner as | stated. |
| 296. SIGNATURE AND TITL | E OF CENTIFI | EN | | | | 29c. LICENSE N | JMBER | | 29d. DA | TE SIGNE | ED (Month, Day, Year | 7 |
| J'Est | The | my | mo | 7 | | D3 | 582 | 20 | • | 3/ | 1/91 | |
| 0. NAME AND ADDRESS (| | THO COMPLETED CAL | ISE OF DEATH | (ITEM 27) (Typ | e, Print) | | | | 1 | | 1 -1 | |
| Peter E | Kbes: | mp . | 14300 | Galle | ant Fr | ox Lone | Str | 110 | 73E2 1A | 110 | MD | |



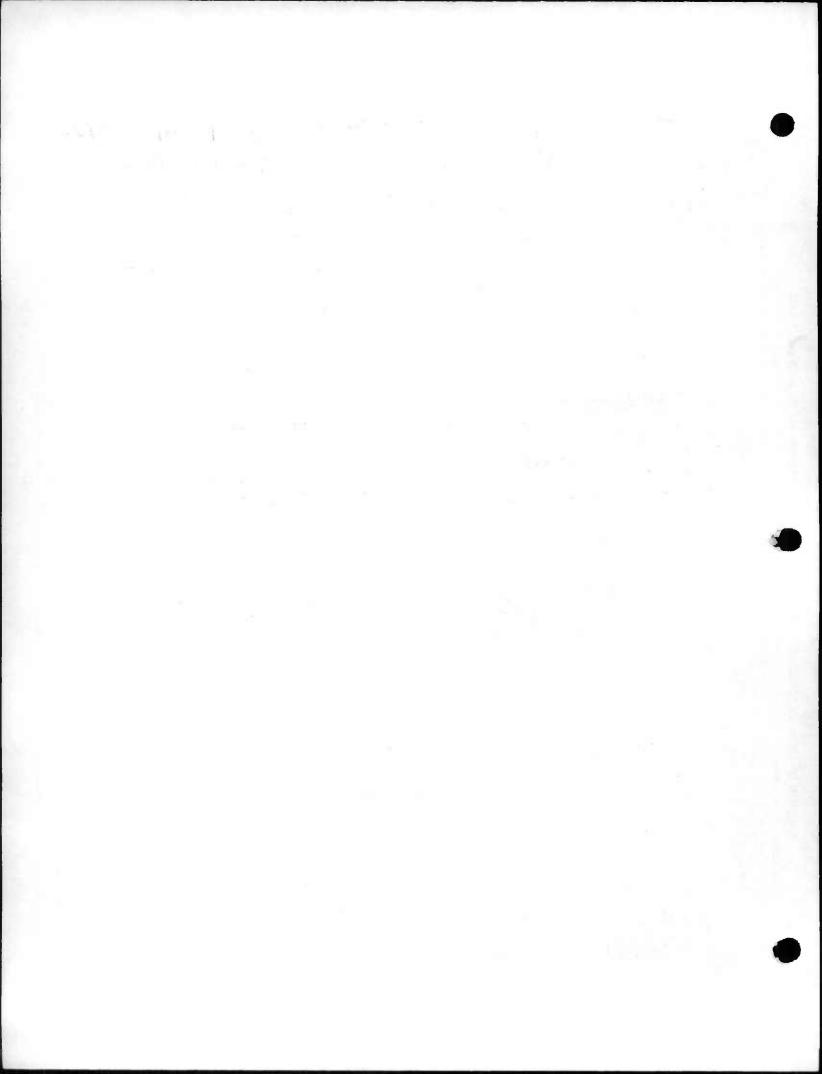
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| , | ١ | 1 | | |
| 9/8/ | | as 1, 2 | | |
| DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146 | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial same income. Pages 1, 2 promise | be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal. | IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |

| S. COUNTY ORDERS S. ESC S. A. COE or pre. use dentings S. COUNTY ORDERS S. ESC S. A. COE or pre. use dentings S. COUNTY ORDERS S. ESC S. A. COE or pre. use dentings S. COUNTY ORDERS S. ESC S. A. COE or pre. use dentings S. COUNTY ORDERS S. COUNTY ORDE | | | CER | | ICALI | E OF | DEAT | H | | REG. NO. | | | |
|--|---|------------------------|----------------------|------------------------------------|---------------------------|-------------|--------------|------------|-------------------|------------------|-------------|-------------|---|
| RUTH V. Brake SOUND SECUNDAY MARKEY 169-16-6912 10 2 32 8 86 VR. MORRING DOOR HOUSE SERVED TO COMPANY AND SERVED | 1. DECEDENT'S NAME (First, Middle, Last) | - | | | | | | | | OF DEATH | NA. | YEAR | 3. TIME OF DEATH |
| 168-16-6912 | | | | | | | | | | | | | 12:45 A. |
| SOUTHORY MAY I AND ADDRESS. THE PRINCE GOORG'S SOUTHORY MAY I AND ADDRESS. THE PRINCE GOORG'S SOUTHORY MAY I AND ADDRESS. THE THE MAY NUMBER TOOG LEVE Drive 100. COUNTY Prince George'S 100. COUNTY Prince George'S 100. COUNTY Prince George'S 100. COUNTY Prince George'S 100. COUNTY Prince George'S 100. COUNTY Prince George'S 100. COUNTY Prince George'S 100. COUNTY Prince George'S 100. COUNTY Prince George'S 100. COUNTY 100. THE MAY I AND ADDRESS AND | The second second second | | | | | - | | | 7. DATE (Monti | OF BIRTH | | Count | (nv) |
| SOUTHER MATY Land Hospital Center Clinton Prince George's Was your Mary Land Prince George's Was govern Mary Land Prince George's Was govern Mary Land Prince George's Was govern Mary Land Prince George's Was govern Mary Land Prince George's Was govern Mary Land Prince George's Was govern Mary Land Prince George's Was govern Mary Land Prince George's Was govern Mary Land Prince George's Was govern Mary Land Prince George's Was govern Mary Land Prince George's Was govern Mary Land Prince George's Was govern Mary Land Prince George's Was govern Mary Land Prince George's Was govern Mary Land Prince George's Was govern Mary Land Prince George's Was part of the Mary Land Land Prince George's Was Managed And Prince George's Was part of the Mary Land Prince George's Was Managed And Mary Land Beneated From States Was December 1 Managed Prince George's New or National Managed | | | 86 | YRS. | | | | | | 8, 19 | | | |
| No. STREET AND NUMBER 100. COUNTY 100. MILE OF COUNTY 100. | Sa. FACILITY NAME (If not institution, give | street and number) | | 9b. CITY, TOWN OR LOCATION OF DEAT | | | | | ATH | | 9c. COL | JNTY OF E | DEATH |
| No. STREE MAY Frince George's No. COUNTY No. CHOSTON No. HIT1 No. CHOSTON No. HIT1 No. CHOSTON No. STREET AND MARKED No. CHOSTON No. HIT1 No. CHOSTON No. HIT1 No. CHOSTON No. STREET AND MARKED No. CHOSTON No. STREET AND MARKED No. CHOSTON No. CHO | Southern Marylan | d Hospita | Center | | | Clin | ton | | | | Prin | ce G | eorge's |
| Maryland Prince George's Oxon Hill No. STIMET NON-MARKET 7006 Leyte Drive 11. MANTAL STATUS 12. VAID DECEDENT FURTH N U.S. ANAMED 7006 Leyte Drive 11. MANTAL STATUS 13. Nover Market 2 2 Mantal 13. Nover Market 2 2 Mantal 13. Nover Market 2 2 Mantal 13. Nover Market 2 2 Mantal 13. Nover Market 2 2 Mantal 13. Nover Market 2 2 Mantal 13. Nover Market 2 2 Mantal 13. Nover Market 2 2 Mantal 13. Nover Market 2 2 Mantal 13. Nover Market 2 2 Mantal 13. Nover Market 2 2 Mantal 13. Nover Market 2 2 Mantal 13. Nover Market 2 2 Mantal 13. Nover Market 2 2 Mantal 13. Nover Market 2 2 Mantal 14. Nover Market 2 2 Mantal 15. Nover Market 2 2 Mantal 15. Nover Market 2 2 Mantal 15. Nover Market 2 2 Mantal 15. Nover Market 2 Market 2 2 Mantal 15. Nover Market 2 2 Mantal 15. Nover Market 2 2 Mantal 15. Nover Market 2 2 Mantal 15. Nover Market 2 2 Mantal 15. Nover Market 2 Market 2 2 Mantal 15. Nover Market 2 2 Mantal 15. Nover Market 2 2 Mantal 15. Nover Market 2 Market 2 2 Mantal 15. Nover Market 2 2 Mantal 15. Nover Market 2 2 Mantal 15. Nover Market 2 2 Mantal 15. Nover Market 2 2 Mantal 15. Nover Market 2 2 Mantal 15. Nover Market 2 2 Mantal 15. Nover Market 2 2 Mantal 15. Nover Market 2 2 Mantal 15. Nover Market 2 2 Mantal 15. Nover Market 2 2 Mantal 15. Nover Market 2 2 Mantal 15. Nover Market 2 2 Mantal 15. Nover Market 2 2 Mantal 15. Nover Market 2 2 Mantal 15. Nover Market 2 2 Mantal 15. Nover Market 2 2 Mantal 16. Nover Market 2 2 Mantal 17. Nover Market 2 Market 2 Market 2 Mantal 17. Nover Market 2 Market 2 Market 2 Mantal 17. Nover Market 2 Market | | | | Oc. CIT | Y, TOWN | OR LOCAT | ION | | - | | | | 10d. INSIDE CITY |
| Description of which countries and the control of t | Maryland Princ | e George' | s | C | xon | Hill | | | | | | | |
| The MARK STATUS Married Marrie | | | | | | 101 | ZIP CODE | E | | | 10g. CIT | TIZEN OF | WHAT COUNTRY? |
| 11. MANY_BERNIES 2 Married | 7006 Leyte Drive | 9 | | | | 2 | 0745 | | | | U. | S.A. | |
| The proposal process of the proces | 11. MARITAL STATUS | | | D | | | | | | | | | |
| Clause (support of the price completed) College (14 or 5 +) C | ш — | | | | | | | | | Rican, etc.) | | Spec | white |
| Separation of the Content of the C | | | 16a. DECEI | DENT'S | USUAL C | CCUPATIO | ON | _ | 16b | KIND OF BUS | SINESS/IN | IDUSTRY | |
| Homemaker N/A | | | We Do | kind of NOT u | work done se retired.) | during mo | at of workir | g | | | | | |
| Milton Foust The Information Shark (prophism) Richard W. Brake 7006 Leyte Drive, Oxon Hill, Maryland 20745 200. METHOD of DISPOSITION 1(X Burita 2 Cremation 3 2) Resmoval from State of Control (prophism) 200. METHOD of DISPOSITION 200. LOCATION - City or Tewn, State of Control (prophism) 21. SIGNATURE (Cremation 3 2) Resmoval from State of Control (prophism) 22. SIGNATURE (CREMATION) 23. SIGNATURE (CREMATION) 24. PART I. Enter the dispasses, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory stress, interest between the cause of him. 25. PART I. Enter the dispasses, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory stress, interest between the cause of him. 26. PART II. Control (prophism) Arteriosclerotic Cardiovascular disease 27. PART II. Control (prophism) Arteriosclerotic Cardiovascular disease 28. Sequentially list conditions, and consequence of: 29. DUE TO (OR AS A CONSEQUENCE OF): 20. DUE TO (OR AS A CONSEQUENCE OF): 20. DUE TO (OR AS A CONSEQUENCE OF): 20. DUE TO (OR AS A CONSEQUENCE OF): 20. DUE TO (OR AS A CONSEQUENCE OF): 21. DUE TO (OR AS A CONSEQUENCE OF): 22. Market and Death (Character) 23. DUE TO (OR AS A CONSEQUENCE OF): 24. Market and Death (Character) 25. NAS CLASS (Prepared TO MEDICAL Examerer) 26. DUE TO (OR AS A CONSEQUENCE OF): 27. Market and Death (Character) 28. DUE TO (OR AS A CONSEQUENCE OF): 29. NAS CLASS (Prepared TO MEDICAL Examerer) 20. DUE TO (OR AS A CONSEQUENCE OF): 20. NAS CLASS (Prepared TO MEDICAL Examerer) 20. DUE TO (OR AS A CONSEQUENCE OF): 21. Market and Death (Character) 22. Market and Death (Character) 23. DUE TO (OR AS A CONSEQUENCE OF): 24. Market and Death (Character) 25. NAS CLASS (Prepared TO MEDICAL Examerer) 26. DUE TO (OR AS A CONSEQUENCE OF): 27. Market and Death (Character) 28. DUE TO (OR AS A CONSEQUENCE OF): 28. DUE TO (OR AS A CONSEQUENCE OF): 29. DUE TO (OR AS A CONSEQUENCE OF): 20. DUE TO (OR AS A CONSEQ | 9 | | Но | mem | aker | | | | | N/ | 'A | | |
| The INFORMANT'S NAME (Propried) Richard W. Brake TOOG Leyte Drive, Oxon Hill, Maryland 20745 Toography Tuneral Behave Greenest Leyten, Blass Greenest Leyte | 17. FATHER'S NAME (First, Middle, Last) | | | | | | 16. MOT | HER'S NA | ME (First, | Middle, Malden | Surname) | | |
| Richard W. Brake 7006 Leyte Drive, Oxon Hill, Maryland 20745 206. BLACE OF DISPOSITION (Name of connelloy, connelloy or (CRUTCH) (Name of connelloy, connelloy or (CRUTCH) (Name of connelloy, connelloy or (CRUTCH) (Name of connelloy, connelloy or (CRUTCH) (Name of connelloy, connelloy or (CRUTCH) (Name of connelloy, connelloy or (CRUTCH) (Name of connelloy, connelloy or (CRUTCH) (Name of connelloy, connelloy or (CRUTCH) (Name of connelloy, connelloy or (CRUTCH) (Name of connelloy, connelloy or (CRUTCH) (Name of connelloy, connelloy or (CRUTCH) (Name of connelloy, connelloy or (CRUTCH) (Name of connelloy, connelloy or (CRUTCH) (Name of connelloy, connelloy or (CRUTCH) (Name of connelloy, connelloy or (CRUTCH) (Name of connelloy, connelloy or (CRUTCH) (Name of connelloy, connelloy or (CRUTCH) (Name of connelloy or (CRUTCH) (Name of connelloy, connelloy or (CRUTCH) (Name of connelloy, connelloy or (CRUTCH) (Name of connelloy, connello | Milton Fous | st | | | | | | C1 | ara | C. R | Reed | | |
| 20s. LETHO OF INFORTION Control | | | 19b. N | AILING | ADDRES | S (Street a | nd Number | or Rural F | Route Num | ber, City or Tow | n, State, Z | (p Code) | |
| Cedar Hill Cemetery Greencastle, Penna. Cedar Hill Cemetery Greencastle, Penna. Cedar Hill Cemetery Greencastle, Penna. Cedar Hill Cemetery Greencastle, Penna. Cedar Hill Cemetery Cedar Hill Cedar Cedar Hill C | Richard W. Brake | 2 | 70 | 06 | Leyt | e Dr | ive, | 0xo | n Hi | 11, Ma | ryla | and 2 | 20745 |
| Cedar Hill Cemetery Greencastle, Penna. | | noval from State | other place | 1 | | | | - | | | | | |
| 23. PART I. Enter the glideases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory streat, shock, or feart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Arteriosclerotic Cardiovascular disease DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury 1 to 1 to 1) on the cause of the cause. Enter UNDERLYING CAUSE (Disease or Injury 2 to 1) on the cause of the cause. Enter UNDERLYING CAUSE (Disease or Injury 3 to 1) of the cause of the cause. Enter UNDERLYING CAUSE (Disease or Injury 4 to 1) of the resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. WAS CASE REFERENCE TO MEDICAL EXAMINER? 1 VES 2 M NO 25. WAS CASE REFERENCE TO MEDICAL EXAMINER? 1 VES 2 M NO 26. DATE OF NAURY 2 Sh. MO STATE OF CAUSE OF Section 1 Mountain Science of Country 1 on the Country 1 on the Country 1 on the Country 1 on the Country 2 on the Country 2 on the Country 3 on the Country 3 on the Country 3 on the Country 4 on t | 4 Donation 6 Other (Specify) | | Ced | ar | | | | | | | | | Penna. |
| 23. PART I. Enter the gladeses, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory streat, shock, or feart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Arteriosclerotic Cardiovascular disease DUE TO (OR AS A CONSEQUENCE OF): Sequentisliy list conditions, frame disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Sigmoid volvulus; cancer colon; dementia DI (VES 2 ()) NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER: 1 VES 2 () NO 1 VES 2 () NO 26. PLACE OF DEATH (Check only only Only Death (Check only only Only Death (Check only Only Death (Check only Only Only Death (Check only Only Death (Check only Only Death (Check only Only Death (Check only Only Death (Check only Only Death (Check only Only Death (Check only Only Death (Check only Only Death (Check only Only Death (Check only Only Death (Check only Only Death (Check only Only Death (Check only Only Death (Check only Only Death (Check only Only | 21. SIGNATURE OF FUNERAL SERVICE L | CENSEE | 11. | 22.NAME AND ADDRESS OF FACIL | | | | | las | Funera | 1 Ho | me | |
| 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory streat, shock, or feart failure. List only one cause on each line. MAMEDIATE CAUSE (Finel Manual Cause M | "Therese! | + KA | | | | | | | | | Maryland | | |
| Bristy, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST | disease or condition resulting in desth) | 8 | | | | lovas | scula | ar di | Lseas | se | | | |
| Sigmoid volvulus; cancer colon; dementia Performed? Completion of Cause of Death Check only one) | If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | С | | | | | | | | | | | |
| EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 DOA 28a. DATE OF INJURY (Month, Day, Vear) 29b. TIME OF (Specify) 29c. LICENSE Number 29c. LICENSE Number 29d. DATE Signed (Month, Day, Vear) 29d. DATE Signed (Month, Day, Vear) 3 Substitute 1 Certifier 29c. LICENSE Number 29d. DATE Signed (Month, Day, Vear) 29d. DATE Signed (Month, Day, Vear) 29d. DATE Signed (Month, Day, Vear) 29d. DATE Signed (Month, Day, Vear) 29d. DATE Signed (Month, Day, Vear) 29d. DATE Signed (Month, Day, Vear) 29d. DATE Signed (Month, Day, Vear) 29d. DATE Signed (Month, Day, Vear) 29d. DATE Signed (Month, Day, Vear) 29d. DATE Signed (Month, Day, Vear) 29d. DATE Signed (Month, Day, Vear) 29d. DATE Signed (Month, Day, Vear) | | | | | | | g cause | given in | Part I. | PERFOR | RMED? | 24 | AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? |
| EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 DOA 28a. DATE OF INJURY (Month, Day, Vear) 29b. TIME OF (Specify) 29c. LICENSE Number 29c. LICENSE Number 29d. DATE Signed (Month, Day, Vear) 29d. DATE Signed (Month, Day, Vear) 3 Substitute 1 Certifier 29c. LICENSE Number 29d. DATE Signed (Month, Day, Vear) 29d. DATE Signed (Month, Day, Vear) 29d. DATE Signed (Month, Day, Vear) 29d. DATE Signed (Month, Day, Vear) 29d. DATE Signed (Month, Day, Vear) 29d. DATE Signed (Month, Day, Vear) 29d. DATE Signed (Month, Day, Vear) 29d. DATE Signed (Month, Day, Vear) 29d. DATE Signed (Month, Day, Vear) 29d. DATE Signed (Month, Day, Vear) 29d. DATE Signed (Month, Day, Vear) 29d. DATE Signed (Month, Day, Vear) | AS MAR CASE REPERSON TO MARKET | | | | | | | | | | | | |
| 27. MANNER OF DEATH 1 Natural 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY M 1 YES 2 NO 28d. OESCRIBE HOW INJURY OCCURED 28d. OESCRIBE HOW INJURY AT WORK OF THE WORK | EXAMINER? | | | | | R: | | | | | | | |
| 1 Natural 2 Accident 3 Suicide 4 Homicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICEN | | - | | | | _ | | saldence | | | MARINE - | 0011070 | |
| 2 Accident 3 Subcide 4 Homicide 4 Homicide 5 Certifier 1 Certifier 1 Certifier 1 Certifier 1 Certifier 1 Medical Examiner: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 28c. PLACE OF INJURY — At home, farm, street, factory, office 29t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29t. LOCATION (Street and Number or Rural Route Numb | 77 | (Month, De | y, Year) | IN | JURY | WC | PHC? | 7 40 | 28d. OE | SCHIBE HOW I | INJUNY O | CCURED | |
| 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of axaminstion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) | 2 Catality | 28s. PLACE OF | INJURY — At home | form | street for | | | _ NO | 281 1.00 | CATION (Street | and Numb | er or Burel | Bouts Number |
| (Check only 1 132 CERTIFFING PRYSICIAN: to the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) | | building, | etc. (Specify) | ,, | | ,, | - | | City | or Town, State) |) | or or value | Troute Purison, |
| 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D 18545 March 4, 1991 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) | (Check only 1 X CENTIFYING PHY | | | | | | | | | | | | |
| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D 18545 March 4, 1991 | 2 MEDICAL EXAMIN | ER: On the basis of ax | amination and/or inv | estigati | on, In my | opinion, o | leath occu | red at the | time, det | and place, ar | nd dus to | the cause | (s) and manner as stated |
| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) | 296. SIGNATURE AND TITLE OF CERTIFI | ER | | | | | 29c. LIC | ENSE NUI | WBER | | 29d. DA | ATE SIGNE | D (Month, Day, Year) |
| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) | MU | | -M | Λ | | | D | 1854 | 45 | | l I | March | 4, 1991 |
| | II / | | • | | | | | | | | | | |
| MAR O'B (400), Day Day doon - Mandelle | | | | | | | | | | | | | |



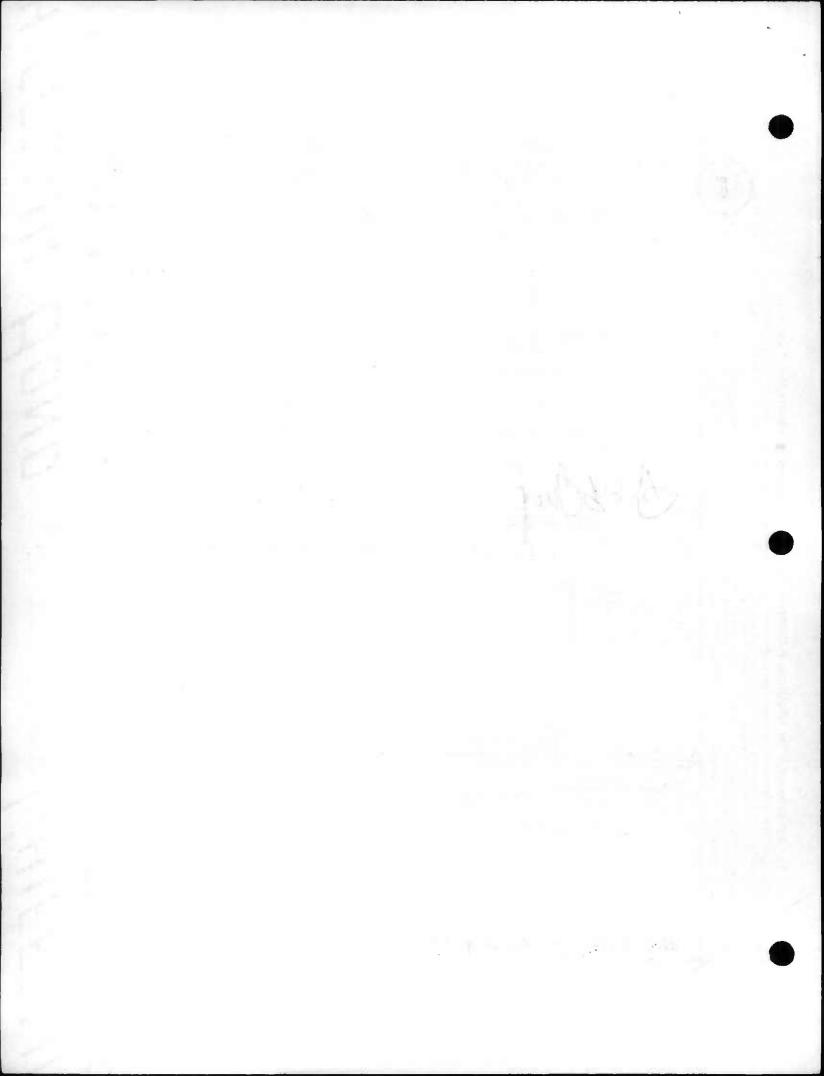
| FOR 1 - STATE REGISTRAR | STATE OF MARYL | | ENT OF HEALTH AND ATE OF DEATH | MENTAL HYGIENE (REG. NO. | 91 07546 |
|---|---|---|--|---|---|
| 1. DECEDENT'S NAME (First, Middle, Le | " Bookl | SAMUE | L BOOKER | 2. DATE OF DEATH | YEAR 3. TIME OF DEATH |
| 4. SOCIAL SECURITY NUMBER 250-03-8829 | 1 M 2 🗆 F | & LO YRS. MOI | UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) | ABUTHPLACE (State of Foreign HUGUSTA Ga. |
| 9a. FACILITY NAME (If not institution, gi | 14.NOT LAY | hill 3 | Silver Sp | ning 1m | outgomeny |
| RESIDENCE OF DECEDENT 10a. STATE 10b. COU | | | OWN OR LOCATION |) | Out. INSIDE CITY |
| | Montgomery Co | S | ilver Springs | 18g. C/T | 1 YES 2 NO |
| 2601 Bel-Pre | Road | | 20906 | | USA |
| 10. STREET AND NUMBER 2601 Bel-Pre 11. MARHITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA | 2 NO | 13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexics 1 YES 2 1 10 Specifi | | 14. RACE — American Indien, Black, White, etc. Specify: |
| 18. DECEDENT'S Expectly only highest grade 12th grade 17. FATHER'S NAME (First, Middle, Last) | | 16a. DECEDENT'S USI (Give kind of work life. Do NOT use re Retir | done during most of working tired.) | 16b. KIND OF BUSINESS/IN | DUSTRY |
| 17. FATHER'S NAME (First, Middle, Last) | | | 18. MOTHER'S NA | AME (First, Middle, Malden Surname) | |
| Unknown | | | Unknow | n | |
| O INFORMANT S NAME (Typoreting) | 3 | | | Route Number, City or Town, State, Zi | |
| Sandra Booker | | | aribou Court N (Name of cametery, crematory or | | Id. 20603 City or Town, State |
| 1 Description 3 Cremetton 3 F | Removal from State | other place) | emorial Park | | |
| 21. SIGNATURE OF FUNERAL SERVICE | 11001000 | Wade,Dir | 22. NAME AND ADDRESS OF FA | CHITY | omy Board, Balto, M |
| ruff | Ban | | W.H. Bacon 3447 14+h S | Funeral Home | e de la company |
| IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if smy, leading to immediets cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated eventa resulting in death) LAST | b. Due to low as a d. | a consequence of: | ple M nemia Velcer | Yeseo. | Interval Between Onset and Daeth |
| PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 | tions contributing to death b | out not resulting in t | he underlying csuee given in | Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO | 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| 25. WAS CASE REFERRED TO MEDICA EXAMINER? | HOSPITAL: | 100 | 26. PLACE OF DEATH (C | | |
| | 1 □ Inpetient 2 □ ER/Outs 28s. DATE OF INJURY (Month, Day, Year) | perient 3 DOA 4 | HER: Nursing Home 8 Residence Property At WORK? M 1 YES 2 NO | 8 Other (Specify) 28d. DESCRIBE HOW INJURY OF | CCUREO |
| 2 Accident Investigati 3 Suicide 8 Could not 4 Homicide detarmine | be 28a. PLACE OF INJURY building, etc. (Special | / — At home, ferm, etre- | | 28f. LOCATION (Street and Number City or Town, State) | er or Rural Floute Number, |
| - I Orison only | | | | a to the cause(a) and menner as sto a time, data and place, and due to (| |
| 296. SIGNATURE AND THEE OF CERT | Breala | erem | 200 LICENSE NU | 136 Q ≥ 29d. DA | TE SIGNED (Mghth, Day, Year) |
| 30, NAME AND ADDRESS OF PERSON RN CS 70 MP 31. DATE FILED (Monthy, Day, Year) | LAVE 81 | 11 PRIN | Te PHILI | P DR. 01 | Ney M120832 |
| MAR 30/62/991/ | Lulia Davidson 1 | | | | |

DHMH-16 Rev 1/89



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| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | TTAIL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hour |
| _ | - |
| | E |

| REGISTRAR | | MARYLAND / | ERTIF | ICATE | E OF | DEATH | | REG. NO |). | | 0754 |
|--|--|--|--|--|--------------------------------|---|---|--|--|------------------------------|--|
| 1. DECEDENT'S NAME (First, Middle, Las | ut) | | | | | | 2. DATE | OF DEATH | | YEAR | 3. TIME OF DEATH |
| | Lester | Russell | . В | ell | | | Fe | b. 27 | 1991 | YEAR | 12:45 A. |
| 4. SOCIAL SECURITY NUMBER | 5. SEX | 6. AGE (In yrs. le | st birthday) | IF UNDER | - | IF UNDER 24 HRS. | 7. DATE | OF BIRTH | | _ | LACE (State or Foreign |
| 579-01-2725 | 1 M 2 D F | 82 | YRS. | MONTHS | DAYS | HOURS MIN. | Aug. | 27, 19 | 809 | Pa | |
| 9a. FACILITY NAME (If not institution, given | e street and number) | | | 9b. CITY | r, TOWN (| OR LOCATION OF | DEATH | | 9c. COUNT | Y OF DE | ATH |
| Frederick Healt | | ter | | | Frederick | | | | | | lerick |
| Md . 10b. COU | Frederi | ck | | Midd. | | | | | | | 10d. INSIDE CITY LIMITS? 1 YES 2 NO |
| 7301 Countrysid | e Dr. | | | | 101 | ZIP CODE | 1769 | | U.S | | HAT COUNTRY? |
| 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | FORCES? | NT EVER IN U.S. AI 1 YES 2 X WAR OR DATES | | | If yes, sp | ENDENT OF HISP ecity Cuben, Maxi 2 NO Spec | en, Puerto | | s or No 1 | 4. RACE Black, Specify | - American Indian, White, etc. White |
| 16. DECEDENT'S E | | 16a. D | ECEDENTS | USUAL O | CCUPATION | ON | 16 | b. KIND OF BU | JSINESS/INDU | STRY | |
| (Specify only highest gr Elementary/Secondary (0-12) | College (1-4 or 5 | +) | | | ouring mo | net of working | - 1 | | | | |
| 7 | 777-01-555 | sa | lesm | an | | | | hard | ware s | tore | |
| 17. FATHER'S NAME (First, Middle, Last) | | | | | | 16. MOTHER'S | AME (First, | Middle, Malder | n Surname) | | |
| Lester Bell | | | | | | Hatti | e Rod | lerick | | | |
| 19a. INFORMANT'S NAME (Type/Print) | | | | | | and Number or Run | | | | | |
| Debbie Loveless | | | 301 | Coun | trys | ide Dr. | , Mid | dletor | wn, Md | . 2 | 1769 |
| 20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 A 4 Donation 5 Other (Specify) | amoval from State | 20b. PLACE | | SITION (N | ome of co | metery competory o | | 20c. L | emilto | ity or Tov | |
| 21, SIGNATURE OF FUNERAL SERVICE | DENSEE . | | | 22. | NAME A | ND ADDRESS OF | ACILITY | | | | |
| 23. PART Linter the diseases, shock, or heart fallu | of complications the | at caused the d | eath, Do | | | Id B. T. Main | | | | | Approximata |
| shock, or heart fellur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate | a. SQUA | at caused the dause on each line (LANA) 2 (LANA) | COUENCE C | CA | r the mo | ods of dying, su | ich se cai | rdiac or resp | | | Approximata Interval Between Onset and De |
| shock, or heart fallur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, | a. DUE TO | O 2 L G M 3 | QUENCE O | OF): | r the mo | ods of dying, su | ich se cai | rdiac or resp | | | Approximata Interval Betwee Onset and De |
| shock, or heart failure immediate cause. Enter UNDERLYING CAUSE (Please or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Pleases or Injury that initiated events | a. DUE TO DUE TO DUE TO DUE TO d | O (OR AS A CONSE | GUENCE C | NOT: | Rein | ode of dying, su | F L | 24a, WAS A | N AUTOPSY PAMED? | at, | Approximate interval Between Onset and De G Y COM |
| shock, or heart fallul IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. | a. DUE TO b. DUE TO c. DUE TO d. SOUNCE FOR SOUNCE F | O (OR AS A CONSE | GUENCE C | not enter | Rein | ode of dying, su | n Part I. | 24a, WAS A PERFC | N AUTOPSY PAMED? | at, | Approximate Interval Betwee Onset and De G Y CTMY WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) PART II. Other significant conditions, if any in the course of the course o | a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: | O (OR AS A CONSE | GOVERNCE OF COMMENCE In the u | nderlyin | g cause given | n Part I. | 24a. WAS A PERFO | N AUTOPSY | at, | Approximate Interval Betwee Onset and De G Y CTMY WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| shock, or heart fallul IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. | a. DUE TO b. DUE TO c. DUE TO d. Iona contributing to | O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE | GUENCE C | OFTILE AS | nderiyin | g cause given | n Part I. | 24a. WAS A PERFO | N AUTOPSY | 24b. | Approximate Interval Betwee Onset and De G Y CTAT |
| shock, or heart fallul IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inlisted events resulting in death) LAST PART II. Other significant conditions of the conditions o | a. DUE TO b. DUE TO c. DUE TO d | O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE | GUENCE COUENCE | OTME 4 No | nderfyin 26. P PR: maing Hor | g cause given LACE OF DEATH (no 5 Residence JURY AT JURY 2 NO | n Part I. | 24a. WAS A PERFC 1 YES | N AUTOPSY PRIMED? 2 NO | 24b. | Approximate Interval Between Onset and De G Y CTMY WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO |
| shock, or heart failure in the condition resulting in death) Sequentially liet conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the c | a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpetient 2 28a. DATE Of (Morth, on building | O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE | GUENCE COUENCE | OTME 4 No | nderfyin 26. P PR: maing Hor | g cause given LACE OF DEATH (no 5 Residence JURY AT JURY 2 NO | n Part I. | 24a. WAS A PERFC 1 YES | N AUTOPSY PAMED? 2 NO INJURY Occi | 24b. | Approximate Interval Betwee Onset and De G YENH WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO |
| shock, or heart fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condit CHRONIC STRUCT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 29 Accident Getermined 29a. CERTIFIER (Check only) SERTIFYING PH | a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpetient 2 28a. DATE Of (Morth, on building | O (OR AS A CONSE O (OR AS A C | GUENCE COUNTY OF THE PROPERTY | OTME OF JUNEY ME OF JUNEY Me of Juney Me | r the mo | g cause given | n Part I. Check only co | 24a. WAS A PERFC 1 YES One) CATION (Street or Fown, State or Fown, Fow | N AUTOPSY PAMED? 2 NO INJURY Occident and Number of planner as state | 24b. URED or Rural R | Approximate interval Betwee Onset and De G Y CTMY WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSIOF DEATHY 1 YES 2 NO |
| shock, or heart fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condit CHRONIC STRUCT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 29 Accident Getermined 29a. CERTIFIER (Check only) SERTIFYING PH | a. DUE TO b. DUE TO c. DUE TO d. Iona contributing to liona contributing to liona contributing to 28a. DATE O (Month, on 28a. PLACE building IVSICIAN: To the best of | O (OR AS A CONSE O (OR AS A C | GUENCE COUNTY OF THE PROPERTY | OTME OF JUNEY ME OF JUNEY Me of Juney Me | r the mo | g cause given LACE OF DEATH (ne 6 Residence JURK? YES 2 NO De end place, and death occurred at 8 | n Part I. Check only of 28d. DE 28t. LO Che to the time, def | 24a. WAS A PERFC 1 YES One) CATION (Street or Fown, State or Fown, | N AUTOPSY PRIMED? 2 NO INJURY OCCI | 24b. URED or Rural R d. | Approximate interval Betwee Onset and Der G YENA WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |



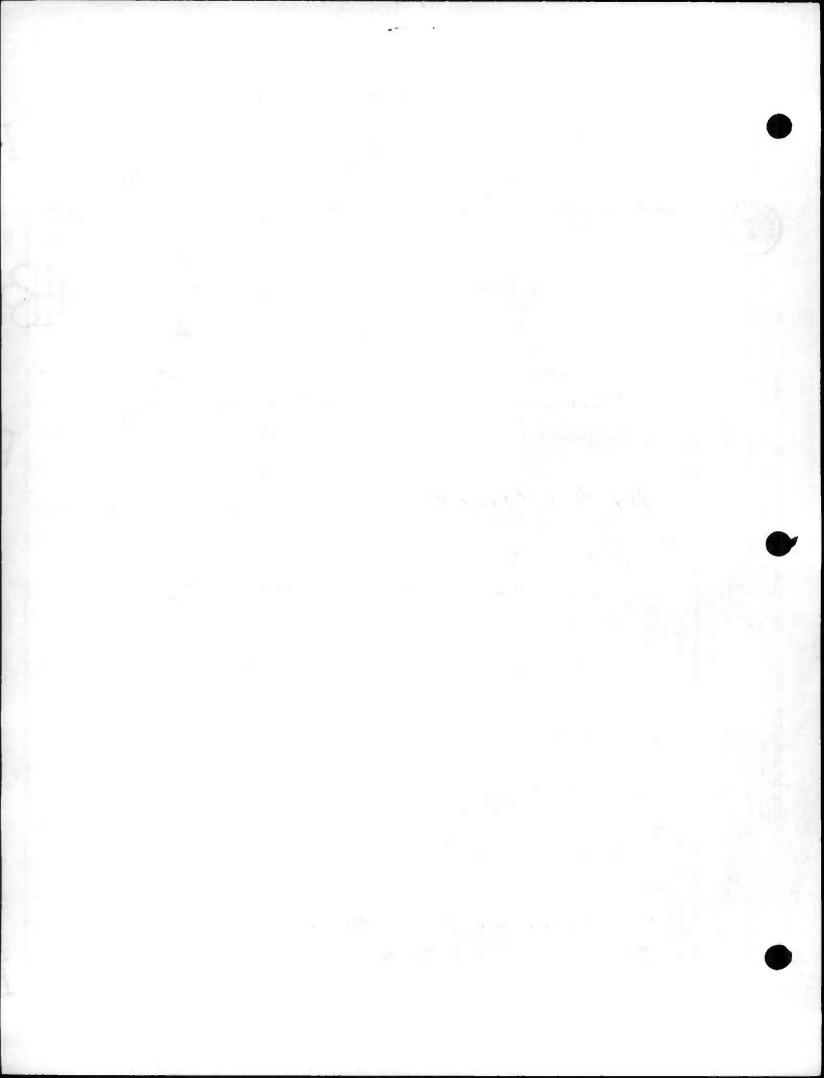
| | FOR 1 STATE | STATE OF MARYLA | | | | IENTAL HYGIEN | 9 | 1 07548 |
|--|---|--|---|------------------|--|--|--------------------|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | M* | CERTIFIC | ATE O | F DEATH | REG. NO. | | 3. TIME OF DEATN |
| | Juanita 4. SOCIAL SECURITY NUMBER | | | F UNDER 1 YEAR | 7 | March 8 7. DATE OF BIRTH (Month, Day, Year) | | 6:24 p. M BIRTHPLACE (State or Foreign |
| | 210 00 1000 | 1 🗆 M 2 🟋 📉 | 48 YRS. | ONTHS DAYS | | 6/8/42 | Ma | aryland |
| 8 | 98. FACILITY NAME (# not institution, give street Physicians Memori RESIDENCE OF DECEMENT | | 9 | LaP1a | ta | ATN | ec. County Char | |
| DIRECTOR | 10a. STATE 10b. COUNTY | | | TOWN OR LOC | | | 7 | 10d. INSIDE CITY LIMITS? |
| | Maryland Cha | rles | <u>l n</u> | dianh | ead 101. ZIP CODE | | 10g. CITIZEN | 1) YES 2 ND |
| ERA | Post Office Bo | x 241 | | | 20646 | ó | USA | |
| BY FUNERAL | 11. MARITAL STATUS 1 Never Married 2X AMerried 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DATE | 2 ND | If yes, | ECENDENT OF NISPANI specify Cuben, Mexicar ES 2XXND Specify. | | or No- 14. | RACE — American Indian, Black, White, atc. Specify: Black |
| COMPLETED | 15, DECEDENT'S EDUC. (Specify only highest grade of | completed) | 16a. DECEDENT'S US (Give kind of wor life. Do NOT use | k done during i | | 16b. KINO OF BU | BINESS/INDUST | FRY |
| 1 | Elamentary/Secondery (0-12) 12th | College (1-4 or 5+) | Homem | aker | | Don | estic | |
| CO | 17. FATHER'S NAME (First, Middle, Last) | | | 71.00 | | ME (First, Middle, Maiden | | |
| BE | Theodore R. L | yles | 19b. MAILING A | DDRESS (Stree | | Elizabet Route Number, City or Tow | | |
| 2 | Pamela Temple | ton | Rte. | _ | | sgah. Ma | | |
| 12 | 209, METHOD OF DISPOSITION X | val from State | other place) | | cemetery, cremetory or | 20c. LO | | or Town, State |
| | 4 Donation 5 Other (Specify) | S | t Mary' | | h Ch Cen | | antow | n, Maryland |
| E | - 2 too | 0/10. | | A d | ams Fune | eral Home | • | |
| 200 | 23. PART I. Enter the diseases, or co | omplications that caused | the deeth. Do no | | | ad Aqua | | Approximate |
| De la | shock, or heart fellure. L IMMEDIATE CAUSE (Final | list Dnly Dne cause Dn es | ch line. | | , | | | Interval Between Onset and Death |
| E . | disease or condition resulting in death) | Card | CONSEQUENCE OF) | arri | | | | |
| 2 | | huss is | | re i | Cardi | mal | ky | |
| TIFICATION | Sequentially list conditions, if any, leading to immediate | DIE TO OH AS A | CONSEDUENCE OF) | | | | 8 | |
| E S | cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events | DUE TO (OR AS A | CONSEDUENCE OF) | ; | | | | |
| | resulting in death) LAST | | | _ | | | | |
| any Injury, o | PART II. Other significant conditions | s contributing to death be | ut not resulting in | the underly | /ing ceuse given in | Part I. 24a. WAS APPERFO | RMED? | 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| red, or them 23 shows any inju- | | | | | | _ | | 1 TES 2 NO |
| CIAN | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | 26 OTHER: | . PLACE OF DEATH (Ch | eck only one) | | |
| or Item | 1 TYES 2 NO | 1 Inpatient 2 ER/Outp | | 4 Numing h | iome 5 Residence | 6 Other (Specify) 28d, DESCRIBE HOW | IN ILIBA OCCITI | DEO. |
| | 1 Netural 5 Pending | (Month, Day, Year) | INJU | RY | WORK? | 20d. DESCRIBE NOW | INJUNI COCO | |
| Z8 IS | 2 Accident Investigation 3 Suicide 6 Could not be determined | 28a. PLACE OF INJURY building, atc. (Spec | | reet, factory, o | office | 28f. LOCATION (Street City or Yown, State | | Rural Route Number, |
| IMPORTANT: If Item 28 Is O BE COMPLETED | (Check only | CIAN: To the best of my know | | | | | | cause(s) end manner es stated. |
| E CO | 29b. SIGNATURE AND TITLE OF CERTIFIER | | | | 29c, LICENSE NUI | | | SIGNED (Month, Ony, Year) |
| S B | Janasio 7. | | , m-n | | D0254 | 18 | 1 3 | -9-91 |

ISS OF PERSON WHO COMPLETED CAUSE DF GEATH (ITEM 27) (Type, Print)

Garcia, M.D. La Plata, MD. Ignacio 20646

31. DATE FILED (Month, Day, Year)

P.O. BOX K I.a P
32. REGISTRAR'S SIGNATURE
Likia Davidson Pands



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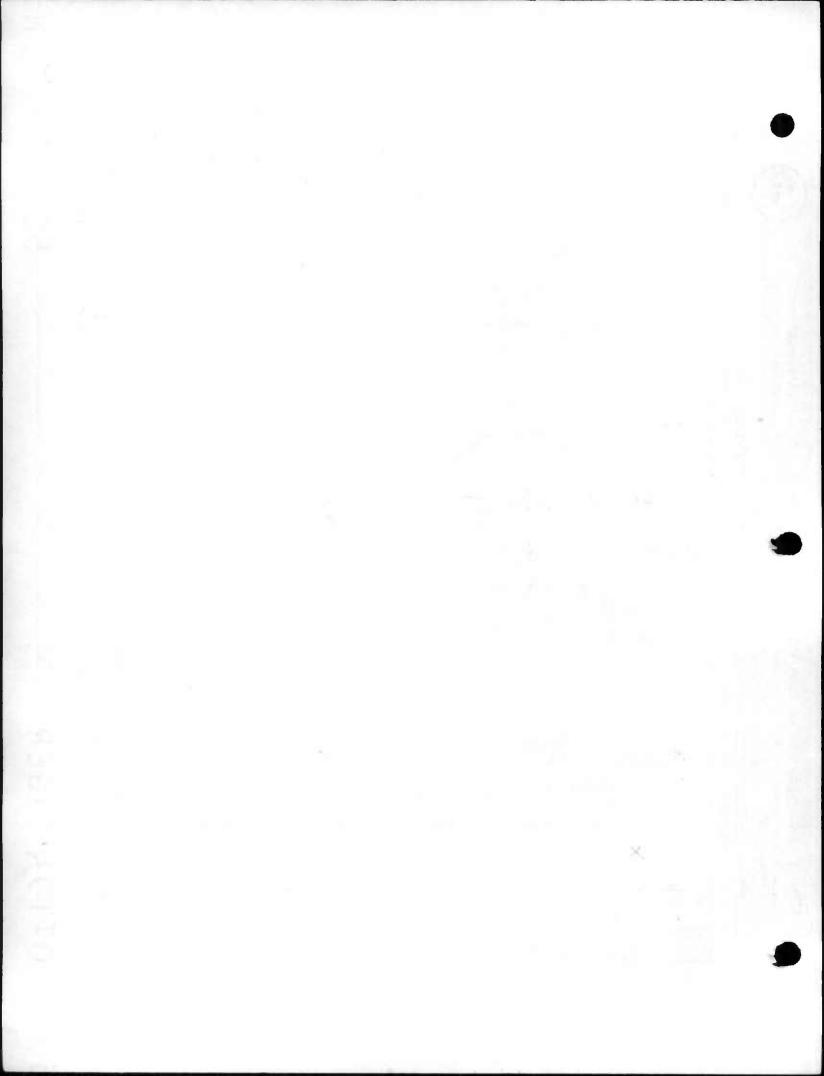
BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. ours after death. Page 6 may be retained by the hospital or attending physician.

| b 2 | DECEDENT'S NAME (First, Midd M ARY A. SOCIAL SECURITY NUMBER | | yd | | | | 2. DATE OF MONTH | DEATH DAY | 9/ | 3. TIME OF DEATH SHOAM | |
|---------------|--|---|--|--|-----------------------|---|--|-----------------------------------|--|--|--|
| | 338-46-9954 | 4 1□ M 2√XF | 6. AGE (In yrs. In 38 | YRS. IF U | NDER 1 YEAR DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF I (Month, De 6 - 5 | виятн ny. Year) — 52 | 8. BIRT Coun | HPLACE (State or Foreign try) Ill. | |
| TOR | 9a. FACILITY NAME (If not institution, give street and number) 5125 SVITIAND Rd. Apt. 403 9b. CITY, TOWN OR LOCATION OF DEATH SVITIAN d 9c. COUNTY OF DEATH P9 | | | | | | | | | | |
| DIRECTOR | | COUNTY P.G. | | 10c. CITY, TO | MN OR LOCA | | | | 10d. INSIDE CITY LIMITS? 1 □ YES 3₫∑NO | | |
| FUNERAL | 100. STREET AND NUMBER 5125 Suit | land Road, | ‡403 | | 10 | 1. ZIP CODE 20746 | | 10g. | CITIZEN OF | WHAT COUNTRY? | |
| B | 11. MARITAL STATUS 1 Never Merried 2 Never Merried 2 Never Merried 2 Never Merried 2 Never Merried 1 Never Merried 2 Never Merried 1 Never Merried 2 Never Merried 1 Never Mer | 12. WAS DECEDENT | EVER IN U.S. A | | If yes, s | CENDENT OF HISPAN beelfy Cuben, Mexica S 2XXXVO Specifi | n, Puerto Rica | | 14. RAC Blac Spec | E - American Indien, ck, White, etc. | |
| COMPLETED | (Specify only high Elementary/Secondary (0-12) | T'S EDUCATION est grade completed) Coffege (1-4 or 5 + 2 | | Give kind of work of the Do NOT use retire | lone during m ed.) | ON ost of working | 16b. KIP | Hospi | | | |
| COMP | 12 17. FATHER'S NAME (First, Middle, Dennis Mc | Last) | | D.1.1 | • | 16. MOTHER'S NA | | lle, Meiden Surner | | | |
| TO BE | 190. INFORMANT'S NAME (Type/Pri Matthew B | rint) | 1 | | | and Number or Rural 10a-10f | Route Number, | | e, Zip Code) | | |
| | 20a. METHOD OF DISPOSITION 1.X. Muriel 2 Cremetion 3 4 Donatton 6 Other (Spec | ☐ Removal from Stata | other | E OF DISPOSITION DISCO) | | etery | | 20c. LOCATIO | N - Chy or T | | |
| | 21. SIGNATURE OF FUNERAL SEF | TVICE-LICENSEE | | | 22, NAME A | ND ADDRESS OF FA | offacility Lee Funeral Home, Alexander Ferry Road Maryland 20735 | | | | |
| CERTIFICATION | Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | < c | DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): | | | | | | er. | | |
| MEDICAL | PART II. Other algorificant co | onditions contributing to | death but not | resulting in th | e underlyli | ng cause given in | | a. WAS AN AUTO PERFORMED? | | b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | |
| PHYSICIAN: | 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO | HOSPITAL: | ER/Outpatient | | HER: | PLACE OF DEATH (C) | | ipecify) | | | |
| ВУ РНУ | 27. MANNER OF OEATH 1 Natural 6 Pend 2 Accident Invest | 26a, DATE OF (Month, Di | | 26b. TIME OF INJURY | W | JURY AT ORK? YES 2 NO | 26d. OESCR | IBE HOW INJUR | Y OCCURED | | |
| 0 | 3 Suicide 6 Could 4 Homicide deter | d not ba building, building, | F INJURY — At etc. (Specify) | home, ferm, street | , factory, offi | ce | | ON (Street and No fown, State) | umber or Rura | Floute Number, | |
| COMPLETE | CONBOX DRIFY | EXAMINER: On the basis of an | | | | | | | | (a) and manner as stated. | |
| TO BE | 29b. SIGNATURE AND TITLE OF CHILDREN COM | hirt no | | | | 29c. LICENSE NU | | | | (Month, Day, Year) | |
| | 21. DATE FILED (Month, Day, Year) | itby MP | 955 R'S SIGNATURE | 6 CRA | in 1 | D1716 | Upper | MAR | boro | MD. 20772 | |
| | MAR 07 '91 | 0 - | n-Rando | 00. | | | | | | DHMH-16 Rev 1/8 | |



31. DATE FILED (Month, Day, Year)

MAR 1 8

91

| TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hospital or attending physician. | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
|---|--|--|--|
| ath. Pag | ineral di | | aminer |
| after de | by the fu | moval. | ical ex |
| SUPPORTS | filled in | in, or re | e med |
| within a | pletely | crematic | rent, th |
| xecuted | and con | panial, | natic en |
| ate be e | ysician | prior to | r traun |
| n certific | nding pl | Hygiene | or othe |
| the deat | the afte | Mental | njury, |
| es that | gned by | afth and | s any |
| w requin | been si | nt. of He | Show |
| The la | ate has | tate De | lem 2 |
| SICIAN | certific | the St | 1, or 1 |
| NG PHY | fter this | eath with | marke |
| 0 | A. | her d | 99 |
| VITE | 6 | S | 2 |
| IL OR ATTEN | L DIRECTO | 2 hours a | f Item 2 |
| HOSPITAL OR ATTEN | UNERAL DIRECTO | within 72 hours at | TANT: If Hem 28 |
| TO THE HOSPITAL OR ATTEN | TO THE FUNERAL DIRECTO | be filed within 72 hours at | IMPORTANT: If Item 28 |

| | | | | | | | | | | 1 | 07550 |
|--|---|--------------------------|--|-------------|-----------------------------|-----------|---------------------|--|-------------------|--------------|--|
| FOR STATE REGISTRAR | | STATE OF MA | | | | | ALTH AND | MENTAL HYG | | 1 | 01330 |
| 1. DECEDENT'S NAME (F | | 0 | | | | | | 2. DATE OF DEAT | TH DAY | YEAR | 3. TIME OF DEATH |
| LELA | m. | 130 U | UMAN | 7 | | | | 3 | 16 | 91 | 6157 |
| 4. SOCIAL SECURITY NO | | | 3. AGE (In yrs. les | | IF UNDER 1 | YEAR DAYS | IF UNDER 24 HRS. | 7. DATE OF BIRT | | 8. BIRTI | HPLACE (State or Foreign |
| 217-30-582 | | 1 🗆 M 2 🔀 F | 88 | YRS. | MONTHS | UM IS | HOURS MIN. | Dec. 2 | 0,1902 | Breat | thedsville, |
| 9a. FACILITY NAME (If no | | established and a second | | | 9b. CITY, T | TOWN OF | LOCATION OF D | | | UNTY OF E | |
| Clearvie | w Nursin | ig Home | | | Hag | ers | town | | | Washi | ington |
| Clearvie | 10b. COUNTY | | | 10c. CITY | , TOWN OR | LOCATI | ON | | | | 10d. INSIDE CITY |
| Maryland | Wash | nington | | BO | onsbo | ro | | | | | LIMITS? 1 YES 2 NO |
| | | ingcon | | 1_100 | OHSDO | | ZIP CODE | | 10g. CI | TIZEN OF | WHAT COUNTRY? |
| Rfd. 1 | | | | | | | 21713 | | | . s. | |
| 11. MARITAL STATUS | | 12. WAS DECEDENT 8 | EVER IN U.S. AR | MED | 13, W | _ | | NIC ORIGIN? (Speci | | 14. RAC | E — American Indian. |
| 1 Never Married 2 3 Widowed 4 1 | | FORCES? 1 [| YES 2 N | 10 | 11 1 | yes, spe | | an, Puarto Rican, et | | Blac | ok, Whita, atc. ohy: White |
| 15. I | ECEDENT'S EDUCATION Only highest grade co | TION | 16a. DE | CEDENT'S | USUAL OCC | UPATIO | ٧ | 18b, KIND O | F BUSINESS/II | NDUSTRY | |
| 15. I (Specify Elementary/Secondar 8 | | Collage (1-4 or 5+) | life. | Do NOT use | vork done du e retired.) | ing mos | or wonang | | | | |
| 8 | | | Ho | memal | ker | | | 07 | wn Home | e | |
| 17. FATHER'S NAME (First | , Middle, Last) | | | | | | 16. MOTHER'S NA | ME (First, Middle, M | alden Surname) | | |
| Thomas S | tatton S | Stockslage | er | | | | Jennie | e C. Jone | es | | |
| 19a. INFORMANT'S NAM | (Type/Print) | | 191 | b. MAILING | ADORESS (| Street an | d Number or Rural | Route Number, City of | or Town, State, 2 | Zip Code) | |
| Lucille | Murray | | 200 | P. 0 | Box | 94 | A. Fair | olav. Mai | cyland | 217 | 733 |
| 20a, METHOD OF DISPO | BITION ation 3 - Ramov | al from State | 20b. PLACE other pla | | | | etery, crematory or | | c. LOCATION - | | |
| 4 Donation 5 0 | her (Specify) | | Ste | lark's | | | oal Ceme | | appans | s, Mo | l |
| 21. SIGNATURE OF FUNE | | See ST 1 | 15.0 | | | | ADDRESS OF FA | 76 | 506 Box | nsh | oro Pike |
| ▶ John | H. Bas | DE'S ST | o dest | X | BA | ST 1 | FUNERAL | TTORATE | | | Maryland 21 |
| 23. PART i. Enter the | diseases, or co | mplications thet | caused tha de | ah. Do n | ot enter ti | he mod | e of dying, suc | | | | Approximate |
| shock, o | | ist Dnly Dne ceuse | on each line | . 4 | | | | | | | Interval Between |
| disesse or condition | | CI | 0 4 4 4 4 | 2 4 6 | 0 | 20 A | ·2 C | fevor | 0.0 | 7 | |
| resulting in deeth) | F . 8., | OUE TO (O | OR AS A CONSE | QUENCE OF | 7: | 0 | 21, | Johan | | TO A | yeans |
| | - h | | | | | | | | | | |
| Sequentielly list con if any, leading to im | | DUE TO (O | R AS A CONSEC | QUENCE OF | F): | | | | | | |
| CAUSE (Disease or | | | | | | | | | | | |
| Sequentielly list con if any, leading to im- cause. Enter UNDER CAUSE (Disease or I that Initiated events resulting in death) L | | OUE TO (O | R AS A CONSEC | DUENCE OF | 7): | | | | | | |
| Teaditing in death) L | d. | | | | | | | | | | |
| DART II Other simil | lcant conditions | contributing to d | eath but not r | esuiting i | n the und | eriying | cause given in | Part i. 24a. W | AS AN AUTOPS | Y 241 | b. WERE AUTOPSY FINDING |
| Ol | d Qe | to De | mi | 1000 | gia | | | | RFORMED? | | AVAILABLE PRIOR TO COMPLETION OF CAUSE |
| | | 0 | | | 9 | | | ''' | ES 2 NO | | OF DEATH? |
| | | | | | | | | _ | | | 1 YES 2 NO |
| 25. WAS CASE REFERRE | TO MEDICAL | | | | | 26. PL | ACE OF DEATH (C) | heck only one) | | | |
| EXAMINER? | | HOSPITAL: | FB/Outpetient 3 | [] DOA | OTHER | | | | | | |
| 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH | | 28a. DATE OF IN | JURY | 26b. TiME | E OF 2 | 8c. INJU | | 6 Other (Specification of the Control of the Contro | | CCURED | |
| | Pending | (Month, Day, | | INJ | URY | WOF | | | | | |
| 2 Accident 3 Suicide | Investigation | 28a. PLACE OF | | me, farm, s | street, factor | | | 26f. LOCATION (S | Street and Numb | per or Rural | Route Number. |
| 4 Homicide | Could not be determined | building, at | | - 11111 | | | | City or Town, | | | |
| 4 Homicide 29a. CERTIFIER (Check only one) 2 h | EDTIEVING BUVE: | ANI To the to the | | | | | | | | | |
| (Check only one) 2 N | | AN: To the best of m | | | | | | | | | (a) and menner as stated. |
| | | Usane or exer | The second secon | veriyetto | it my opi | | | | | | |
| 29b. SIGNATURE AND TI | O QI | 10- | aha | 201 | 13, | | 29c. LICENSE NU | area. | 29d. D | ATE SIGNE | D (Month, Day, Year) |
| 30. NAME AND ADDRESS | OF BERCON WAY | COMPLETE | 1)110 | LL M | Out of | | 100 | 606 | | 2/1 | 0141 |
| IS JU. TIAME AND MUNES! | OF FERSUR WHO | NAME LE LEU CAUSE | THE THEATH CITE | = 2/1 (h/ne | ernati | | | | | | |

22. REGISTRAR'S SIGNATURE

Julia Davidson-Randale

HAGERSTOWY

I tail Howling

| TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 🗻 rours after death. Page 6 may be retained by the hospital or attending | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the | | |
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| or afte | use | | |
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| lay be | page | | be |
| Б 6 п | ector. | | MES . |
| Pag | ral dir | | iner |
| death | fune | | Вхаш |
| after | by the | MOVE | 63 |
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| 124 | ly file | ATTON! | the the |
| withi | nplete | Crem | vent, |
| curted | DO 0 | E S | lic e |
| e exe | an an | 00 | mm g |
| ate b | TySician . | bulo | en r |
| ertific | ing p | Joen C | othe |
| ath c | thend | 120 | 1, 00 |
| the de | the | Men | Inlun |
| that | ed by | th an | ашу |
| quires | n sign | Hea | SMO |
| an MB | s bee | apt. o | 3 sh |
| 1 | ite ha | ate D | em . |
| CIAN | Printe | the St | 07 |
| HYSK | his ce | with 1 | ked, |
| ING P | After t | leath | mar |
| TEND | OR: | ffer d | 28 18 |
| JR AT | IRECT | be filed within 72 hours after death with the State Dept, of Health and Mental Hyghene prior to burial, cremation, or removal. | IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
| TAL | WIL D | 2 | HH |
| 40SP | TUNE | within | ANT |
| HE | THE | filed v | PORTI |
| 2 | 2 | 8 | Ξ |

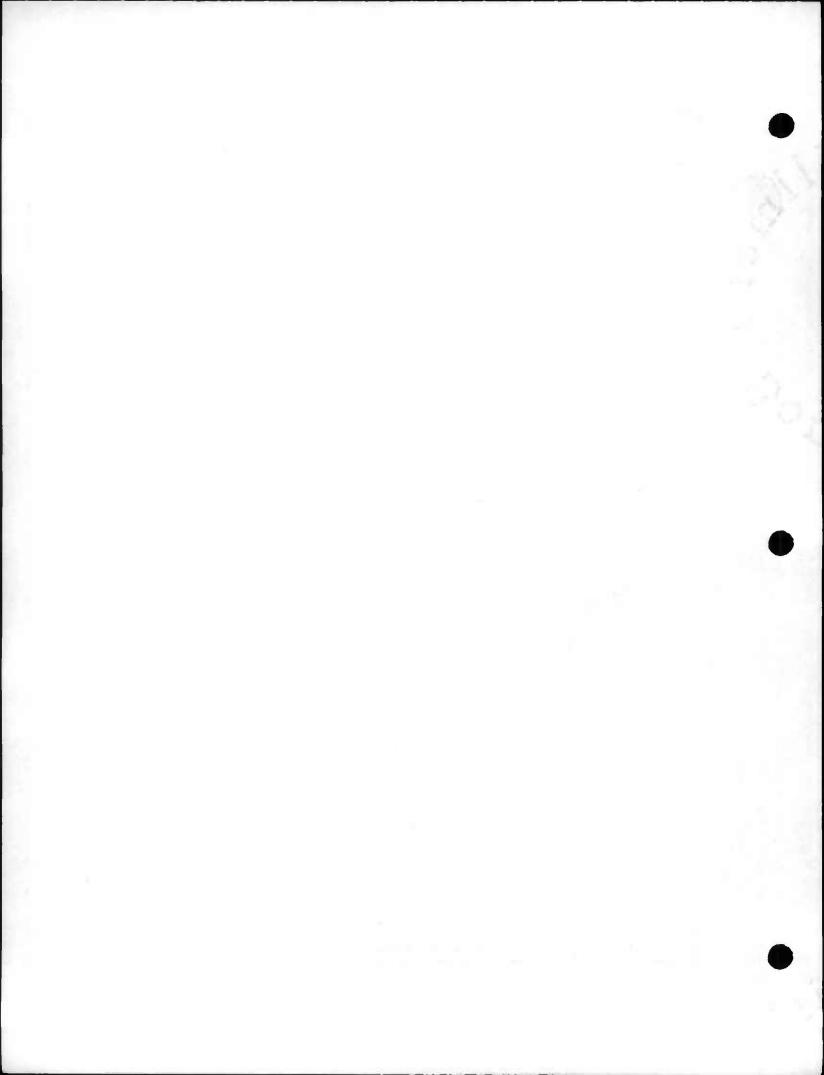
ugler

31. DATE FILED (Month, Day, Year) 91

MD Geeting Lo 32. REGISTRAR'S SIGNATURE Juna Dandson-Mandary

| | | | | | | | | 9 | | 7551 |
|--------------------|--|---|-----------------------|--|-------------------|----------------|--|----------------|--------------------------------|---|
| | FOR STATE REGISTRAR | STATE OF MARYL | AND / DEPA CERTII | RTMENT OF | F HEALTH | AND MEN | NTAL HYGIEN REG. NO. | E | | |
| | 1. DECEDENT'S NAME (First, Middle, Last) | Lucy ch Ki) Ja | ane | BUT | СНКО | | DATE OF OEATH | Y, YE | 3. T | TIME OF DEATH |
| | LUCY. J. 13 | | | | | 3/12 | 191 | | 3.52 AM | |
| | 4. SOCIAL SECURITY NUMBER | | in yrs. last birthday | | EAR IF UNDER | 24 HRS. 7. (| Month, Day, Year) | | BIRTHPLAC Country) | CE (State or Foreign |
| | 200-10-5880 | 1 M 2 (3.P) | 79 YRS. | | | | une 8,19 | | | ylvania |
| NG. | • Washington County | | b. city, to | MAN OR LOCATIO | ON OF DEATH | MD | be county Was | | 1 h / | |
| DIRECTOR | RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY | 10c. C | ITY, TOWN OR I | OCATION | | 7 | | 100 | I. INSIDE CITY | |
| 5 | Maryland Washi | ngton | h | lilliam | sport | | | | 1 [| YES 2 X NO |
| A | 10e. STREET AND NUMBER | | | | 10f. ZIP CODE | | | 10g. CITIZEN | | COUNTRY? |
| E | 338 S.Artizan St. | Ext. | | _ | 2179 | 95 | | U: | SA | |
| BY FUNERAL | 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced | 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA | 2 XNO | the first of the f | | | | | Black, Wh Specify: White | American Indian, hite, etc. |
| ED | 15. DECEDENT'S EDUC | CATION | 16a. DECEOENT | 'S USUAL OCCL | IPATION | | 16b, KIND OF BUS | | | |
| COMPLETE | (Specify only highest grade Elementary/Secondary (0-12) | | (Give kind o | f work done duri use retired.) | ng most of workin | 9 | Hom | | | |
| OM | 17. FATHER'S NAME (First, Middle, Last) | | | | 18. MOTI- | HER'S NAME (| First, Middle, Maiden | Surname) | | |
| ш | James | Elliott | Kauff | | | orence | | | ellot | tt |
| TO B | 19a. INFORMANT'S NAME (Type/Print) | | | | | | Number, City or Tow | | | |
| - | David Butchko 338 S.Artizan St.Ext. Williamsport, MD21795 | | | | | | | | | |
| | 20a. METHDD OF DISPOSITION 1 XI Burliel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Green awn Memorial Park 20c. LOCATION — City or Town, State Williamsport, MD 21795 | | | | | | | | | |
| | 22 NAME AND ADDRESS OF FACILITY OSBORNE FUNERAL HOMES P.O.Box # 348 Williamsport, MD 21795 | | | | | | | | 795 | |
| | 23. PART I. Eduir the diseases, or of the city, or heart failure. | complications that cause List only one cause on e | | not enter th | a moda of dyl | ing, such as | cardlec or reep | iretory arrest | | Approximate interval Batween |
| | IMMEDIATE CAUSE (Final disease or condition | of | 8.4 | his or | rosthe | c.'s | | | 3-4 uks | |
| | Sequentially list conditions. a. ABSCESS & CULT PIPO PROVINCES. DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions. A. Sequentially list conditions. | | | | | | | | | |
| N | Sequentially list conditions, | · Devin | ends/ag | Khau | moloid | Arth | vitis , Ser | o positio | بمر | |
| ATI | due to (or as a consequence): If any, leading to immediate cause. Enter UNDERLYING | | | | | | | | | |
| 일 | CAUSE (Disease or injury that initiated events | se or injury Con as a consequence of | | | | | | | | |
| CERTIFICATION | resulting in death) LAST | 4 | | | | | | | | |
| S | | | | 1 11 - 1 | | | | | | |
| AL | PART II. Other algnificant condition | 7-1+ | - | g in the unde | mying cause | given in rar | t f. 24a. WAS AP PERFO | | AM | RE AUTOPSY FINDINGS AILABLE PRIOR TO MIPLETION OF CAUSE |
| ă | 1 to | En phemon | Ist- | | | | 1 TYES | 2 NO | OF | OEATH? |
| × | 1 YES 2 NO | | | | | | | | YES 2 NO | |
| A | 25. WAS CASE REFERRED TO MEDICAL | Congestion hear | of Jarlen | ~ | 26. PLACE OF 0 | DEATH (Check | only one) | | | |
| SIC | EXAMINER? | HOSPITAL: | petient 3 DO | OTHER: | g Home 5 □ Re | | | | | |
| PHYSICIAN: MEDICAL | 27. MANNER OF DEATH | 25a. DATE OF INJURY | 26b. | TIME OF 2 | Bc. INJURY AT | | d. OESCRIBE HOW | INJURY OCCUP | REO | |
| ВУ Р | 1 Natural 5 Pending | (Month, Day, Year) | | INJURY M | WORK? | □ NO | | | | |
| ED B | 2 Accident investigation 3 Suicide 5 Could not be 4 Homicide determined | 28e. PLACE OF INJURY building, etc. (Spe | | n, street, factor | y, office | 25 | I. LOCATION (Street City or Town, State | and Number or | Rural Route | e Number, |
| ETE | - Walter 100 miles | | | | | | | | | |
| COMPLET | cont orny | ICIAN: To the best of my know | | | | | | | | |
| SON | 2 MEDICAL EXAMINE | ER: On the basis of examination | on and/or investig | ation, in my opi | nion, death occu | red at the tim | e, data and place, a | ind due to the | ause(s) ar | nd manner as stated. |
| BE (| 29b. SIGNATURE AND TITLE OF CERTIFIE | RY L | 1 | 7h. | 29c. LIC | 265 | , | 29d. DATE II | HOHED (M | onth, Day, Year) |
| 0 | 30. NAME AND ADDRESS OF PERSON WI | O COMPLETED CAUSE OF B | EATH STEM DE C | 17) | 10 | 200 | 11 | 1 3/ | 12/9 | / |

Lane



BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

12

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1 - STATE REGISTRAR | | CERTIFI | CATE C | F DEATH | D INEITING | REG. NO. | | | |
|--|---|---|------------------------------|---|--------------------|-------------------------------|-------------------------|---|-------------------|
| 1. DECEDENT'S NAME (First, Middle, Last) | | | ./ | | 2. DATE OF | | | 3. TIME OF DE | EATH |
| CHRISTOPHER HENRY Be | | tiemann | | MONTH | 3 4 | 1991 | 090 | 5 " | |
| 4. SOCIAL SECURITY NUMBER | 5. SEX 6. AGE | (In yrs. lest birthday) | IF UNDER 1 YEA | | s. 7. DATE OF | BIRTH | | HPLACE (State or | Foreign |
| 089-01-55/2 | 1 M 2 🗆 F | 78 YRS. | MONTHS DAY | | MAY | 12,19 | | YORK | |
| PENINSULA GENERAL | | | SALI | VN OR LOCATION O SBURY | F DEATH | | 9c. COUNTY OF WICOMI | CO | |
| RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY | (| 10c. CITY | TOWN OR LO | CATION | | | | 10d. INSIDE C | ITY |
| | OMICO | | LISBUE | | | | | LIMITS? | |
| 10s, STREET AND NUMBER | 31100 | J JA | TISPOI | 101. ZIP CODE | | | 10g. CITIZEN OF | WHAT COUNTRY | |
| 1000 BEAGLIN PARI | | | | 2180 | | | US | A | |
| 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced | 12. WAS DECEDENT EVER FORCES? 1 (X) YES IF YES, GIVE WAR OR ARMY | | If yes | DECENDENT OF HIS , specify Cuban, Me YES 2 XNO Sp | xican, Puerto Ric | | Bie | CE — American II ck, Whita, etc. icity: WHIT | 1000 |
| 15. DECEDENT'S EDUI (Specify only highest grade | CATION | 16a. DECEDENT'S | USUAL OCCUP | ATION | 16b. K | IND OF BUS | BINESS/INDUSTRY | ****** | |
| Elementery/Secondary (0-12) | College (1-4 or 5+) | Me. Do NOT use | ork done during retired.) | most of working | | | | | |
| 12 YEARS | 3 YEARS | SHIPP | ING | | | FRE | IGHT | | |
| 17. FATHER'S NAME (First, Middle, Last) | | | | 18. MOTHER'S | NAME (First, Mid | die, Maiden | Surname) | | |
| JOHN CHRIS | TOPHER B | ETJEMANN | | MINNA | 1 (| unk) | LAM | KE | |
| 19a. INFORMANT'S NAME (Type/Print) | | 19b. MAILING | ADDRESS (Str | eet and Number or R | ural Route Number, | City or Town | n, State, Zip Code) | | |
| NORINE L. BETJEM | | 1000 | BEAGL1 | IN PARK I | OR, APT. | 204, | SALISBU | RY, MD | 2180 |
| 20a. METHOD OF DISPOSITION 3 / 1 Disposition 2 Cremetion 3 Ram | 5/9 oval from Stata | SALISBURY | CREMA | f cemetery, cremetory ATORY | or | | CATION — City or T | | |
| 21. SIGNATURE OF FUNEBAL SERVICE LIC | ENSER! | | | E AND ADDRESS O | | | | | |
| + Heten | 1/10// | ./ | | OWAY FUN | | | | 21801 | |
| 23. PART I. Enter the diseasee, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) | a. DUE TO (OR AS | A CONSEQUÊNCE OF | 18 p (182 | -Va | | 1 | | | Between end Desth |
| Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST | с | A CONSEQUENCE OF | 1 | ach | l, de | | | Alleha | y CV |
| PART II. Other significant condition 45 h 5 h 5 h 5 h De Section | Male ofou | but not resulting in the control of | n the under | lying ceuse give | | 4a. WAS AN PERFOR | MED? | AWILABLE PRI COMPLETION O OF DEATH? | OF CAUSE |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOOPITAL | | | 6. PLACE OF DEATH | (Check only one) | | | | |
| 1 YES 2 NO | HOSPITAL: 1 E-Impatient 2 - ER/Ou | tpatient 3 🗆 DOA | OTHER: 4 - Nursing | Home 5 - Reside | nce 6 🗆 Other (| Specify) | | | |
| 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation | 28a. DATE OF INJURY (Month, Day, Year) | | URY | . INJURY AT WORK? | | RIBE HOW I | NJURY OCCURED | | |
| 2 Accident 3 Suicide 6 Could not be 4 Homicide determined | 28e. PLACE OF INJUI building, etc. (Sp | RY — At home, farm, e lecify) | treet, factory, | offica | | ION (Street i Town, State) | and Number or Rura | il Route Number, | |
| one) 2 MEDICAL EXAMINE | ICIAN: To the best of my knotes. On the basis of axaminet | | | | t the time, date a | | d dua to the cause | e(e) and manner a | |
| 30. NAME AND ADDRESS OF PERSON WH | | DEATH (ITEM 27) (Type, | Print) | Plan | ey in | | > | 1 | (|
| 31. DATE FILED (Month, Day, Year) | 32. REGISTRAR'S SIG | ENATURE | 1 | | 1 | - | | | |
| JMAR 06'91 | Lika Davidson | | | | 1 | | | | |

| (| | Populated which |
|--------------------------------|--|---|
| BALTIMORE, MARYLAND 21203-3146 | fler death. Page 6 may be retained by the hospital or attending physician. | r the funeral director, page 5 should be detached for use as the burial-transit permit. Pages and oval. |
| BALT | fler death. | the funera |

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the thosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

| | DOROTHY B. | BANGHAR | m. | | | | | ZEAR O. O.E. TO H | | | | |
|---------------|--|---|--|------------------------------|--|-----------------|-------------------------------|---|--|--|--|--|
| | 4. SOCIAL SECURITY NUMBER 5 | IF UNDER 24 HRS. 7. | DATE OF BIRTH | | 1 8:05 P M BIRTHPLACE (State or Foreign | | | | | | | |
| DIRECTOR | 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLI Country) MD 1 M 2 F YRS. 7. DATE OF BIRTH (Month, Day, Year) 3/14/16 8. BIRTHPLI Country) MD | | | | | | | Country) | | | | |
| | 9s. FACILITY NAME (If not institution, give stree | t and number) | 9 | b. CITY, TOWN O | TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH | | | | | | | |
| | 27594 Wakef | on | | Tall | oot | | | | | | | |
| | RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY | | 10c, CITY, 1 | OWN OR LOCAT | IDN | | | 10d. INSIDE CITY | | | | |
| E | MD Talbot East | | | | | | | LIMITS? | | | | |
| | 10e. STREET AND NUMBER | | | | ZIP CODE | 10g. CITIZE | 10g. CITIZEN OF WHAT COUNTRY? | | | | | |
| ER | 404 Trippe Avenue | | | | 21601 | US | SA | | | | | |
| BY FUNERAL | 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO IF YES, GIVE WAR OR DATES | | | 13. WAS DEC | I. RACE — American Indien, Block, White, etc. Specify: White | | | | | | | |
| | 15. DECEDENT'S EDUCAT | | 16a. OECEDENT'S US | UAL OCCUPATIO | N . | MILLE | | | | | | |
| E | (Specify only highest grade co. Elementary/Secondary (0-12) | mpleted) College (1-4 or 5+) | (Give kind of wor life. Do NOT use r | k done during mo etired.) | st of worlding | | | | | | | |
| COMPLETED | 11 | 2 | Interv | viewer | | Employ | | Svc. | | | | |
| | 17. FATHER'S NAME (First, Middle, Last) | | | | 18. MOTHER'S NAME | | | 1-1 | | | | |
| BE | Frederick Rola 198. INFORMANT'S NAME (Type/Print) | ind Bartle | | 200000 | | | | dsborough | | | | |
| 2 | Frederick B. R | | 604 V | Vindmi | 11 Rd. | Easto | | 21601 | | | | |
| | 20a. METHOD OF DISPOSITION 1 □ Buriel 2 □XCremetion 3 □ Remove 4 □ Donation 5 □ Other (Specify) | ol from State | other place) astern | | etown, State | | | | | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICEN | ISEE | astern | 22. NAME AN | ID ADDRESS OF FACILI | TY | | ecowit, DE | | | | |
| | ME Devoter (FSP Newnam Funeral Home 200 S. Harrison Street Easton, M | | | | | | | Easton, MD | | | | |
| | 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximats | | | | | | | | | | | |
| | IMMEDIATE CAUSE (Finel | | | | | | | | | | | |
| | disease or condition resulting in death) | DIE TO OR AS A | CONSEQUENCE OF | ocar | diel 4 | you ch | in | | | | | |
| - | DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | |
| CERTIFICATION | Sequentially list conditions, If any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | |
| 2 | 5 CAUSE (Disease or injury c. anterio Scleratic Cardiorisular | | | | | | | 7 | | | | |
| | that initiated events Dobe TO (OR AS A CONSEQUENCE OF): resulting in death) LAST | | | | | | | | | | | |
| B | a. Cistal | | | | | | | | | | | |
| | | | | | | | | 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO | | | | |
| MEDICAL | Hyper Teuro | | 1 TYES | 2 00 | COMPLETION OF CAUSE OF DEATH? | | | | | | | |
| . ME | 1 TES 2 NO | | | | | | | | | | | |
| AN | 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) | | | | | | | | | | | |
| SIC | | IOSPITAL: | | THER: | e 5 □ Residence | 1 | NIMLE ! | D. P. Parles | | | | |
| PHYSICIAN | 27. MANNER OF DEATH | 28a. DATE OF INJURY (Month, Day, Year) | 28b. TIME (| OF 28c. INJ | | d. DESCRIBE HOW | S 44 | RED | | | | |
| BYF | 1 Natural 5 Pending 2 Accident Investigation | (Indian, Day, 102) | | | res 2 NO | | | | | | | |
| | 3 Sulcide 6 Could not be determined City or Town, State) 269. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 269. LOCATION (Street end Number or Rural Route Number, City or Town, State) | | | | | | | Rural Route Number, | | | | |
| | 290. CERTIFIER | AN: To the best of my know | ledge death converse | at the time date | and place, and due to | the country and | anner pe etet d | | | | | |
| COMPLETED | | | | | | | | cause(s) and manner as stated. | | | | |
| | | | | | | | | BIGNED (Month, Day, Year) | | | | |
| 2 | 20 NAME AND ADDRESS OF SERVICE | very | THE OWNER OF THE OWNER OWNER OF THE OWNER OW | | MD, 24 | 02428 | | | | | | |
| | | | | | The state of the s | | | | | | | |
| | Albert T. Dawkins, Jr., M.D. 508 Idlewild Ave. Easton, MD 21601 | | | | | | | | | | | |
| | 31. DATE FILED (Morning Phy. (bar)) 1 | | | | EWIIU AV | e. Las | scon, | MD 21601 | | | | |

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3. TIME OF DEATH

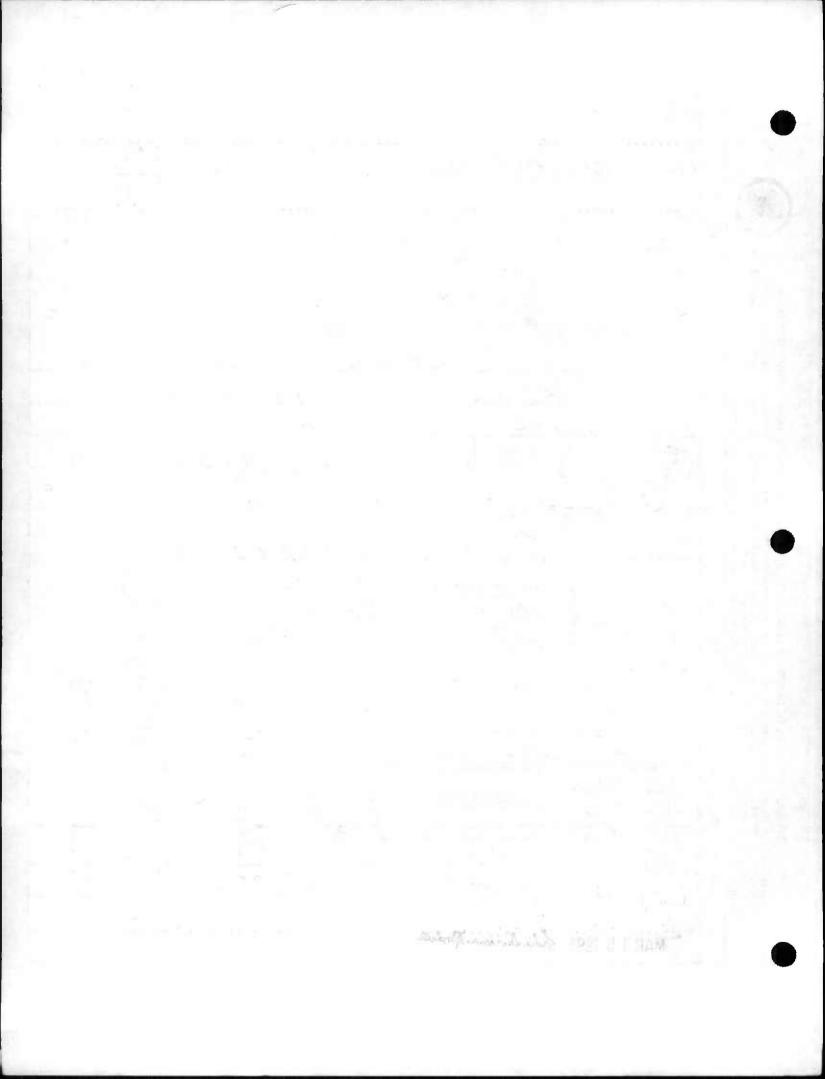
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| | 4. SOCIAL SECURITY NUMBER | 5. SEX 6. AGE | | IF UNDER 1 YEAR IONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Month, Dey. Year) | 8. BIRTHPL Country) | ACE (State or Foreign | |
|---|---|--|---|-------------------------------------|---|--|------------------------|---|--|
| | 9a. FACILITY NAME (If not institution, give s | treet and number) | 0.2 | 96. CITY, TOWN OR LOCATION OF DEATH | | | 9c. COUNTY OF DEATH | | |
| D P P | NORTH ARUNDEL H | OSPITAL ASSO | OCIATION | GLEN | BURNIE | | A.A. COUNTY | | |
| DIRECTOR | 10a. STATE 10b. COUNT | . A . | 10c. CITY, | TOWN OR LOCAT | K . | | | Od. INSIDE CITY LIMITS? YES 2 NO | |
| FUNERAL | 100. STREET AND NUMBER 257 Baske | rsulle c | T. | 101 | ZIP CODE | 16 | 10g. CITIZEN OF WH | AT COUNTRY? | |
| BY FUN | 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES SO IF YES, GIVE WAR OR DATES | | | If yes, sp | ENDENT OF HISPAR ecity Cuban, Maxica 2 NO Specifi | s or No— 14. RACE — American Indian, Black, While, etc. Specify: | | | |
| PLETED | 16. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) | | 16a. DECEDENT'S U (Give kind of wo life. Do NOT use | rk done durina ma | DN ast of working | 16b. KIND OF BUS | SINESS/INDUSTRY | tors | |
| d at once. | 17. FATHER'S NAME (First, Middle, Last) | 17. FATHER'S NAME (First, Middle, Last) Behary 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Theresa Kohrt | | | | | | | |
| TO BE | Ruse Wurst | ner ' | 196. MAILING A | DORESS (Street of | and Number or Rural | Route Number, City or Town | n, State, Zip Code) | | |
| must be | 20e. METHOD OF DISPOSITION 1 Description 1 Donation | Db. PLACE AND DATE | | (Name | 3/15 B | CATION - City or Town | , State | |
| examiner must be notified at | 21. SIGNATURE OF FUNERAL SERVICE LI | CENSEE | I MANY 2 | | ND ADDRESS OF FA | cursev. F | C.MO | 21146 | |
| or removal. | 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate | | | | | | | | |
| Mental Hygiene prior to burial, cremation, or removal. L CERTIFICATION | ahock, or heart failure. List only one cause on each line. iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | |
| nows any Injur MEDICAL | PART II. Other significant condition | a Kodoni | buy not resulting in | the underlyin | g cause glyen in | Part I. 24a, was AN PERFOR | MED? | VERE AUTOPSY PINDINGS MALABLE PINDIN TO COMPLETION OF CAUSE OF DEATH? YES 3 NO | |
| 8 8 8 | 25. WAS CASE REFERRED DO MEDICAL EXAMINER? | нозепас: | | 26. P | LACE OF DEATH (C) | neck only onej | | | |
| 을하는 | 1 VES 2 S-NO 27. MANNER OF DEATH 1 Matural 5 Pending | 28s. DATE OF BLJURY | titlent 2 SR/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Dother (Specify) DATE OF BLACRY (Month, Day, Year) 28b. TIME OF 18LURY AT WORK? 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED | | | | | | |
| ifter death with 28 is marked, ED BY PH | 2 Accident Investigation 3 Suicide a Could not be building, etc. (Specify) 4 Homicide distrinsed distrinsed | | | | | | | ute Mumber | |
| fled within 72 hours after death PORTANT: If Item 28 is mar BE COMPLETED BY | 29s. CERTIFIER [Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. | | | | | | | | |
| | 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) | | | | | | | Month, Day, Year) | |
| a € 0 | JORGE M. RAMIR | EZ. M D /784 | 5 OAKWOOD | | 205/GLEN | BURNIE, M | D. 21061 | | |
| | 31. MAR 1 5 1991 | gi de Diminis sia | ACHREDZ | | | | | DHMH-16 Rev 1/ | |



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|--|---|--|---|---|----------------|---|--|--|
| FOR 1 - STATE REGISTRAR | | | MENT OF HEALTH AND CATE OF DEATH | MENTAL HYGIEN REG. NO | | | | |
| 1. DECEDENT'S NAME (First, Middle, Last) | | 4 | | 2. DATE OF DEATH | | 3. TIME OF DEATH | | |
| Henry t | h Bo55 | le | | 4 - | | 1/ 11:20 | | |
| 4. SOCIAL SECURITY NUMBER | 5. SEX 8. AGE (In yrs. le | | IF UNDER 1 YEAR IF UNDER 24 HRS. | 7. DATE OF BIRTH (Month, Day, Year) | | BIRTHPLACE (State or Foreign Country) | | |
| 216 05 3271 | 1 3 M 2 □ F 87 | YRS. | | Dec 12 1 | | Maryland | | |
| 9e. FACILITY NAME (If not institution, give str | con exchange. | - 1 | 9b. CITY, TOWN OR LOCATION OF E | DEATH | 9c. COUNTY | | | |
| Anne Arunde | l Medical Ct | | Annapolis | | Anne | Arundel | | |
| Anne Arunde RESIDENCE OF DECEDENT 106. STATE Md. Anne | | | 10d. INSIDE CITY LIMITS? 1 YES 2 NO | | | | | |
| 100. STREET AND NUMBER 184 Defense 11. MARITAL STATUS 1 Nover Married 2 Merried | Highway | | 101. ZIP CODE 21401 | | U a S | OF WHAT COUNTRY? | | |
| 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER IN U.S. A FORCES? 11 YES 2 IF YES, GIVE WAR OR DATES | | 13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Mexic 1 YES 21 NO Speci | an, Puerto Rican, etc.) | a or No — 14 | . RACE — American Indien, Black, White pro Specify: | | |
| 15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 8 17. FATHER'S NAME (First, Middle, Last) | CATION 16a. D completed) (1-4 or 8 +) | ECEDENT'S L Give kind of wi fe. Do NOT use | ISUAL OCCUPATION ork done during most of working retired.) | 16b. KIND OF BU | ISINESS/INDUS | TRY | | |
| 8 | (2) (2) (3) (4) (4) (4) (4) (4) | ater | Department | City | Gover | ment | | |
| 17. FATHER'S NAME (First, Middle, Last) | | | | AME (First, Middle, Maider | | | | |
| George | Bossle | | Eya | | ngast | | | |
| 19a. INFORMANT'S NAME (Typo/Print) Carolyn Cockey | | | ADDRESS (Street and Number or Rura Miller Rd. | | | | | |
| 20e. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Remo | of cemetal | ry crematory o | of Disposition (Name or other place) tan Cremator | | | y or Town, Stata | | |
| As SIGNATURE OF FURERAL SERVICE LICE | | | Taylor Fune Annapolis, | ACH ITY | | | | |
| 23. PART i. Enter the diseases, one ahock, or heart fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) | List only one cause on each iii | ne. | | | piratory arres | t, Approximata interval Betwee Onset and Dea | | |
| Sequentially liet conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST | DUE TO (OR AS ALCONS | | Avrest Reptic Ula | | | | | |
| DART II On a standing of the standard | | t reaulting in | n the underlying cause given i | n Part i. 24a. WAS A PERFC | RMED? | 24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YO 27. MANNER OF DEATH | | | 28 DI 105 OF DE 111 | | , | 1 TES 2 NO | | |
| EXAMINER? | HOSPITAL: | 2 🗆 🖂 | 28. PLACE OF DEATH (I | | | | | |
| | | | | | | | | |
| 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined | 28e. PLACE OF INJURY — At building, etc. (Specify) | home, farm, s | | 28f. LOCATION (Stree City or Town, State | | Rural Route Number, | | |
| onel only | CIAN: To the best of my knowledge, | | | | | | | |
| 29b. SIGNATURE AND TITLE OF CERTIFIER | | | 29c. LICENSE N | | | BIGNED (Month, Day, Year) | | |

| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YOO | HOSPITAL: 1 Unpatient 2 - ER/Outpatient | 28. PLACE OF DEATH (Check only one) OSPITAL: OTHER: 4 Nursing Home 5 Residence 8 Other (Specify) | | | | | | | |
|--|--|---|----------------------------------|---|--|--|--|--|--|
| 27. MANNER OF DEATH 1 Return 5 Pending 2 Accident Investigation | 28e. DATE OF INJURY (Month, Day, Year) | 28b. TIME OF INJURY | 28c. INJURY AT WORK? 1 YES 2 NO | 28d. DESCRIBE HOW INJURY OCCURED | | | | | |
| 3 Suicide 8 Could not be 4 Homicide determined | 28e. PLACE OF INJURY — At h building, etc. (Specify) | ome, farm, street | , factory, office | 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | | | | |

| 29e. CERTIFIER | 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner as stated. |
|----------------|---|
| (Check only | The County line Principle. To the best of thy knowledge, death occurred at the time, date and piece, and due to the cause(e) and mention as stated. |
| onel | |

| AD' SIGNATOHE WAD THEE O | F CERTIFIER | |
|--------------------------|----------------------------|----------------------------------|
| TANA | Milla | Mo |
| | | |
| O. NAME AND ADDRESS OF F | PERSON WHO COMPLETED CAUSE | OF DEATH (ITEM 27) (Type, Print, |

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DHMH-16 Rev 1/89

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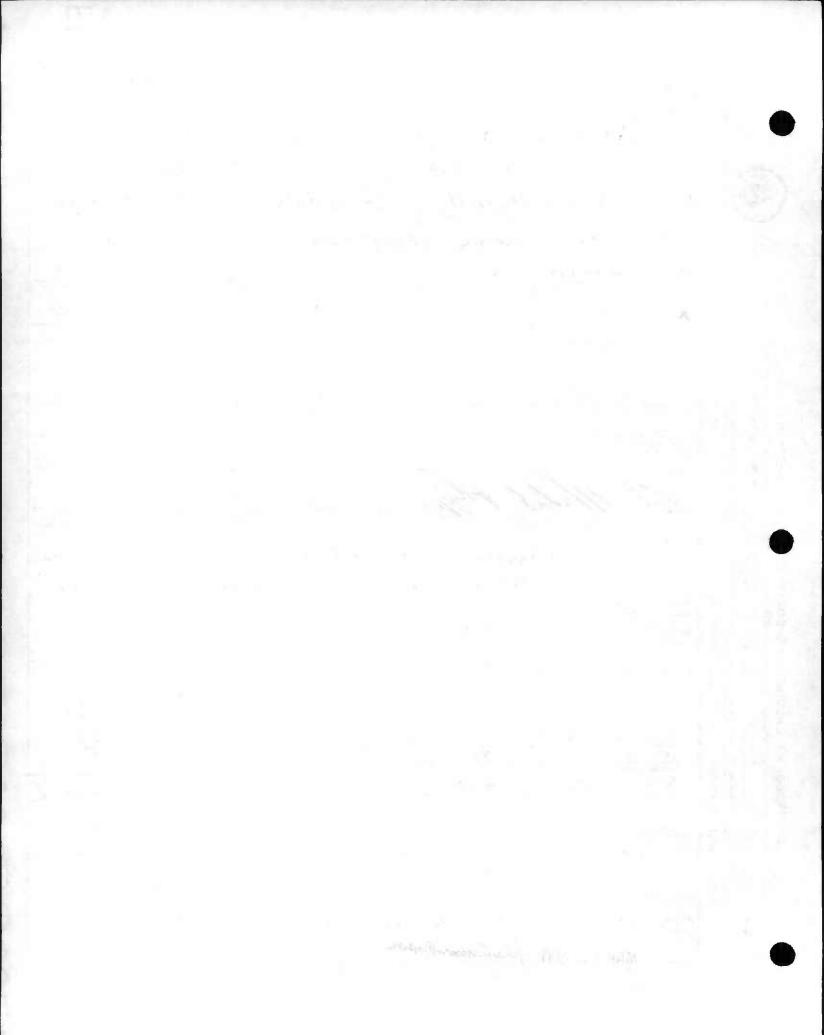
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TO BE COMPLETED BY FUNERAL DIRECTOR

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| IN THE FUNE HALL DIRECTOR. WHICH THIS COUNTY WAS A THE COUNTY WAS THE STREET WAS | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal. | IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notiffed at or |
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|----|---------------------------|-----------------------|-------------------|-------|-------------------------------------|----------------------------|----|-------|
| 1 | FOR STATE REGISTRAR | Maude Lee | STATE OF BEALL | | MENT OF HEALTH AND CATE OF DEATH | MENTAL HYGIENE REG. NO. | | |
| 1. | DECEDENT'S NAM | (First, Middle, Last) | e | Beall | | 2. DATE OF DEATH DAY | 91 | 3. TI |

| | NEGISTRAN THE TOTAL | | OL | HIII IQ | AIL OI | DEATH | HEG. NO | '. | | |
|---------------|--|---------------------------------------|---------------------------------|--------------------------------|--------------------|---|---|---|-----------------------------------|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | 10 | Beal | 1 | | | 2. DATE OF DEATH | | 3. TIME OF DEATH | |
| | 4. SOCIAL SECURITY NUMBER | T | 6. AGE (In yrs. last i | hiethelms) III | UNDER 1 YEAR | IF UNDER 24 HRS. | 7, DATE OF BIRTN | | BIRTNPLACE (State or Foreign | |
| | 220 06 2501 | 1 □ M 2 X F | 100 | - | NTHS DAYS | HOURS MIN. | (Month, Day, Year) | 1890 | Country) MD | |
| | 9e. FACILITY NAME (If not institution, give at | reet end number) | | 98 | CITY, TOWN | OR LOCATION OF DE | ATN | 9c. COUNTY | Y OF DEATN | |
| TOR | Leland Memoria | al Host | गाम/ | / | RIVE | erdale | | PHI | ice George | |
| DIRECTOR | MD PIN | ce Geor | 4° | | OWN OR LOC | wille | | 10d. INSIDE CITY LIMITS? 1 TYPES 2 NO | | |
| FUNERAL | 100. STREET AND NUMBER 4922 LaSq/ | | | | | 2078 | 2 | 10g. CITIZEI | N OF WHAT COUNTRY? | |
| 뿔ㅣ | 11. MARITAL STATUS | | | - | | | | - 1 e | | |
| B | 1 Never Merried 2 Married 3 Widowed 4 Divorced | EVER IN U.S. ARM YES 2 NO AR OR DATES | | If yes, s | | NC ORIGIN? (Specify Yen, Puarto Rican, etc.) | Yee or No— 14. RACE — American Indian, Black, White, atc. Specify: White, 1974 | | | |
| 뎶 | 15. DECEDENT'S EDUC (Specify only highest grade | | 16a. DEC | EDENT'S US | UAL OCCUPAT | TION nost of working | 16b. KIND OF BU | SINESS/INDUS | TRY | |
| COMPLETED | Elementary/Secondary (0-12) | College (1-4 or 5+) | | oo <i>not use re</i> eamsti | | | 50 | lf-empi | Loved | |
| Š | 17. FATHER'S NAME (First, Middle, Last) | -1 | 3, | eams ci | Less | Las MOTHERIO NA | ME (First, Middle, Maider | | Loyed | |
| | Columbus Brashea | rs | | | | Susan | uns. (FIISI, MIGGIE, MINGEL | | etcher | |
| BE | 19a. INFORMANT'S NAME (Type/Print) | | 19b. | MAILING AD | ORESS (Street | | Route Number, City or Tox | | | |
| 임 | Edward G. Becke | | | | | | irhaven, l | | | |
| | 20a. METHOD OF DISPOSITION | | 20b. PLACE A | ND DATE O | F DISPOSITIO | | | | y or Town, Slate | |
| | 1X Buriel 2 Cremation 3 Ram 4 Donation 5 Other (Specify) | oval from State | Ft. Li | ncoln | Cem. | 3-6-91 | Brei | ntwood | (PG) MD | |
| | 21. SIGNATURE OF FUNERAL SERVICE LIC | ghset / | Phas | | | and address of Fa ch Funera | CILITY 1 Home, Or | vings, | MD 20736 | |
| CERTIFICATION | disease or condition resulting in death) a. My o Candial in Farction Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due to (or as a consequence of): Due to (or as a consequence of): | | | | | | | | | |
| | reaulting in death) LAST | d | | | | | | | | |
| EDICAL | PART II. Other algorificant condition | e contributing to | euiting in | the underly | ing ceuse given in | PERFORMED? 1 VES 2 NO COMPLETION OF CA OF DEATH? | | | | |
| ₹. | | | | | | | | | 1 TES 2 NO | |
| AN | 25. WAS CASE REFERRED TO MEDICAL | | | | 26. | PLACE OF DEATN (C/ | heck only one) | | | |
| SIC | EXAMINER? | HOSPITAL: | ER/Outpatient 3 | | THER: | ome 5 🗆 Residence | 8 Other (Specify) | | 24. | |
| PHYSICIAN: M | 27. MANNER OF DEATH 1. Netural 5 Pending | 28a. DATE OF (Month, De | INJURY ny, Year) | 28b. TIME C | OF 28c. I | NJURY AT VORK? YES 2 NO | 28d. DESCRIBE HOW | INJURY OCCU | RED | |
| TED BY | 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined | 28e. PLACE Of building, | F INJURY — Al horetc. (Specify) | ne, ferm, stre | et, factory, of | fice | 281. LOCATION (Stree City or Town, State | 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | |
| COMPLETED | ana) -4 | | | | | | e to the cause(e) end m | | f. cause(a) end manner as stated. | |
| | 295 SIGNATURE AND TITLE OF CERTIFIE | R A | DUTE MI | edi i | 10 | 29c. LICENSE NU | MBER | 29d. DATE | SIGNED (Month, Day, Year) | |
| O BE | Pulla Cubre | how | Exam | new | | 2018. | 12 | ▶3- | -3-91 | |
| 5 | PAULA. DEV | ORE, M | BE OF DEATH (ITEM | 27) (Type, P | enusu | ryld Hy | attsville | MD. | 20781 | |
| | 31. DATE FILED (Month, Day, Year) | 32. REGISTRA | R'S SIGNATURE | indesse | | | | | | |



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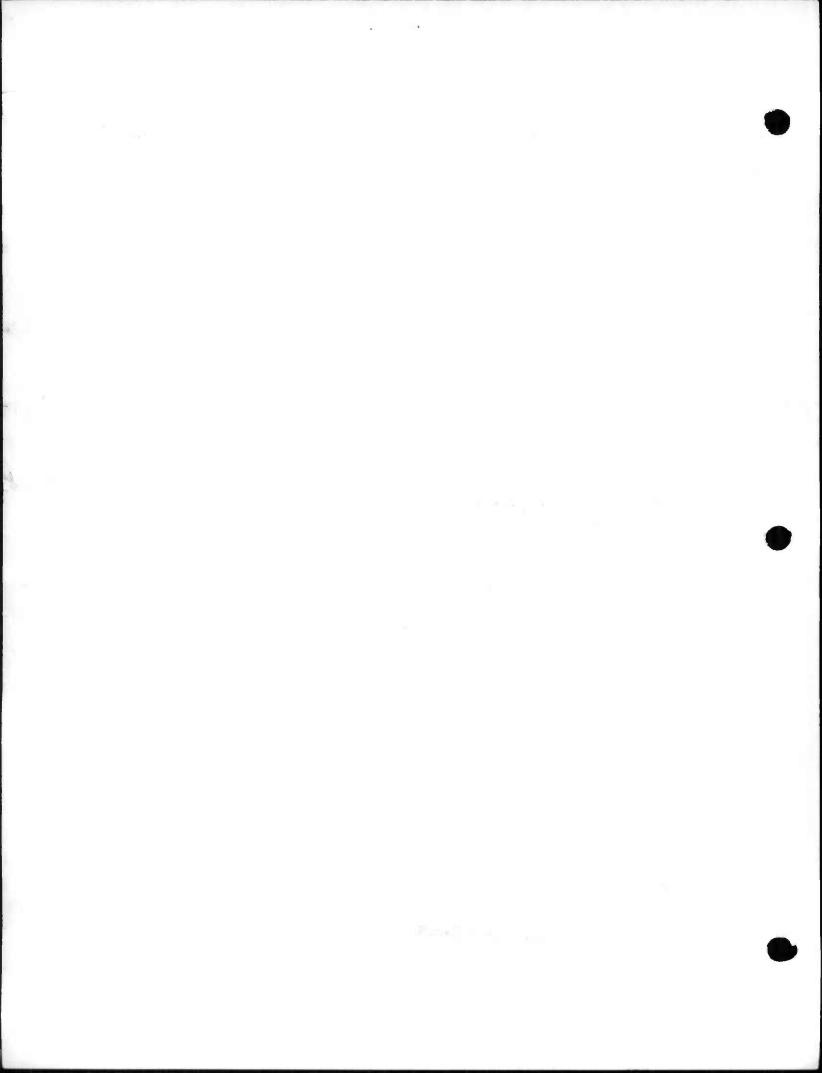
TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 meturs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

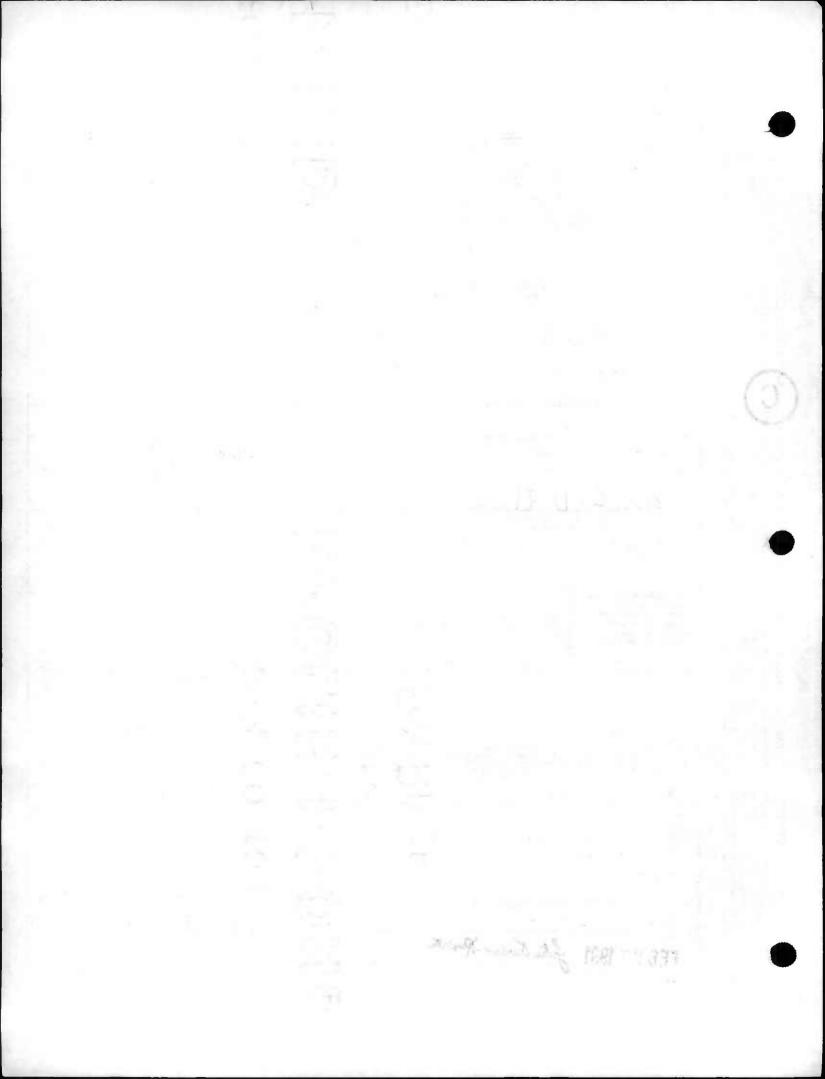
| , | 1. OECEOENT'S NAME (First, | Middle, Last) | 11 6 | , | | | | | | | 2. DATE OF | DEATN | | WE40 | 3. TIME OF DEATH | |
|--|--|--------------------------------|--------------------|--------------------------------|---------------|--------------------------|----------------|----------------------|----------------------|------------------------------|------------------------|----------------------------|------------|--------------|---|----------|
| | Joh | M | H. R | show | N | JOH | N H | . B | ROWI | N | MONTH 3 | 6 | | 1991 | 8:05 P | M |
| 1 | 4. SOCIAL SECURITY NUMB | ER | 5. SEX | _ | 'In yrs. last | - | | R 1 YEAR | _ | R 24 HRS. | 7. DATE OF | BIRTH | | 6. BIRTI | IPLACE (State or Foreign | \neg |
| | 21516698 | 34 | ™ XM 2 □ | F 7 | 8 | YRS. | MONTHS | DAYS | HOURS | MIN. | 1 0 3 | | 912 | Count M Δ | RYLAND | - 1 |
| | 9e. FACILITY NAME (If not in | stitution, give s | treet and number) | | | | 9b. CIT | Y. TOWN | OR LOCAT | ION OF DE | | | | NTY OF D | | \dashv |
| œ | HARBOUR VIEW HOSPITAL | | | | | | | BAT | ттмс | ים מר | | | | | | - 1 |
| 읝 | RESIDENCE OF DECEDENT | | | | | | BALTIMORE | | | | | | \dashv | | | |
| U 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSID | | | | | | | | | | | 10d. INSIDE CITY | П | | | | |
| | | | | | | | | | 1 YES 2 NO | - 1 | | | | | | |
| | | | | | | | | | WHAT COUNTRY? | \neg | | | | | | |
| | | | | | | | | | . A . | | | | | | | |
| 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yee or No— 14. RACE — American FORCES? 17. Types 2 No If yee, specify Cuben, Marican, Puerto Blean, etc.) 14. RACE — American Black, White, stc. | | | | | | | | E — American Indian. | \neg | | | | | | | |
| | | | | | | | | | | | | | | | | |
| in S windowed 4 Divorced W W TT | | | | | | | | | ACK | _ | | | | | | |
| Ĕ | 15. DEC (Specify only | EDENT'S EDU y highest grade | completed) | | (G/ | CEDENT'S ve kind of v | vork done | during r | FION nost of work | dng | 155.55 | ND OF BUS | | | | |
| COMPLETED | Elementary/Secondary (0 | l-12) | College (1-4 o | r 5 +) | | ESS | , | | | | U | .s. | NAV | AL. | ACADEMY | |
| MP | | | | | | LOU | LII G | LK | T | | | | | | | 4 |
| | 17. FATNER'S NAME (First, M | | | | | | | | 18. MO | | ME (First, Mid | | - | | | - 1 |
| B | RICHARD W | | DWN. | | 1 401 | | ADDDE | 0.0 (0 | | | F.L.L.E. Route Number, | | | | | \dashv |
| 2 | | | | | | | | | | | | | | | | - 1 |
| | CARRIE B | | | 1 201 | 2 | | | | ST. | | A POLS | 7 7 | CATION - | 214(| | 러 |
| | 20s. METNOD OF DISPOSIT 1 Description Des | | oval from State | | other pla | 108) | | | | | | | | | wii, State | |
| | 21. SIGNATURE Q5 FUNERA | | CENSEE | | TNE | LAWN | M | | PAR AND ADDR | | кит8 2 1 | WES | APO | | MD. 214 | 0 |
| | 7 | 1 | 1 6 | 7 | | | " | | | | 021 | MES | 1 2 | Το. | ANAPOLIS | , |
| | -av | my E | 1 | est | 2 | | | | | | NS MO | | | | Λ. | |
| | | | | | | | | | | Approximete interval Between | en l | | | | | |
| | IMMEDIATE CAUSE (Finel Onset and D | | | | | | | | | | Onset and Dea | | | | | |
| | diseese or condition resulting in deeth) | → | . Ken | JAI | + | | UV | re | | | | | | | | |
| | | | | TO (OR AS | | | | 10 | . 0 | A | | | | | | |
| NO | Sequentielly ilst condit | lons, | P 1,161k | TO (OR AS | I C | | | ATE | | AVC | LINDY | NH | | | | |
| CERTIFICATION | if eny, leading to imme cause. Enter UNDERLY | | 50 | PSi | _ | JOEN GE | , | | | | | | | | j | |
| 음 | CAUSE (Disease or Inju | | DUE | TO (OR AS | | DUENCE OF | F): | | | | | - | | | | \neg |
| E | resulting in deeth) LAS | т | 2 | | | | | | | | | | | | ļ | |
| 빙 | | | 0 | | | | | | | | | | | | | |
| ¥ | PART II. Other significa | nt condition | ns contributing | to desth i | but not r | esulting | in the u | underly | ing ceuse | given in | Part i. 2 | 4a. WAS AN | | 24 | b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO | gs . |
| 8 | | | | | | | | | | | 1 | YES : | 2 NO | | COMPLETION OF CAUSE OF DEATH? | |
| MEDICAL | | | | | | | | | | | 1 | | | | 1 - YES 2 - NO | - 1 |
| 1 | | | | | | | | | | | | | | | | |
| N N | 25. WAS CASE REFERRED T | O MEDICAL | HOSPITAL | | | | | | PLACE OF | DEATH (C | heck only one) | | | | | |
| S | 1 YES 2 NO | | 1 Inpatient | | patient 3 | □ DOA | OTHE 4 □ No | | ome 5 🗆 | Reeldence | 6 🗆 Other (| Specify) | | | | |
| PHYSICIAN: | 27. MANNER OF OEATH | CADUATA | 28e. DATE (Mon | th, Day, Year) | | 28b. TIM | IE OF | 28c. l | NJURY AT | | 28d, OEŞCI | RIBE HOW | INJURY O | CCUREO | | |
| BY | 1 Natural 5 2 Accident | Pending Investigation | | | | | М | 1 [| YES 2 | □ NO | | | | | | |
| | 3 Sulcide 6 4 Homicide | Could not be determined | 28e. PLAG build | CE OF INJUR ling, etc. (Spe | Y — At ho | me, farm, | atroot, fa | ictory, of | fics | | | ION (Street Town, State | | er or Rural | Route Number, | |
| | 127-276-10 | Ostarinimed | | | | | | | | | | | | | | _ |
| 필 | CONTROL OTHY | TIFYING PNYS | ICIAN: To the be | st ot my know | viedge, de | ath occurr | ed at the | time, de | ate and pla | ce, and du | e to the cause | e(e) and ma | nner ss st | ated. | | |
| COMPLETE | one) 2 MED | ICAL EXAMINI | ER: On the beele | of examination | on end/or | Investigation | on, In my | opinion | , death occ | cured at the | e time, date e | nd place, e | nd due to | the cause | (e) end manner as stated. | |
| BEC | 296. SIGNATURE AND TITLE | E OF CERTIFIE | R /2 (|) | 1 | 11- | . 15 |)(| 29c. L | CENSE NU | MBER | | 29d. DA | TE SIGNE | D (Month, Day, Year) | |
| | (Chinter | - de | 1200 | J M. 1 | U. (1 | Hons | 2 06 | ora | 2 | | | | | 3/6 | 191 | |
| 임 | 30. NAME AND ADDRESS O | | | | EATN (ITE | M 27) (Type | , Print) | -1 | | | | | | | | |
| į | Chris de c | _ | MD. | 3001 | S. H | ANO | ven | St. | . 2 | 1230 | > | | | | | |
| | MAR 1 1 | 1991 | Julia VII | TARS-619 | Manhara | مانز | | | | | | | | | | |



DHMH-16 Rev 1/89

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

| | 1. DECEDENT'S NAME (First, Middle, Las | st) | n 1/ | | 24.0 | 2. DATE OF DEATH | DAY | YEAR | TIME OF DEATH | | |
|--|--|---|---------------------------------------|--------------------------|-------------------------|---|----------------|--------------|--|--|--|
| | RANDALL | \$100 J | | ROWN | | 02 24 | 199 | € 1 | 12:31 A M | | |
| | 4. SOCIAL SECURITY NUMBER | | | IF UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF BIRTH (Month, Day, Year) 6-29-7 | | Country) | ACE (State or Foreign | | |
| | 219-84-8128 | 1 X X 2 □ F | 20 YRS. | | 40.00 | | | - | land | | |
| œ | 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE. | | | | | | | | | | |
| 유 | SHADY GROVE GENERAL HOSPITAL ROCKVILLE, MARYLAND MONTGOMERY RESIDENCE OF DECEDENT | | | | | | | | | | |
| DIRECTOR | 10e. STATE 10b. COU | | 77. | TOWN OR LOC | | | | | d. INSIDE CITY LIMITS? | | |
| ā | Maryland Mo | ntgomery | Dai | mascus | of, ZIP CODE | | | 1 A YES 2 NO | | | |
| FUNERAL | S . A . | WHAT COUNTRY? | | | | | | | | | |
| 핃 | 26050 Woodfi | | | | | | | | | | |
| | 1 Never Married 2 Married | 12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O | ES 2 NO | If yes, s | | NIC ORIGIN? (Specify Y an, Puerto Ricen, etc.) | ea or No- | Black, W | American Indian, /hite, etc. | | |
| B | 3 Widowed 4 Divorced | IF YES, GIVE WAR O | H DAIES | 1 1 1 | S 2 DKNU Specii | у: | | Specify: | White | | |
| | 15. DECEDENT'S E (Specify only highest gri | DUCATION ade completed) | 16a. DECEDENT'S U | SUAL OCCUPAT | TION nost of working | 16b. KIND OF B | USINESS/INDU | STRY | | | |
| COMPLETED | Elementary/Secondary (0-12) | College (1-4 or 5+) | (Give kind of wo | | | | | | | | |
| ₹ | 9th. 17. FATHER'S NAME (First, Middle, Last) | | Labor | er | | _ | truct | ion | | | |
| | George K. Cr | | | | | an Wood | n Surname) | | | | |
| B | 19a. INFORMANT'S NAME (Type/Print) | OWII, SI. | 19h MAILING | DDRESS (Strage | | All WOOU Route Number, City or To | wn State 7in f | Sorfel | | | |
| 2 | George K. Cr | own. Sr. | | | | Road, Dar | | | d. 20872 | | |
| | 20s. METHOD OF DISPOSITION | | 20b. PLACE AND DATE | OF DISPOSITIO | | DATE 20c. L | OCATION — C | ty or Town | State | | |
| | 1 Buriel 2 Cremetion 3 R 4 Donation 5 Other (Specify) | emoval from State | of cemetary, crematory of Smithsb | urg Ci | rematori | 2/26/9 20c. L U.M. SI | niths | burg | . Md. | | |
| | 21. SIGNATURE OF FUNERAL SERVICE | LICENSEE | | | AND ADDRESS OF FA | CILITY | | | | | |
| | h):W. | 0. Doil | | Hilt | ton Fune | eral Home | e, Bai | rnes | ville,Md. | | |
| | 23. PART I. Enter the diseases, of ahock, pr heart fellul | or complications that ceure. List only pne cause o | | ot enter the m | node of dyling, aud | ch aa cardiac or rea | piratory arre | at, | Approximate Interval Between | | |
| | IMMEDIATE CAUSE (Finel | NV. 11 | 50 5 | | | | | | Onset and Death | | |
| | disease or condition resulting in death) | · Muy | | MIS | | | | | | | |
| | | DUE TO (OR A | AS A CONSEQUENCE OF | : | | | | | | | |
| NO N | Sequentially list conditions, | b. DUE TO (OR / | AS A CONSEQUENCE OF | | | | | | | | |
| ¥ | if any, leading to immediate cause. Enter UNDERLYING | | | | | | | | | | |
| Ĕ | CAUSE (Diseese or injury that initiated events | DUE TO (OR | AS A CONSEQUENCE OF) | | Tyc. Till | | | | | | |
| E | resulting in death) LAST | d | | | | | | | | | |
| MEDICAL CERTIFICATION | PART II. Other significant condit | tiona contributing to deet | th but not resulting in | the underly | ing ceuse given in | | IN AUTOPSY | | ERE AUTOPSY FINDINGS | | |
| <u>ই</u> | | | | | | 1 \ / | 2 NO | C | MILABLE PRIOR TO OMPLETION OF CAUSE | | |
| | | | - | | | | | | F DEATH? | | |
| | | - | | | | 14.93 | | | | | |
| 3 | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | | | | PLACE OF DEATH (C | heck only one) | | | | | |
| VSIC | XX YES 2 NO | HOSPITAL: | Outpatient 3 🗆 DOA | OTHER; 4 - Nursing Ho | ome 5 🗆 Residence | 6 Other (Specify) | | | | | |
| PHYSICIAN: | 27. MANNER OF DEATH | 28a. DATE OF INJU (Month, Day, Ye | RY 28b. TIME er) INJU | IRY Y | NJURY AT WORK? | 28d. DESCRIBE HOV | INJURY OCCI | | 00011140 | | |
| 2 Accident Investigation M 1 YES 2 NO PEUS IN STRUCK | | | | | | | | | BY AUTO | | |
| | 3 Suicide 6 Could not | be building atc. / | IURY — At home, farm, st (Specify) | reet, factory, of | fice | 28f. LOCATION (Stree City or Town, Sta | | or Rural Rou | te Number, | | |
| | 29a, CERTIFIER | | | | | | | | | | |
| COMPLET | (Check only | IVSICIAN: To the best of my k | | | | | | | | | |
| | / | NNER: On the basis of examin | minor investigation | , at my opinion | | | _ | | | | |
| BE | 296, BIGNATURE AND TITLE OF CERTI | Lelli | a hol | | 29c. LICENSE NU | | ≥ 02 | SIGNED (N | lonth, Day, Year) | | |
| ٩ | 30. NAME AND ADDRESS OF PERSON | WHO COMPLETED CAUSE OF | F DEATH (ITEM 27) (Type, | Print) | | | | | | | |
| | MAKIOT. GI | JUE JR, | MIP. | | 111 PENN | STREET B | ALTIMO | RE, M | LARYLAND 2120 | | |
| | 31. DATE FILED (Month); Day, Year) | July Davidson | Handale | | | | | | | | |
| | FFR 2.7 1991 | guille Davidson-V | 1.0 | | | | | | 2.0 | | |



BALTIMORE, MARYERNE 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

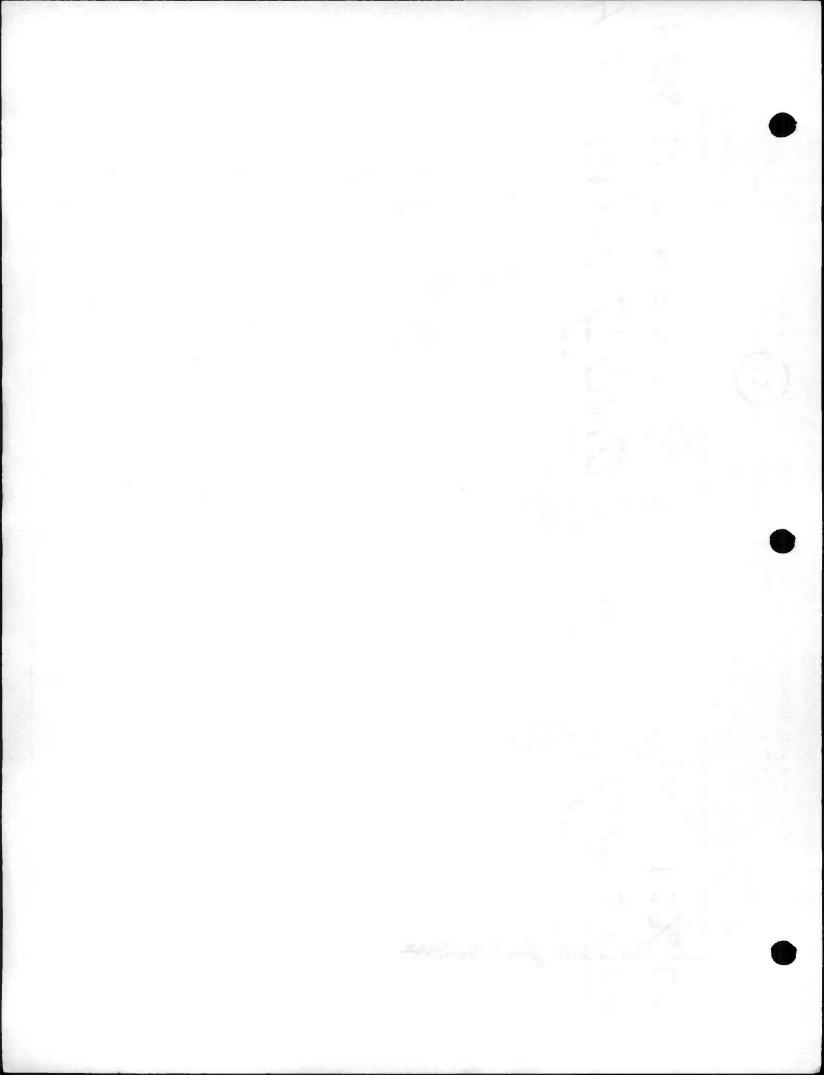
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be neithed.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

| 1. DECEDENT'S NAME (Fire | st, Middle, Last) | | | | | | | | 2. DATE | OF DEATH | | | 3. TIME OF DEATH |
|---|--|--------------------------|------------------------------------|---------------|--------------------|------------|--------------------------------|------------|--------------|--|--------------|-------------------------------|--|
| 771 | Louis | se Dor | sev | Creac | er | | | | | February 22, 1991 6:45 p. M | | | |
| 4. SOCIAL SECURITY NUN | | 5. SEX | 8. AGE (In yrs. I | | IF UNDE | R 1 YEAR | IF UNDER | , | 7. DATE | OF BIRTH | 22, | 0. BIRTHE | LACE (State or Foreign |
| 214-10-25 | 34 | 1 🗆 M 2 🔀 F | 83 | YRS. | MONTHS | DAYS | HOURS | MIN. | | 2, 19 | 07 | Mars | land |
| 9e. FACILITY NAME (If not | institution, give | street and number) | | | 9b. CIT | Y, TOWN | DR LOCATI | ON DF D | | ~, | ~ | INTY OF DE | |
| | 106 East Second Street | | | | | | erick | | | | F | reder | ick |
| 10a. STATE | 10b. COUNT | TY | | 10e. CIT | TY, TOWN | DR LOC | ATION | | | | | T | 10d. INSIDE CITY |
| Maryland | - | | | | | | | | | | | | 1 XYES 2 ND |
| 106. STREET AND NUMBER 106. East Second Street 107. ZIP CODE 109. CITIZEN OF WHAT COUNT 108. A. 109. CITIZEN OF WHAT COUNT 109. STREET AND NUMBER 109. STREET AND NUMBER | | | | | | | | | | | | | |
| | Second | | | | | | 217 | | | | | S.A. | |
| 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FDRCES? 1 YES 2 NO If yes, give war or dates 13. WAS DECEDENT If yes, specify 1 Yes 2 Z | | | | | | | specify Cube | n, Mexic | en, Puerto I | | or No | 14. RACE Black, Specify | - American Indian, white, etc. White |
| | CEDENT'S EDI | | 18e. I | DECEDENT'S | S USUAL C | CCUPAT | TION nost of world | 00 | 16b | KIND OF BU | SINESS/IN | DUSTRY | |
| Elementary/Secondary | | College (1-4 or 5 | +) | lle. Do NOT u | use retired.) |) | /Dire | | | Americ | an C | ancer | Society |
| 17. FATHER'S NAME (First, | Middle, Last) | | | | | | | | | Middle, Maiden | Sumamel | | • |
| Harry (| Gloyd | Dorsey | | | | | | ouis | | E. | | use | |
| 19a. INFORMANT'S NAME | (Type/Print) | | | 19b. MAILIN | G ADDRES | SS (Street | and Numbe | r or Rural | Route Num | ber, City or Tow | m, State, Zi | p Code) | |
| Burton M. | Creage | er | | 106 E | E. S∈ | con | d Str | eet, | Fre | derick | , Ma | rylar | d 21701 |
| 17 Burial 2 - Cremat | 20s. METHOD DF DISPOSITION 170 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) St. John's Catholic Cemetery Frederick, Maryland | | | | | | | | | | | | |
| 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY | | | | | | | | | | | | | |
| Keeney & Basford PA Funeral Home 106 East Church St., Frederick, Md 21701 | | | | | | | | | | | | | |
| ahock, or | | | | | | | | | | interval Between | | | |
| Sequentially flat cond if any, leading to imm cause. Enter UNDERL | ediats | b | (OR AS A CONS | EDUENCE (| OF): | | | | | | | | |
| CAUSE (Disease or in that initiated events resulting in death) LA | | d. | (OR AS A CONS | EDUENCE (| OF): | | | | | | | | |
| PART II Other signific | cent conditio | and contributing to | death but no | | la tha u | | | mlara m de | Don't I | | | | |
| PART II. Other signific | cam conditio | one contributing to | on the notes | t resulting | in the u | indariyi | ng cause | given ir | Part I. | 24a, WAS AN PERFO | | 24b. | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE |
| | | | | | | | | | - 1 | 1 TYES | NO | - 1 | OF DEATH? |
| | | | | | | | | | | | | 1 | 1 YES 2 NO |
| | | | | 1.0 | | | | | | | | | |
| 25. WAS CASE REFERRED EXAMINER? | TO MEDICAL | HOSPITAL: | | | OTHE | R: | PLACE OF (| | | | | | |
| 1 YES 2 NO | | 1 Inpatient 2 | | | _ | - | ome 5 KR | esidence | T | | | | |
| 1 | Pending Investigation | | Day, Year) | 28b. TII | ME OF JURY M | V | NJURY AT WORK?] YES 2 [| □ NO | 28d. DE | SCRIBE HOW | INJURY O | CCURED | |
| a D suitable | Could not be determined | 28e. PLACE (building | OF INJURY — AI , etc. (Specify) | home, farm, | , street, fa | ctory, aft | fice | | | ATION (Street or Town, State | | er or Rural R | oute Number, |
| cool any | | SICIAN: To the best of | | | | | | | | | | | and manner as stated. |
| 296. BIGNATURE AND TIT | LE DF CERTIFI | ER | | 0 | | | 29c. LIC | ENSE NU | MBER | | 29d, DA | TE SIGNED | (Month, Day, Year) |
| 20 NAME AND ADDRESS | luit | 11/ | | 2 | • | | D0 | 9689 |) | | • | Feb. | 25, 1991 |
| 30. NAME AND ADDRESS Austin A. | Pearre | e, Jr., M | .D., 30 | 0 Wes | | nth | Stre | et, | Fred | erick, | Mar | yland | 21701 |
| 31. DATE FILED (Month, De | , war) 5 199 | 32. REGISTR | widson-A | | | de la con- | | | | The state of the s | | - | |
| | 2 199 | gune De | widson-n | More | • | | | | | | | 2 | |



| BALTIMORE, MARY AND 21203-3146 | D THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Jours after death. Page 6 may be incomed to a strenging physician. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page the complete of the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be more at the contract of the c |
|--|--|
| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4 |

| | | | | | | | | | 91 | 07560 |
|---------------|--|---|---------------------------------|-------------------------------|------------------|--------------------------------|---|-----------|--|--|
| | FOR STATE REGISTRAR | STATE OF MARYLA | ND / DEPAR | | | | MENTAL HYGIEN REG. NO. | E | | |
| | 1. DECEDENT'S NAME (First, Middle, Last) | Alice Vi | rginia | CLAR | K | | 2. DATE OF DEATH MONTH DA | | YEAR | 3. TIME OF DEATH |
| | 4. SOCIAL SECURITY NUMBER | 5 SEX 8. AGE (In | n yrs. last birthday) | | | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) | | 8. BIRTH | HPLACE (State or Foreign |
| | 214=14=0431 | 1 □ M 2 X 2XF 68 | YRS. | | | | Sept. 21, | - | Ma | ryland |
| ~ | 9e. FACILITY NAME (If not institution, give stre | | 4.09 | 96. CITY, 1 | | LOCATION OF DE | ATH | | JNTY OF D | |
| Ď. | Frederick Me | morial Hospi | tal | | Fr | ederick | | | Fred | erick |
| DIRECTOR | 10e. STATE 10b. COUNTY | | 10c. CI | TY, TOWN OR | R LOCATIO | ON | | | | 10d. INSIDE CITY |
| | Maryland Fr | ederick | | Pre | deri | ck | | | | 1 X YES 2 NO |
| AL | 100. STREET AND NUMBER | | | | 101. 2 | ZIP COOE | | | | WHAT COUNTRY? |
| ᄪ | 300 Adam R | | | | | 21701 | | | U.S. | A. |
| BY FUNERAL | 11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced | 12. WAS OECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA | | 18 | yes, spec | | IC ORIGIN? (Specify Yee n, Puerto Ricen, atc.) | or No- | 14. RACI Black Spec | E — American Indian, k, White, etc. White |
| | 15, DECEDENT'S EDUCA | | 16a. OECEDENT'S | S USUAL OCC | CUPATION | 1 | 16b. KINO OF BUS | SINESS/IN | DUSTRY | |
| COMPLETED | (Specify only highest grade of Elementary/Secondary (0-12) | College (1-4 or 5 +) | (Give kind of life. Do NOT s | work done du ise retired.) | uring most | of working | | | | |
| MPL | 8 | | Seam | stres | S | | Clothi | ng C | ompa | ny |
| 8 | 17. FATHER'S NAME (First, Middle, Last) | es Alder K | | | | | ME (First, Middle, Meiden | | | -1 |
| BE | | es Aluei k | eeney | - | | | gnes | | linpi | gier |
| 2 | 19e. INFORMANT'S NAME (Type/Print) | | | | | | Soute Number, City or Tow | | , | |
| | Mrs. JoAnn Baker | 1 201 | PLACE OF DISPO | | | | ederick, M | - | - City or To | |
| | 20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remon | val from State | other place) | | | | | | | Maryland |
| | 21. SIGNATURE OF FUNERAL SERVICE LICE | | | 22. N | NAME AND | ADDRESS OF FA | CILITY | | | |
| | ► A00 0 | 21 -00 | M00703 | | - | | ord P.A. F | | | |
| - | 23. PART I. Enter the diseases, or co | CALLONS | | | | | | | | Md. 21701 |
| | shock, or heart fellure. L | lst only one cause on er | ich line. | not enter t | the mod | e or aying, suci | n as cardiec or resp | iratory a | rrest, | Approximate Interval Between |
| | IMMEDIATE CAUSE (Final disease or condition | Emal. | 44 | | | | | | | Onset and Death |
| | resulting in death) | DUE TOYON AS A | CONSCIOUENCE (| DF): | | | | | | |
| , | · · · · · · · · · · · · · · · · · · · | 2000 |) | | | | | | | |
| 5 | Sequentially list conditione, if eny, leeding to immediate | DUE TO (OR AS A | CONSEQUENCE | OF): | | | | | | |
| CERTIFICATION | CAUSE (Disease or Injury | | | | | | | | | |
| E | that initiated events | DUE TO (OR AS A | CONSEQUENCE | OF): | | | | | | |
| H | d | • | | | | | | | | |
| | PART II. Other eignificent conditions | contributing to deeth be | ut not resulting | In the unc | deriying | ceuse given in | Part I. 24e. WAS AN | | 7 248 | b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO |
| MEDICAL | Seizum a | disurder | | | | | 1 TES | - 4 | | COMPLETION OF CAUSE OF DEATH? |
| Ä | | | | | | | | /- | - 1 - | 1 YES 2 NO |
| | | | | | | | | | | |
| CIA | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | OTHER | | ACE OF DEATH (Ch | eck only one) | | | |
| PHYSICIAN: | 1 TYES 2 40 | 1 Inpatient 2 ER/Outp | atlent 3 DOA | | | 5 Residence | 6 Other (Specify) | | | |
| H | 27. MANNER OF DEATH 1 Natural 5 Pending | (Month, Day, Year) | 28b. Tr | ME OF | 28c. INJU WOR | RK? | 28d. DESCRIBE HOW | INJURY O | CCURED | |
| B₹ | 2 Accident Investigation | 28e. PLACE OF INJURY | At home from | -teret feete | | ES 2 NO | 201 1 000 710 11 (0) | and Mont | and the state of t | Courts Museline |
| 8 | 3 Suicide 6 Could not be 4 Homicide determined | building, etc. (Spec | | , street, racto | огу, описа | | 281. LOCATION (Street City or Town, State | | er or Mural | rione number, |
| ET | 29e. CERTIFIER | | | | | A | 3-47 (top. 17-03-17 | 9.5 - 9 | -0.5 | |
| COMPLETED | (Check only | CIAN: To the best of my knowl R: On the basie of examination | | | | | | | | (a) and manner as state 4 |
| | | | Shows investigat | , at my of | | | | | | |
| BE | 296. SIGNATURE AND TITLE OF CERTIFIER | | , | | | DA-2-10 | | 29d. D/ | 7/ | D (Month, Day, Year) |
| 0 | HOW MAN | un m | 1 | | | 172110 | 1 | | SIPI | 1/ |

31. DATE FILED Month, Day, Year)
MAR 04 1991

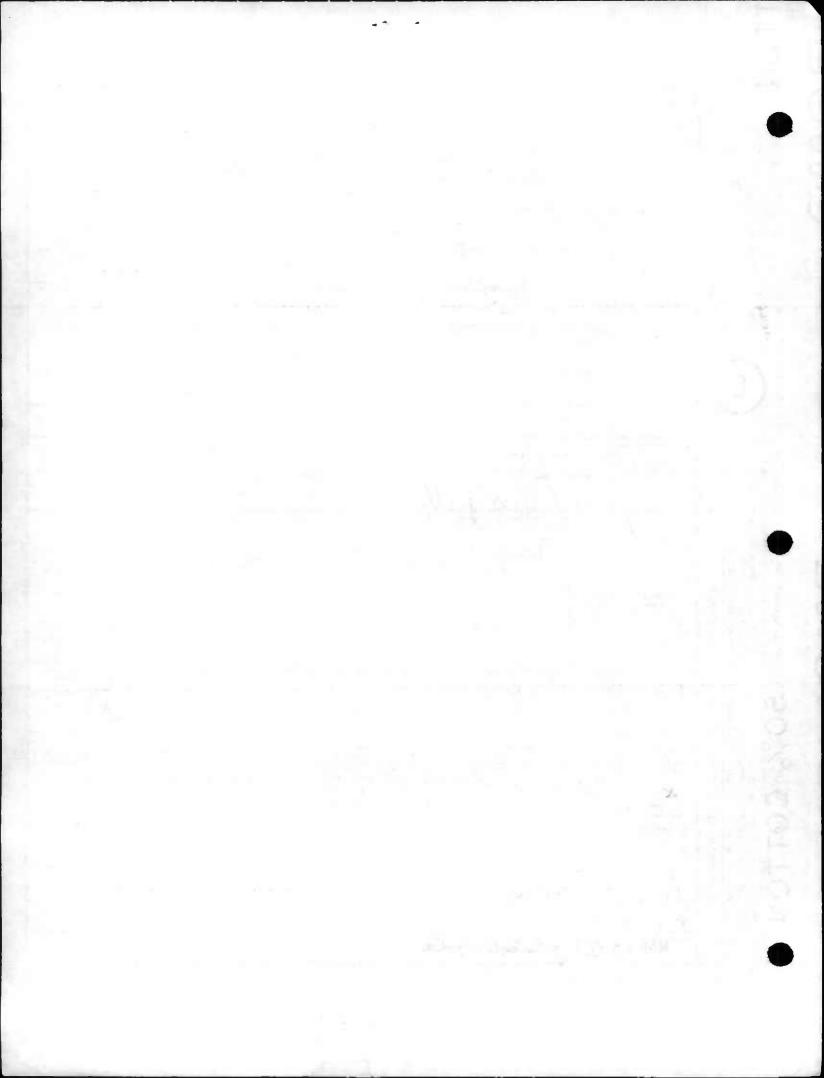
32. REGISTRAR'S SIGNATURE
Julia Davidson-Randasa

BALTIMORE, MARYLAND 21215-0020

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| ILO | D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page a whole the difference of filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | |
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|---|---|--|--|---|---------------------------|---|
| FOR 1 - STATE REGISTRAR | STATE OF MARY | | MENT OF HEALTH AND CATE OF DEATH | MENTAL HYGIENE REG. NO. | | 07301 |
| 1, DECEDENT'S NAME (First, Middle, Li Raymond | Joseph | Cla | ırk | 2. DATE OF DEATH DAY | | 3. TIME OF OEATH |
| 4. SOCIAL SECURITY NUMBER 165-24-5372 | 5. SEX 6. AG | | F UNDER 1 YEAR IF UNDER 24 HRS. INTHS DAYS HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) 5-3-1925 | 6. BIRT Coup | HPLACE (State or Foreign |
| 9a. FACILITY NAME (If not institution, g 10900 Rockville | | ۰ | b. CITY, TOWN OR LOCATION OF C ROCKVILLE | | 9c. COUNTY OF | oeath comery Count |
| RESIDENCE OF DECEDENT 100. STATE 100. CO. Maryland All | | | rown or Location | | | 10d. INSIDE CITY LIMITS? 1 XYES 2 NO |
| 100. STREET AND NUMBER 605 N. 2nd Stree | et | | 101. ZIP CODE 21.502 | 2 | | WHAT COUNTRY? |
| 11. MARITAL STATUS 1 Never Married 2XXMerried 3 Widowed 4 Divorced | 12. WAS DECEMENT EVE FORCES? I YE IF YES, GIVE WAR OF WW | DATES | 13. WAS DECENDENT OF HISP/ If yes, specify Cuban, Mexic 1 YES 2 NO Specify | an, Puarto Rican, etc.) | Blac | CE — American Indian, ck, Whita, etc. city: White |
| 15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12) | EDUCATION trade completed) College (1-4 or 5+) | | ual occupation k done during most of working etired.) Instructor | 166. KIND OF BUS | iness/industry | er |
| 17. FATHER'S NAME (First, Middle, Last William S. Cla | rk | | 1416.05 | AME (First, Middle, Maiden : George Clar) | | |
| 190. INFORMANT'S NAME (Type/Print) Mrs. Helen M. | Clark | 196. MAILING AI | DORESS (Street and Number or Aura Second Street | I Route Number. City or Town | . State. Zio Code) | |
| 1 | Ramoval from State | | Foisposition (Name audola@emetery | | CATION — City or 1 | Town, State MD |
| 21. SIGNATURE OF FUNERAL SERVICE | 7 Vana | oilli | 23 NAME AND ADDRESS OF TO Scarpelli Fu Cumberland, | heral Home MD 21502 | | 171 |
| 23. PART I. Enter the diseases, ahock, or haert failt IMMEDIATE CAUSE (Final disease or condition resulting in death) | a. Tva_Sact | sed the death, Do not a sach line. S A COMSEQUENCE OF | enter the mode of dying, au | | ratory arrest, | Approximate interval Between Onset and Deatl |
| Sequenticity list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | с | S A CONSEQUENCE OF): | | | | |
| PART II. Other algorificant cond | itions contributing to deet | but not reaulting in | the underlying cause given i | n Part I. 24a. WAS AN PERFOR | MED? | Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF COUNTY |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | hadradient 2 - DOA | 26. PLACE OF DEATH (I | | oorgo to | T.n Dron Cal |
| 27. MANNER OF DEATH 1 Netural 8 Pending | 26a. DATE OF INJUI (Month, Day, Yel 3_11_10 | TY 26b TIME | OF 28c, INJURY AT | Subject S | NJURY OCCURED Truck By | 7 Wood |
| 2 Accident Investigat 3 Suicide 6 Could no 4 Homicide detarmine | 28e. PLACE OF INJ building, etc. (| JRY — At home, ferm, str Specify) School | | 26f. LOCATION (Street a City or Town, State) 10900 ROCK | ville Pi | Rockvill ike Md. |
| CONSCINUTE CONTRACTOR | | | at the time, data and place, and d | ue to the cause(a) and men | nner as stated. | |
| 296. NONAYURE AND STILE OF CEN | WA . | | 29c. LICENSE N | UMBER .M.E. | | ED (Month, Day, Year) 2–1991 |
| 30. NAME AND ADDRESS OF PERSON | N WHO COMPLETED CAUSE OF | | ll Penn Street | Baltimore, | Maryland | 1 21201 |



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| - | R: After this certificate has been signed by the attending physician and completely filled in where ment district page 5 shows be detached for in | | I is marked, or item 23 shows any injury, or other traumatic event, the medical manufact must be notified at once. |
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| - | ar thi | ter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remark | ark |
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| | 1171 FOR | STATE OF M | IARYLAND / DEPA | RTMEN' | T OF H | EALTH | AND I | MENTAL HYG | ilene 9 | 1 0 | 7562 |
|-----------------------|---|---------------------------|--|-----------------|------------|------------------|-----------------|--|--|----------------------------------|--|
| | 1 - STATE REGISTRAR | | CERTIF | | | | | | NO. | | |
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | | | 2. DATE OF DEA | TH DAY | YEAR 3. | TIME OF DEATH |
| 0 | KENNETH | GERALD | | CLAU | | | | 03 | 03 199 | | 4:05 A M |
| | 4. SOCIAL SECURITY NUMBER | 5. SEX | 6. AGE (In yrs. last birthday) | IF UNDER | DAYS | IF UNDER | 24 HRS. MIN. | 7. DATE OF BIRT (Month, Day, Ye | H ear) | 8. BIRTHPL/ Country) | NCE (State or Foreign |
| | 218-68-0855 | 1 74 2 □ F | <i>33</i> YRS. | | | | | 11-10. | 57 | MINN | ESUTA |
| DR | 90. FACILITY NAME (If not institution, give str STREET-2013 EDMC | | ENUE | | | MORE | | | 9c. COUN | TY OF DEAT | Н |
| DIRECTOR | RESIDENCE OF DECEDENT | | T size at | | | | | | | | |
| 2 | 10a. STATE 10b. COUNTY | | | TY, TOWN | | | | - 1 | | | d. INSIDE CITY LIMITS? |
| | | TIMOR | 6. Cp. | 6 | - | COTI | | 117 | | | YES 2 NO |
| FUNERAL | 100. STREET AND NUMBER | A . | | | 101 | . ZIP CODI | | | 10g. CITIZ | | T COUNTRY? |
| NE I | 762 OELL | | VE. | | | | - | 943 | | us, | |
| | 11. MARITAL STATUS 1 Never Married 2 Married | | FEVER IN U.S. ARMED VES 2 NO AR OR DATES | | If yes, sp | | n, Mexica | ilC ORIGIN? (Spec n, Puerto Rican, at | (c.) | 14. RACE Black, W Specify: | American Indian, fhite, etc. |
| ВУ | 3 Widowed 4 Wolvorced | | 75-78 | | | -6 | -poun, | | | | WHITE |
| COMPLETED | 15. DECEDENT'S EDUC (Specify only highest grade | ATION completed) | 16a. DECEDENT' | S USUAL C | CCUPATIO | ON at of working | 107 | 16b. KIND C | F BUSINESS/INDI | JSTRY | |
| Ш | Elementary/Secondary (6-12) | College (1-4 or 5 + | ille. Do NOT | use retired.) | | or or worm | .9 | | | | |
| MPI | | | FOR | EMA | · N | | | HATI | FIELD | Ca | NSTRUCTOR |
| Ö | 17. FATHER'S NAME (First, Middle, Last) | | | | | 18. MOT | HER'S NA | ME (First, Middle, A | | | , |
| BE (| Louis | C | LAUSEN | | | M | ARY | / | STOFI | FAR. | HN |
| TOB | 19e. INFORMANT'S NAME (Type/Print) | | 19b. MAILIN | G ADDRES | S (Street | nd Number | or Rural I | Route Number, City | or Town, State, Zip | Code) | |
| F | HOBERT T. C | LAUSE | N 4169 | BA | 2177 | ANY | D | e. Ell | COTTC | ity | MO. 210/3 |
| | 20e. METHOD OF DISPOSITION 1 Burlel 2 Permetton 3 Remo | oval from State | 20b. PLACE AND DA | | | (Name | | OATE 2 | Dc. LOCATION — C | Ity or Town | , State |
| | 4 Donation 6 Other (Specify) | | BALTIMERE | - 101 | BHI L | Gran | JCR | 2, | LAUR | 45 h 1 | MIZ. |
| | 21. SIGNATURE OF FUNSFIAL BETWICE LIC | len SI | al ma | | . NAME A | ND ADDRE | | | | | MD. AL HOUS 20043 |
| | 23. PART K Enter the diseases, or cahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) | List entry one cau | t caused the death. Do se on sech lins. (OR AS A CONSEQUENCE | ou | r the mo | ode of dy | ing, suc | h aa cardiac or | respiratory arro | est, | Approximate Interval Between Onset and Death |
| ERTIFICATION | Sequantielly liet conditions, if any, leading to immediate | DUE TO | (OR AS A CONSEQUENCE | OF): | | | | | | <u> </u> | |
| CAT | cause. Enter UNDERLYING | | | | | | | | | | |
| Ē | CAUSE (Disease or Injury that initiated events | DUE TO | (OR AS A CONSEQUENCE | OF): | | | | | | | |
| F | resulting in death) LAST | J | | | | | | | | | |
| PHYSICIAN: MEDICAL CI | PART II. Other algnificant condition | e contributing to | death but not resulting | In the u | inderlyln | g cause | given in | P | AS AN AUTOPSY ERFORMED? YES 2 NO | A | ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? |
| Z | | | | | | | | — [| | 1 | YES 2 NO |
| Z | | | | _ | | | | | | | |
| 2 | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | OTHE | | LACE OF C | DEATH (Ch | eck only one) | | | |
| YSI | XX YES 2 NO | 1 | ☐ ER/Outpatient 3 ☐ DOA | 4 🗆 Nu | iraing Hor | | esidence | Other (Speci | | | |
| F | 27. MANNER OF DEATH .1 Natural 6 Pending | 26e. DATE OF (Month, D | | IME OF NJURY | W | JURY AT DRK? | er. | | BLECT | | OT |
| ВУ | Investigation | | 3 1991 4.0 | _ | 10 | | NO IX | MOTOR 1 | EHICLE | ACCI | VE NUE |
| 8 | Hamicid 6 Could not be determined | | F INJURY — At home, farm atc. (Specify) | Ret | | | | City or Town | Street and Number , State) | - | te Number, |
| LEI | 29a. CERTIFIER | CIAN. To de la como | | | | | | | | | |
| COMPLET | (Check only | | my knowledge, death occu xamination end/or investiga | | | | | | | | nd manner se stated. |
| ö | | | | | | | | | | | |
| BE (| 29b. SIGNATURE AND TITLE OF CERTIFIE | | | | | | ENSE NU | | | | fonth, Day, Year) |

OCME LETED CAUSE OF DEATH (ITEM 27) (Type, Print) WHO COM D

111 BENN STREET BALTIMORE, MARYLAND 21201

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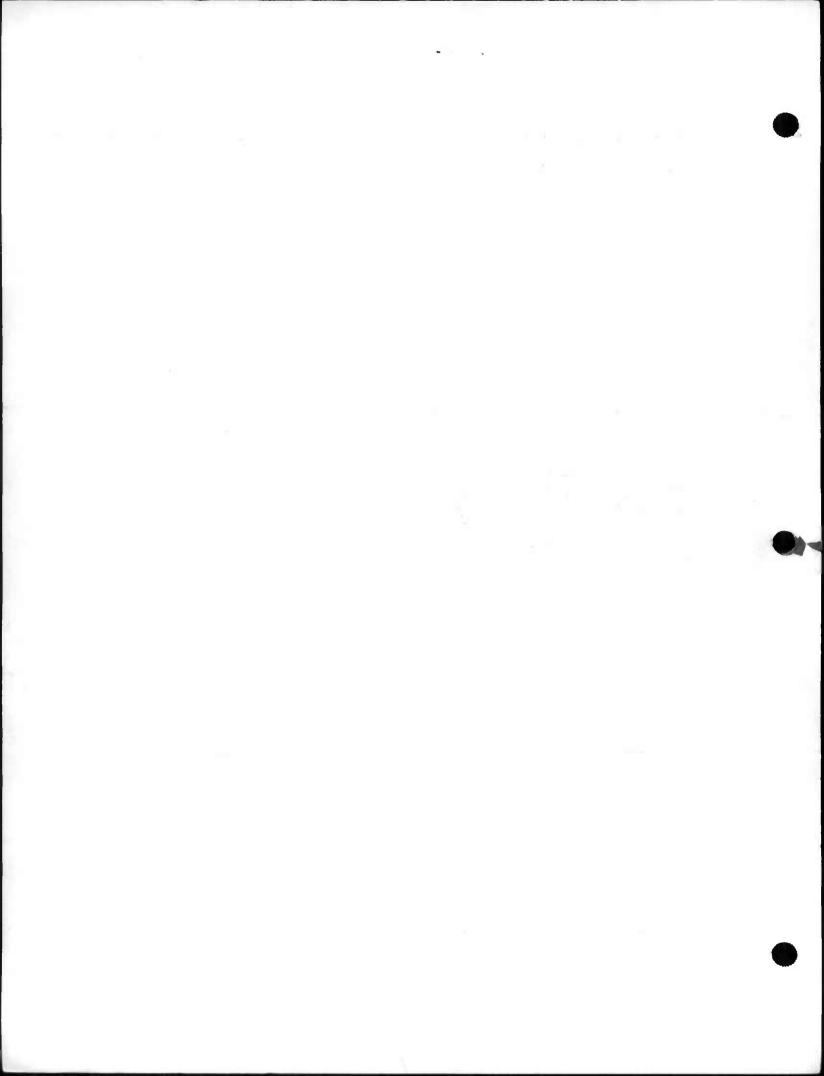
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MAKELINE BALTINE SE CO. COLLEGE CO.Y. TOLA FOUND LAT FUNDAT TO CONSTRUCT THE BROWSHIP SEE THE RESIDENCE OF THE the the Lawys Europe 27, 42 1 3

| STATE | 0F | MARYLAND | / DEPARTMENT | 0F | HEALTH | AND | MENTAL | HYGIENE |
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| | | C | ERTIFICATE | 0 | F DEAT | TH | | REG. NO. |

| | 1 - FOR STATE REGISTRAR | TATE OF MARYLA | ND / DEPARTM | ENT OF HEALTH AND I | MENTAL HYGIENE | 5 1 | 07303 |
|------------------|--|--|--|---|-------------------------------|-------------------|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | No. | | | 2. DATE OF DEATH | y YEAR | 3. TIME OF GEATH |
| | Ronald Cald | | | lenn Calder, St | 7. DATE OF BIRTH | 91 | 8:10 A H |
| | | M2□F 50 | YRS. MON | JNDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN. CITY, TOWN OR LOCATION OF DE | (Month, Day, Year) 7-23-40 | | THPLACE (State or Foreign ntry) Delaware |
| OR | Greater Laurel Bel | | | Laurel | | | ce George |
| DIRECTOR | RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY | | 10c. CITY, TO | WN OR LOCATION | | | 10d, INSIDE CITY |
| | Maryland Howard | | Jessi | ap qu | | | 1 YES 2MY NO |
| FUNERAL | 100. STREET AND NUMBER | lac. | | 10f. ZIP CODE | | | WNAT COUNTRY? |
| NS I | 8360 Linda Court | WAS DECEDENT EVER IN FORCES? 1 X VES | U.S. ARMED | 20794 13. WAS DECENDENT OF HISPAN | IIC ORIGIN? (Specify Yea | or No.— 14. RA | JSA CE — American Indian, |
| В | 1 Never Married 2 Merried 3 Wildowed 4 Divorced | FORCES? 1 XXVES IF YES, GIVE WAR OR DA VIETNAM | 2 NO TES | If yes, specify Cuben, Mexice 1 ☐ YES 2 ☑ NO Specify | n, Puerto Rican, etc.) | | eck, White, etc. echy: White |
| COMPLETED | 15. DECEDENT'S EDUCATION (Specify only highest grade comp | pleted) | (Give kind of work life. Do NOT use ret | done during most of working | 16b. KIND OF BUS | INESS/INDUSTRY | |
| 2 | Elementary/Secondary (0-12) Co | ollege (1-4 or 5+) | Carpenter | | Carpet | Co | |
| S S | 17. FATHER'S NAME (First, Middle, Last) | | <u></u> | 18. MOTHER'S NA | ME (First, Middle, Maiden S | | |
| BE | Otha Calder 190. INFORMANT'S NAME (Typo/Print) | | T 405 MAN INC 400 | PRESS (Street end Number or Rural I | tte Bailey | Out. 7:- Out. | |
| 임 | Joyce CAlder | | | ida Court #20 3 | | | 20794 |
| | 2643METHOD OF OISPOSITION 14 Buriel 2 Cremetion 3 Removat | from State | PLACE OF OISPOSITIO | N (Name of cemetery, crematory or | | CATION — City or | |
| | 4 Donetton 5 Other (Specify) | ile. | adowridge | Memorial Park | Bal | timore, | Maryland |
| 0 | - Valallo | Weader | / | 22. NAME AND ADDRESS OF FA 7601 Sandy Spy | ring Road | uneral Laurel, | Home, Inc. |
| | 23. PART I. Enter the diseases, or com- shock, or heart failure. List | | | enter the mode of dying, auc | h es cerdiec or respir | ratory errest, | Approximate Interval Between |
| | IMMEDIATE CAUSE (Final disease or condition reaulting in death) | Upper | Garno | (n/ahne | O blee | elery | Onset end Death |
| , | | DUE TO (OH AS A | CONSEQUENCE OF): | 0 0000 | Johnos | | |
| E | Sequentially list conditions, if any, leading to immediate | DUE TO (OR AS A | CONSEQUENCE OF): | -A Ciril | | 1 | |
| CERTIFICATION | cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events | DUE TO (OR AS A | CONSEQUÊNCE OF): | d ann | orch of | Leve | 1 |
| FR | reaulting in death) LAST | | | | V | | |
| AL CI | PART II. Other aignificant conditions co | ontributing to death be | ut not resulting in t | ne underlying cause given in | | | 4b. WERE AUTOPSY FINDINGS |
| | | | | | PERFOR | | AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| MEC | | | | | _ | | 1 TES 2 NO |
| PHYSICIAN: MEDIC | 25. WAS CASE REFERRED TO MEDICAL | | | 26. PLACE OF DEATH (Ch | eck only one) | | |
| SIC | | OSPITAL: Unpetlent 2 - ER/Outp | | HER: Nursing Home 5 - Residence | | | |
| | 27. MANNER OF DEATH 1 Preturel 5 Pending | 28e. DATE OF INJURY (Month, Day, Year) | 28b. TIME OF | WORK? | 28d. DESCRIBE HOW IP | JURY OCCURED | |
| 84 | 2 Accident Investigation | 28e. PLACE OF INJURY | | M 1 YES 2 NO | 28f. LOCATION (Street e | nd Number or Run | nl Route Number, |
| | 4 Homicide determined | building, etc. (Spec | lfy) | | City or Town, State) | | |
| PLE | (Ornech Orny / | : To the best of my knowl | edge, death occurred a | the time, date end place, and due | to the cause(e) end man | ner se stated. | |
| COMPLETED | one) 2 MEDICAL EXAMINER: 0 | n the basic of examination | end/or investigation, in | n my opinion, death occured at the | time, data and place, an | d due to the caus | e(s) and manner sa stated. |
| BE (| 296. SIGNATURE AND TITLE OF CERTIFIER | >_0 | C c4 | 290 LICENSE NU | MBER 1 | 29d. DATE SIGN | EO (Month, Day War) |
| 2 | 30. NAME AND ADDRESS OF PERSON WHO CO | MPLETED CAUSE OF DE | ATH (ITEM 27) (Type, Pri | 10 | 1 | - 7 | 71 |
| | GESATER LANGE BELL | SUILE TOS | 7100 | IAN DUSEA 1 | Ro LAURE | / Mo. | 20707 |
| | FEB 2 5 '91 | Julia Davids | m-Rendell | | | | |

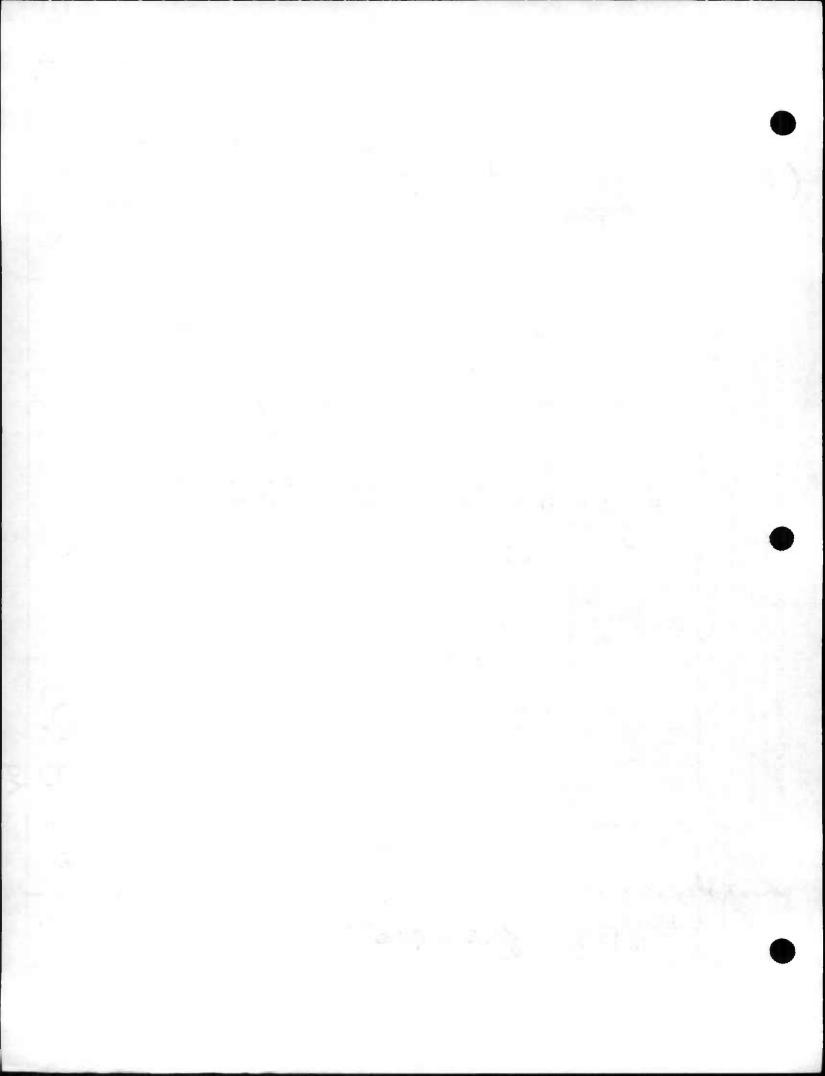


IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR

CTATE OF MADVIAND / DEPARTMENT OF MEALTH AND MENTAL MYOURNE

| REGISTRAR | | | | ICATE OF | DEATH | H | EG. NO. | | |
|--|--|---|--------------------------------------|------------------------------------|---|-----------------------------|--|-----------------|--|
| 1. DECEDENT'S NAME (First, Middle, | | | | | | 2. DATE OF D | DAY | YEAR | 3. TIME OF DEATH |
| | eonard | Coleb | | | | March | | 991 | 9.08 AM |
| 4. SOCIAL SECURITY NUMBER | 5. SEX | 6. AGE (In yrs. I | est birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF B (Month, De) | | 8. BIRT Coun | HPLACE (State or Foreign try) |
| 202-01-7571 | 1 → M 2 □ F | 86 | YRS. | months DATS | HOURS MIN. | | 1905 | | nsylvania |
| 9a. FACILITY NAME (If not institution, | give street and number) | | | 9b. CITY, TOWN | OR LOCATION OF D | EATH | 9c. C | OUNTY OF | DEATH |
| Memorial I | <u>lospital</u> | - | | East | on | | | Talb | ot |
| 10s. STATE 10b. C | DUNTY | | 10c. CI | Y, TOWN OR LOC | ATION | | | | 10d. INSIDE CITY |
| Maryland (| Caroline | | P | reston | | | | | LIMITS? |
| 10s. STREET AND NUMBER | arorric . | | | | of, ZIP CODE | | 10a. | CITIZEN OF | WHAT COUNTRY? |
| Main St. P.O | Box 57 | | | | 21655 | | | USA | |
| 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced | 12. WAS DECEDEN FORCES? 1 IF YES, GIVE N | NT EVER IN U.S. / I YES 2 T MAR OR DATES | NO | If yes, | ECENDENT OF HISPA specify Cuben, Mexic ES 2 NO Speci | en, Puerto Ricer | | Spe | E American Indian, ck, White, etc. city: White |
| 15. DECEDENT' (Specify only highes | | 180.1 | DECEDENT | USUAL OCCUPA | TION | 16b. KIN | D OF BUSINESS | /INDUSTRY | |
| Elementary/Secondary (0-12) | College (1-4 or 5 | _ | lie. Do NOT u | work done during i se retired.) | nost or working | | | | |
| , | 4 | | Pharm | acist | | p' | harmace | utica | 1 |
| 17. FATHER'S NAME (First, Middle, La | - | | LIMALI | WC_10 | 16. MOTHER'S N | | | | t at |
| | | | | | | | | | |
| John Coleberg 190. INFORMANT'S NAME (Type/Print | 4 | 1 | 40b bran /** | A A DODESO CO | Anna Ma | | | | |
| the reserve thinks you | ī | | | | t and Number or Rural | | | | 740 |
| Hilda Hemsley | | | | | St.; Jer | | | | |
| 1 XBuriel 2 Cremation 3 | | of cemeta | ry, cremator | of oisposition of cemet | | OATE /OA | 20c. LOCATION | | |
| 4 Donation 5 Other (Specify | | - HOT | Tywoc | | | | Harrir | igton, | DE |
| 21. SIGNATURE OF FUNERAL SERV | CE LICENSEE | 1 1 | | 22. NAME | AND ADDRESS OF F | ACILITY FUNCER | AL Ho | Me | |
| to mil | Mall | The | | 500 | | El 1/20 | ماراد | . 50 | 19952 |
| Sequentially list conditions, if smy, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | DUE TO | O (OR AS A CONS | SEOUENCE (| OF): | tic Au | | | | |
| | d | | | | | | | | |
| PART II, Other significent cor | ditions contributing to | o death but no | t reaulting | in the underly | ing cause given in | | NAS AN AUTOI PERFORMED? | | Ib. WERE AUTOPSY FINOI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO |
| OF MAC CASE DESERVED TO THE | CAL | | | | DI AGE OF DESTRICT | hash est | | | |
| 25. WAS CASE REFERRED TO MEDI EXAMINER? | HOSPITAL: | | | OTHER: | PLACE OF DEATH (C | neck only one) | | | |
| The state of the s | | ☐ ER/Outpatient | | 4 Nursing H | ome 5 🗆 Residence | - | | | |
| 1 TYES 2 THO | 10 Inpatient 2 | | | | NJURY AT | 28d. DESCRI | BE HOW INJURY | OCCURED | |
| 1 YES 2 NO 27. MANNER OF DEATH | 1 Inpatient 2 28s. DATE O | F INJURY Day, Year) | | | MORK? | | | | |
| 1 VES 2 NO | 28a, DATE O (Month, atlon | Day, Year) | 100 | M 1 | YES 2 NO | | | | |
| 1 YES 2 TNO 27. MANNER OF DEATH 1 Natural 5 Pendin | 1 1 Inpatient 2 28s. DATE O (Month, outloon be) 28s. PLACE building | Day, Year) | 100 | | YES 2 NO | 281. LOCATIO City or To | N (Street and Nu wn, State) | mber or Rura | ! Route Number, |
| 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendin Investig 3 Suicide 8 Could a determine Check only 29e. CERTIFIER Check only | 1 1 Inpatient 2 28s. DATE O (Month, outloon be) 28s. PLACE building | Day, Year) OF INJURY — All, etc. (Specify) | home, farm | M 1 [| YES 2 NO | City or To | wn, State) a) and manner a | stated. | |
| 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pendin 1 nivestic 3 Suicide 8 Could a 4 Homicide determi | 28a. DATE O (Month.) action bot be ned 28a. DATE O (Month.) 28a. PLACE building PHYSICIAN: To the best of | Day, Year) OF INJURY — All, etc. (Specify) | home, farm | M 1 [| YES 2 NO | City or To | wri, State) a) and manner at place, and due | stated. | |
| 1 YES 2 NO 27. MANNER OF DEATH 1 | 28a. DATE O (Month.) action bot be ned 28a. DATE O (Month.) 28a. PLACE building PHYSICIAN: To the best of | Day, Year) OF INJURY — All, etc. (Specify) | home, farm | M 1 [| YES 2 NO | City or To | wri, State) a) and manner at place, and due | stated. | o(s) and manner se state |
| 1 YES 2 NO 27. MANNER OF DEATH 1 Acidemt | 28a. DATE O (Month.) action oot be ned PHYSICIAN: To the best of AMINER: On the best of TIFIER ON WHO COMPLETED CAI | Day, Year) OF INJURY — Ai ,, etc. (Specify) of my knowledge, examination and/ | home, farm | M 1 [street, factory, of | YES 2 NO fice site and place, and di , death occured at the | City or R | a) and manner at place, and due | DATE SIGNE | o(e) and manner se state ED (Month, Day, Year) 2/91 |
| 1 YES 2 NO 27. MANNER OF DEATH 1 Acidemt | antion 2 28s. DATE O (Month, set be need 28s. PLACE is building need 28s. PLACE is bui | Day, Year) OF INJURY — Ai ,, etc. (Specify) of my knowledge, examination and/ | home, farm death occur or investigat | M 1 [street, factory, of | YES 2 NO fice site and place, and di , death occured at the | City or R | a) and manner at place, and due | DATE SIGNE | r(e) and manner se stat |



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| IL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or | L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u | | them on it mendered as them 99 about a post inform or ather bearing the medical accomings mostly by modified of cases |
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| 7 | 0 | 2 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. | 1 |
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31. OATE FILEO (Month, Ogy, year)

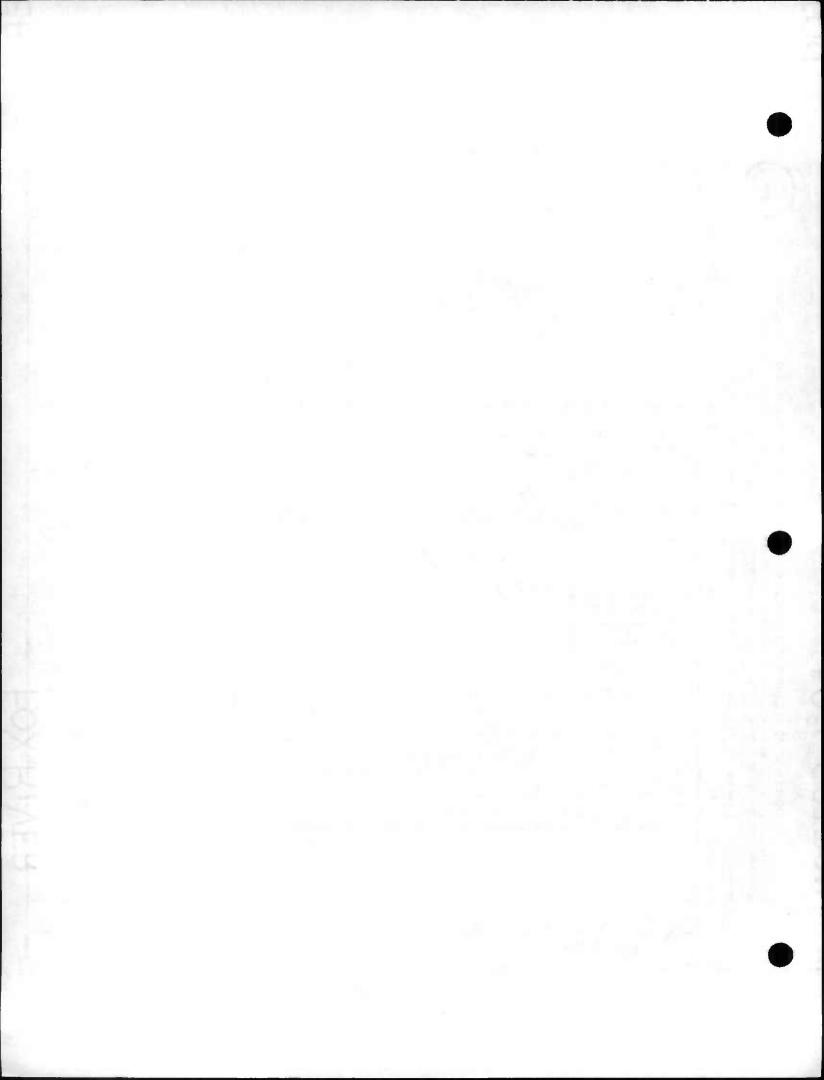
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32. REGISTRAR'S SIGNATURE
GUNA DAYMONOM

| - 1 | REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest) | | CE | RTIF | ICATE | OF | DEAT | Н | REG. N | | | 3. TIME OF DEATH |
|-------------|--|---|--------------------|-------------------------|---------------------------|----------------|---------------|------------|---|--------------|-------------------------|---|
| - 9 | Margare | | s Ca | ain | | | | | | 8 1 | 99T | 8:38 A |
| | 4. SOCIAL SECURITY NUMBER | T 7 | L AGE (In yrs. les | | IF UNDER | | IF UNDER | | 7. DATE OF BIRTH (Month, Day, Year, | | _ | HPLACE (State or Fore |
| | 219-01-3711 | 1 M 2 F | 70 | YRS. | MONTHS | DAYS | HOURS | MIN. | Oct. 13, | | MD | |
| ~ | 9a. FACILITY NAME (If not institution, give | street and number) | | | 9b. CITY | , TOWN O | R LOCATION | ON OF DE | EATH | | UNTY OF I | |
| DIRECTOR | Memorial Ho | spital | | | Ea | stor | 1 | | | T. | albc | t |
| 3EC | 10a. STATE 10b. COUNT | TY | | 10c. CIT | Y, TOWN | R LOCAT | ION | | | | | 10d. INSIDE CITY |
| ā | MD . | Caroli | ine | 150 | 10 | - | | De | enton | | | 1 TES 2 X N |
| FONEDAL | 10e. STREET AND NUMBER | | | | | | ZIP COD | | | | | WHAT COUNTRY? |
| - | Rd. 3 Box 19 | | ilter Ro | _ | 1 | | 2162 | | | US | _ | |
| | 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI | YES 2 N | MED | - 3 | | city Cuba | n, Mexice | NIC ORIGIN? (Specify in, Puerto Rican, etc.) y: | Ves or No- | 14. RAC Blac Spec | E — American Indian ck, White, etc. City: White |
| | 15. DECEDENT'S ED | | 16a. DE | CEDENT'S | USUAL O | CCUPATIO | N N | | 16b. KIND OF | BUSINESS/II | NDUSTRY | |
| II. | (Specify only highest grad Elementary/Secondary (0-12) | completed) College (1-4 or 5+) | (Gi | ive kind of Do NOT u | work done se retired.) | during mos | st of working | 19 | | | | |
| 7 | 7th | | owr | ner- | pera | ator | | | Rome | e's Ta | vern | 1 |
| COMPL | 17. FATHER'S NAME (First, Middle, Last) | | | | | | 200 | | ME (First, Middle, Mail | | | |
| N O | George Sheldon | Weigert | | | | | | | II Weiger | | | |
| 2 | 19a. INFORMANT'S NAME (Type/Print) | | | | | | | | Route Number, City or | | Zip Code) | |
| | Rome Willard Ca | ain | 20b. PLACE | - | | | | ton, | MD 2162 | LOCATION - | City or I | Town State |
| | 4 Donation 8 Other (Specify) | moval trom State | of cemetary. | cremator | or other p | olace) | | | 3-22 H | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE L | | 1 1101 | 1 y w | 22. | NAME AN | O ADDRE | SS OF FA | Green | sboro | o. MI | D 21639 |
| | MAR C | the | > | | F | leeg | le-H | elfer | nbein Fn | Hm P | ОВх | 160 |
| | 23. PART I. Enter the diseeses, or | | | | not enter | the mo- | de of dy | ing, suc | th as cardiac or re | apiratory a | arreat, | Approximat |
| | ahock, or heert fellure | . List only one ceus | e Dn eech line |). | | | | | | | | Interval Bet Onset and |
| | disease or condition resulting in death) | end st | aga Co | mor | 5 km | in 1 | hear | K | failur | | | |
| | | DUE TO (C | OR AS A CONSE | OUENCE C | OF): | | 11 | | | | | |
| : | Sequentially list conditions, | b. 15 CA | OR AS A CONSE | all I | nuy | MA | 77 | | 4 | | | |
| | If any, leading to immediate cause. Enter UNDERLYING | uche | | L | (F): / | K | - 0 | Ira | (1) | | | j |
| | CAUSE (Diseese or Injury that Initiated events | - | OR AS A CONSE | OUENCE (| PF): | | 00 | ,,, | | | | |
| אסוואסוגווע | resulting in deeth) LAST | d. | | | | | | | | | | |
| 2 | PART II. Other algolificant condition | one contributing to d | leath but not i | noultina | In the u | ndorlulna | | aluen In | Part 1 240 WAS | AN AUTOPS | v 1 a | Ib. WERE AUTOPSY FIN |
| Š | 1100 | DIN | 1. T | 1)4 | II | il Corry in S | 9 00000 | giveii iii | PER | FORMED? | / | AVAILABLE PRIOR TO |
| MEDICAL | Nancild | 1/2 00 0 | 1 ren | 5, | 14.5 | 7 | 11) | 1- | , 1 YE | S 2 NO | | OF DEATH? |
| | The state of the s | - Course | L 11/2 | in | 17: | - | 1.0 | | _ | | | 1 123 2 N |
| | 25. WAS CASE REFERRED TO MEDICAL | | | | | 26. PL | ACE OF E | DEATH (C | heck only one) | | | |
| 2 | EXAMINER? | HOSPITAL: | ER/Outpatient 3 | □ DOA | OTHE | | • 5 □ R | esidence | 6 Other (Specify) | | | |
| | 27. MANNER OF DEATH | 28a. DATE OF II (Month, Day | | 28b. TII | ME OF | 28c, INJ WO | URY AT | | 28d, DESCRIBE HO | W INJURY C | CCURED | |
| | 1 Natural 6 Pending | | | | М | | YES 2 [| NO | | | | |
| | 2 Accident Investigation | 28s. PLACE OF | INJURY - At he | ome, ferm, | atreet, fac | tory, offic | • | | 28t, LOCATION (Str City or Town, S | | ber or Rura | f Route Number, |
| D BY | 3 Suicide 6 Could not be | building, a | iter (opoon)) | | | | | | | | | |
| ETED BY | 3 Suicide 6 Could not be determined | building, a | | | | | | | | | | |
| ETE | 3 Suicide 6 Could not be 4 Homicide determined | building, a | ny knowledge, di | | | | | | | | | |
| D BY | 3 Suicide 4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN | SICIAN: To the best of n | ny knowledge, di | | | | leath occu | red at the | time, data and place | , and dus to | the cause | |
| ETED BY | 3 Suicide 6 Could not be 4 Homicide determined | SICIAN: To the best of n | ny knowledge, di | | | | 29c LIC | | MBER | , and dus to | the cause | e(s) and manner so sto |

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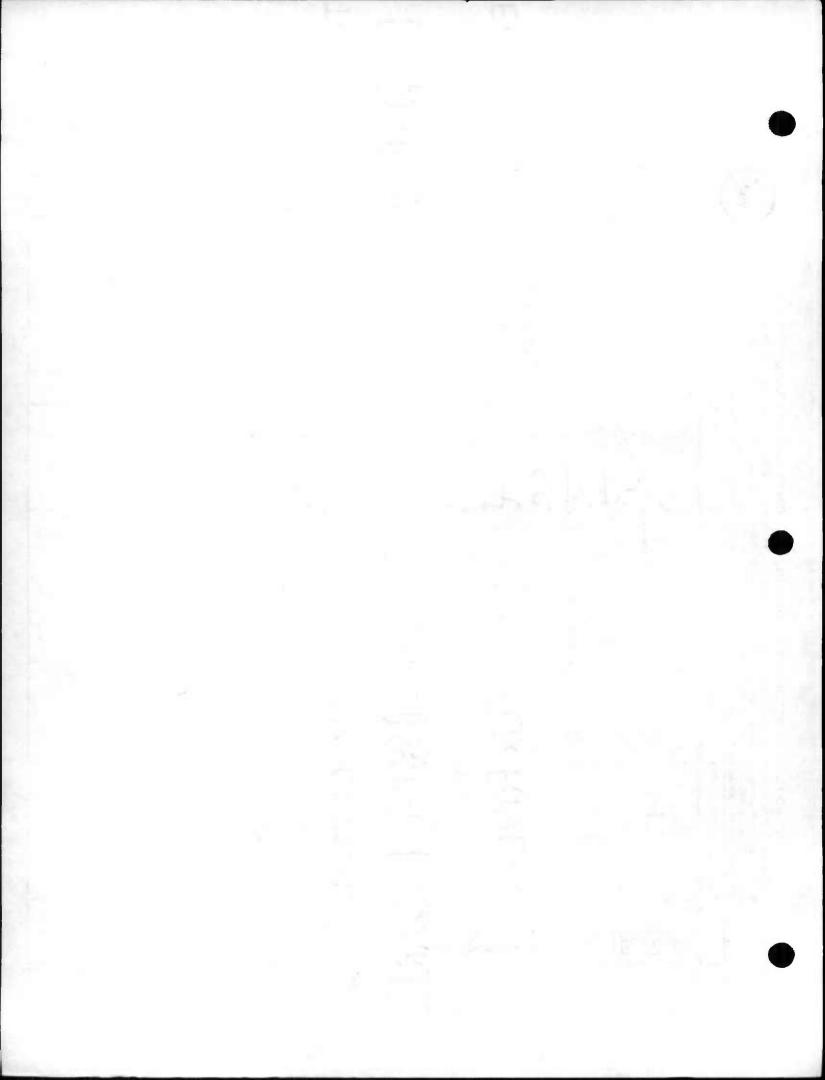
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| REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) ELEANOR | L. C | | | A/ | | MON | | Y 9' | EAR 3 | TIME OF DEATH |
|--|---|---|--|--|---|--|-------------------------------|--|---------------------|--|
| 4. SOCIAL SECURITY NUMBER | | 6. AGE (in yrs. les | st birthday) | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HR | /4.4. | OF BIRTH | 8. | BIRTHPL Country) | ACE (State or Foreig |
| 98. FACILITY NAME (If not institution, give street LELAND MEM & | et and number) | 85 osp €, | | | OR LOCATION OF | OEATH / | 18/0 | 9c. COUNTY | Y OF OEA | ington. |
| 10a. STATE 10b. COUNTY P. G. | | | | RAIN | | | | | - 20 | Od. INSIDE CITY |
| 10e. STREET AND NUMBER | | | 101/3 | | H. ZIP CODE | | | 10g. CITIZE | | YES 2 N |
| 32 00 VARNUM. | 37 | | | | 207 | 2 | | | U.S. | Α. |
| 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA | YES 2 XI | | If yes, s | CENDENT OF HIS pecify Cuban, Mar S 2 X NO Sp | ican, Puarlo | | | . RACE - | - American Indian White, etc. |
| 15. DECEDENT'S EDUCA (Specify only highest grade of | | 16a, DE | ECEOENT'S I | USUAL OCCUPAT | ION lost of working | 16 | b. KINO OF BUS | SINESS/INDUS | STRY | |
| Elementary/Secondary (0-12) | College (1-4 or 5+) |) | | vork done during m e retired.) | worning | | | | | |
| also dies dies aus dies also dies | | - H | ousev | wife | | | | n Hon | ne_ | |
| 17. FATHER'S NAME (First, Middle, Last) | | | | | | | Middle, Maiden | | | |
| Louis Ruble | | 10 | h. MAII ING | ADDRESS (Street | and Number or Ru | | Boarn | | orie) | |
| 21. SIGNATURE OF THE ALL SERVICE UCE | Sur La mplications that | Washir | ngton | Franci 4739 E | nal Cem and Address of s Gasch Baltimore | S Sc | /91 Sui ons Fui e., Hya | nenal attsvil | Ma Hom | e, PA MD 207 |
| 23. PART I. Enter the diseases, or co- hock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition | implications that let only one cause | Washir | eath. Do n | Property of the place) Nation 22. NAME / Franci 4739 E | nal Cem AND ADDRESS OF S Gasch Baltimore Tool | 2/26 FACILITY 1'S SC 2 Ave | ons Fur , Hya | itland, nenal attsvil | Ma Hom | e, PA MD 2078 |
| 21. SIGNATURE IF FUNE ALL SERVICE UCE 23. PART I. Enter the diseases, or co- hock, or heart fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Sequentially list conditions, if any leading to immediate | mplications that let only one cause MYDE DUE TO (ATA EPO DUE TO (I-ly PE | Washir | auth. Do na. The course of th | or other place) Nation 22. NAME Franci 4739 E not antar tha m V FARCT F): C ORON | nal Cem AND ADDRESS OF S Gasch Baltimore Tool | 2/26 FACILITY 1'S SC 2 Ave | ons Fur , Hya | itland, nenal attsvil | Ma Hom | ryland |
| 23. PART I. Enter the diseases, or conhock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | mplications that let only one cause Myoc DUE TO (ATA EPO DUE TO (ATA EPO DUE TO (| Washir Coused the dese on each line (ARD JAL (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE | anth. Do na. JACOUENCE OF | or other place) Nation 22. NAME Pranci 4739 E not antar tha m PARCT F): CORON F): | nal Cem AND ADDRESS OF S Baltimore Oda of dying, s -,'on MRY AL | 2/126. FACILITY I'S SC A VE A VE A VE A VE A VE A VE A VE A VE | ons Fur , Hya | itland, ne nal attsvil attsvil retory erres | Homele, | e, PA MD 2073 Approximatintarval Bet Onset and |
| 23. PART I. Enter the diseases, or combook, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | mplications that let only one cause Myse Court To (| Washir It caused the dese on each line ARDIAL (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not | anath. Do na. JAN GOUENCE OF SOURNCE OF TOURNCE OF | or other place) Nation 22. NAME Franci 4739 E not antar tha m FARCI F): CORON F): In the undarlyli 26. | nal Cem AND ADDRESS OF S Gasch Baltimore Oda of dying, s ARY AL Ing cause given | 12/126. FACILITY IS SO PAYER A VERY In Part I. | 24a. WAS AN PERFOR | itland, ne nal attsvil attsvil retory erres | Homele, | e, PA MD 207 Approximatintarval Better and Onset and VERE AUTOPSY FIN |
| 23. PART I. Inter the diseases, or combook, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | mplications that ist only one cause Myac Due to (DUE TO (DUE TO (DUE TO (DUE TO (| Washir Recused the dese on each line ARDIAL (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not in EBOutpatient : INJURY (Ny, Year) | and Do na. Languence of South Courage of the Coura | or other place) Nation 22. NAME / Franci 4739 E Not antar tha m NAME / FRANCI FRAN | ARY AL | In Part I. | 24a. WAS AN PERFOR | itland ne nal attsvil attsvil | Homle, | e, PA MD 207 Approximatintarval Bet Onset and |
| 21. SIGNATURE IF FUNE ALL SERVICE UICES 23. PART I. Enter tha diseases, or co-hock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH Natural 5 Pending | mplications that let only one cause Mysc Court of DUE TO (ATA EPO DUE TO (ATA | Washir It caused the dese on each line ARDIAL (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE INJURY ay, Year) FINJURY — At he etc. (Specify) | and Don a | or other place) Nation 22. NAME Pranci 1739 E not antar tha m PARCI P: CORON F): CORON F): 26. OTHER: 4 Nursing Ho BE OF 28c. FURTY M 1 estreet, factory, off | nal Cem NND ADDRESS OF S Gasch Baltimore Oda of dying, s NNPY AL | In Part I. | 24a. WAS AN PERFOR | Internal attsvil attsvil attsvil attsvil are reserved and second and Number of And Number of And Num | Homile, st, | e, PA MD 207 Approximatintarval Be Onset and VERE AUTOPSY FINANCIABLE PRIOR TO FEE CATTOR YES 2 N |

32. REGISTRAR'S SIGNATURE

mo 20908



MD

21620

Chestertown

REG. NO.

Kent-Oueen Anne Hospital.

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1 - FOR STATE REGISTRAR

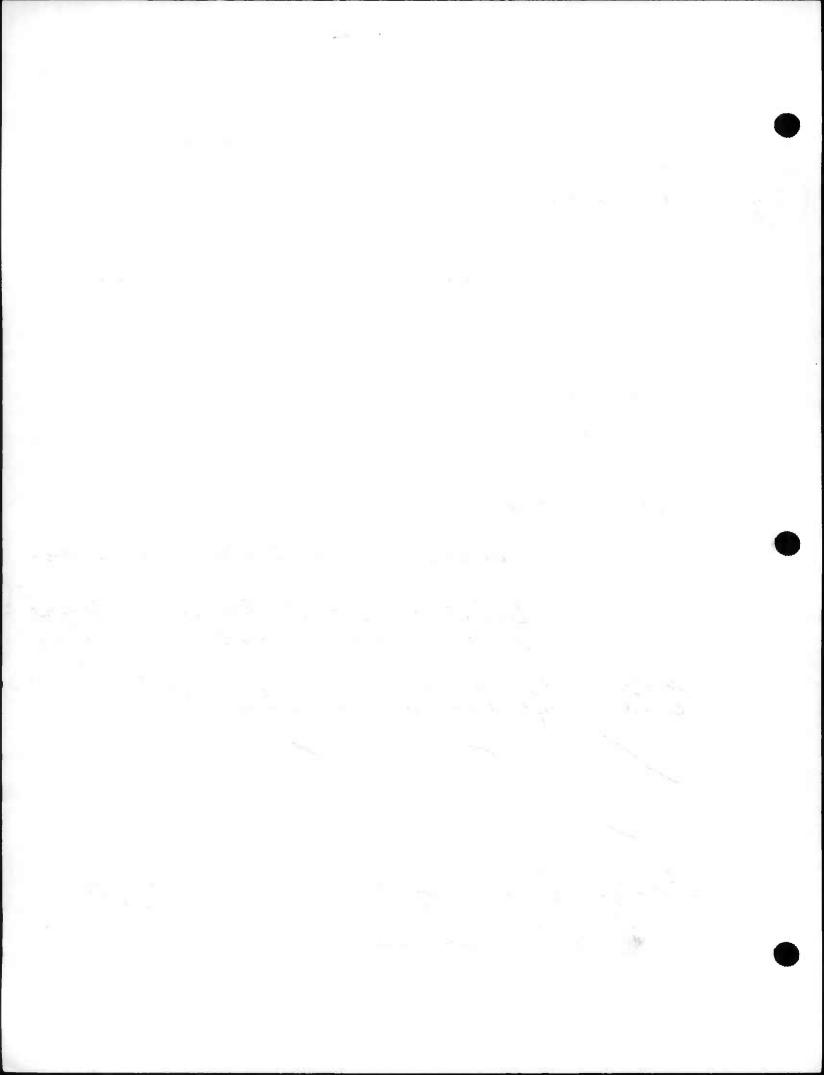
31. DATE FILED

George

T'91

| | | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | | | DATE OF DEATH | | | IME OF DEATH |
|--|---------------|---|-----------------------|--|-------------------|--|--|---------------------|-----------------------|---------------|--------------------------|----------------------------|
| | 1 | | | | | | | | | 3:25 pM | | |
| - | | 4. SOCIAL SECURITY NUMBER | 5. SEX | EX 6. AGE (in yrs. leal birtholey) F UNDER 1Y VAR F UNDER 24 HRS. 7. DATE (Morth) 100 AYS 100 AY | Feb. 27 | | | E (State or Foreign | | | | |
| | | | | | | | | | (Month, Day, Year) | | Country) | |
| | | 220-03-4451 | | 8 | В тиз, | | | | 11/19/0 | | | more MD |
| | | 9a, FACILITY NAME (If not Institution, give | | | | 9b. CITY, TOW | N OR LOCATION | OF DEATH | 1 | 9c. COUNT | Y OF DEATH | |
| ((CENTER) | 8 | P.O. BOX 3 | 16 | | | Ro | ck Hal | .1 | |] | Kent | |
| | DIRECTOR | RESIDENCE OF DECEDENT | | | 1 | | | | | | | |
| o a | H | 10a. STATE 10b. COUNT | Y | | 10c. CIT | Y, TOWN OR LO | CATION | | | | 10d. | INSIDE CITY LIMITS? |
| -E | | Maryland | Kent | | | Rock | Hall | | | | 1 🗆 | YES 2 NO |
| E | 4 | 10e, STREET AND NUMBER | | | | | 10f. ZIP CODE | | | 10g. CITIZE | EN OF WHAT | COUNTRY? |
| . usit | E | Chesapeake Av | enue | P.0 | Box | 316 | | 166 | 1 | l 1 | U.S.A | |
| 46 physician. burial-transit | FUNERAL | 11, MARITAL STATUS | 12. WAS DECEDEN | TEVER IN U.S | S. ARMED | 13. WAS [| ECENDENT OF H | IISPANIC (| ORIGIN? (Specify Yes | | 4. RACE — A | merican Indian, |
| 46 phys | _ | 1 Never Married 2 Married | | | | | | | uerto Rican, etc.) | | Black, White Specify: | te, etc. |
| Bing at | B | 3 Widowed 4 Divorced | | | | | W. | | | | | white |
| 03-31 attending se as the | | 15, DECEDENT'S ED | | 160 | DECEDENT'S | USUAL OCCUP | ATION | | 16b. KIND OF BUS | BINESS/INDU | | |
| 22 or a | | (Specify only highest grad Elementary/Secondery (0-12) | | +) | life. Do NOT u | work done during se retired.) | most of working | | | | | |
| 2 2 2 Spital ed ft | 김 | | 2 | " | ī | Rookke | ener | | Hard | ware | Stor | .0 |
| AND 21203 the hospital or attend detached for use as once. | COMPLETE | 17. FATHER'S NAME (First, Middle, Last) | | | | JOORNE | | 'S NAME | | | SLOI | |
| LA be de de de de de de de de de de de de de | | Norris Lemue | al Achlo | | | | | | | | | |
| ed b | BE | 190. INFORMANT'S NAME (Type/Print) | ET ASHITE | <u> </u> | 1 405 4441 016 | ADDRESS (Com | | | | | To alla) | |
| MARYLAND 21203-3146 retained by the hospital or attending phys s should be detached for use as the burin | 2 | | 711- | | | | | | | | | |
| 5 2 4 | | William N. (| Clark | _ | | | | | | | | |
| AE, may x. pa(| | 20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rec | novel from State | oth | ner place) | | | • | | | ty or Town, S | |
| Page 6 radication | | 4 Donation 5 Other (Specify) | | - Wes | sley (| Chapel | Cemet | ery | 3/1 Ro | ck Ha | all, | Kent MD |
| BALTIMORE, I er death. Page 6 may be the funeral director, page ral. | | 21. SIGNATURE OF FUNERAL SERVICE L | ICENSE | 11 | | | | | | 1 1 | T | Da |
| ALTI death. tunera s. tunera cxamir | | 1/homeso V | 11.11 | ./. | - | | | | | | | , PA |
| | \vdash | 23 PART I Enter the diseases or | complications the | t caused th | e deeth Do | ROC | K Hall | - M | aryland | reton, erre | 261 | Approximate |
| Fours after or remove medical | | shock, or heart failure | . List only one cau | use on each | line. | iot dilter the | illode or dying | , sucir a | a ceruiac or reapi | natory erre | 24. | Interval Between |
| | | IMMEDIATE CAUSE (Finel | 0 | | -1 | _ , | 4- | . 4 | 2- | 1. | es 101 | Onset and Death |
| = = = = = = = = = = = = = = = = = | | diseese or condition resulting in death) | . 0 | na | ell | ne | Dog | w | Face | wie | 2 | 6 mg |
| O. BOX 13146, the certificate be executed within ending physician and completely I hyglene prior to burial, cemail or other traumatic event, the | | | DUE TO | (OR AS 4 CO | INSEQUENCE O | P): | | | | | | |
| 13146, executed with and complete or burial, or natic even | Z | Sequentielly list conditions, | | U | | | | | | | | |
| OX 1 ste be exe ysician ar prior to t | E | If any, leading to immediate | DUE TO | IOR AS A CO | NSEQUENCE O | n / | 11-1 | 1 - | 0. | / | - 4 | 4 |
| BOX ficate be physician ne prior i | 2 | cause. Enter UNDERLYING CAUSE (Disease or Injury | · De | la | ex | Les | X V. | see | ruck | e. | | 190 |
| O. B certifica nding phr Hygiene | ᄩ | thet initiated events | due to | (OR AS A CO | MSEQUENCE O | Pol | | | 1- | . 37 | | " |
| P.O. ath certificate Hygin of or or or or or or or or or or or or or | CERTIFICATION | resulting in death) LAST | a / 8 | ne | C | neg | urg | in | are | - | | 2 das |
| de de | | DADT II Other significant condition | ne contribution to | double best a | ant marriting | - L | | on in the | rt I. 24s, WAS AN | ALCOHOLDS. | T 242 1000 | E AUTOPSY FINDINGS |
| CORDS vires that the signed by the Health and M we any inju | MEDICAL | 11 F | Pos | - Country Dut 1 | 1 | - One underly | und capae Ma | en no ran | PERFOR | | MAIL | LABLE PRIOR TO |
| COR uires tha signed Heatth a | 음 | man | regue | mar | The C | 7 | | - | 1 TYES 1 | D.MO | | PLETION OF CAUSE DEATH? |
| | 핗 | Old 1 | 1-0000 | ede | rat | in | far | cl | de | | 1.0 | YES 2 NO |
| W ree | 7 | | P | 0 | | / | | | , | | | |
| AL Me law he law he law e Dept | M | 25. WAS CASE REFERRED DO MEDICAL | | | | 24 | PLACE OF DEA | TH (Check | only one) | | | |
| OF VITAL RE PHYSICIAN: The law req this certificate has been with the State Dept. of riked, or item 23 she | SICIAN: | EXAMINER? | HOSPITAL: | ER/Outpatie | et 3 🗆 DOA | | tome 5 Mario | lance 6 | Other (Specify) | | | |
| F V SICIA certif h the | РНҮ | 27. MANNER OF DEATH | | | | E OF 28c. | INJURY AT | _ | M. DESCRIBE HOW I | NJURY OCCU | JHED | |
| | | 1 Statural 5 Pending | | Xeyi Yever) | : IN | The second secon | AND RESIDENCE OF THE PARTY OF T | 100 | | | | |
| ON DING After death | BĄ | 2 Accident Investigation 3 Suicide 6 Could get be | 28e PLACE C | OF INJURY — | At home, farm, | | | _ | H. LOCATION (Street | and Number o | r Burni Bravin | Monthey |
| ATTENDING ECTOR: After s after death | ED | 4 Homicide 6 Could not be | building | etc. (Specify) | 0.00 | | | - 1 | City or Town, Status | | | |
| DIVISION OR ATTENDING DIRECTOR: After hours after death tem 28 is ma | <u>-</u> | | _ | | | | | _ | | | | |
| DIV IAL OR A AL DIREC 72 hours | 립 | | SICIAN: To the best o | f my knowledg | je, death occur | red at the time, | data end place, a | nd due to | the cause(e) end ma | nner aa state | d. | |
| HOSPITAL FUNERAL I WITHIN 72 h | COMPL | One) 2 MEDICAL EXAMI | ER: On the basis of | examination er | nd/or investigati | on, in my opinio | n, death occured | at the tim | e, data and placa, er | nd due to the | cause(a) and | manner ee stated. |
| TO THE HOSPI TO THE FUNER be filed within | U U | 29b. SIGNATURE AND TITLE OF CERTIF | ER 🔍 🗸 | | | | 29c. LICENS | SE NUMBE | R | 29d. DATE | SIGNED (Mon | rgh, Day, Year) |
| THE fied NOW | m | Den- 4 | a Va | | | 0101 | N | 319 | 79 | 1 7 | 3/11 | 91 |
| P P 2 3 3 | 0 | - mel | 1 | | - | - 11 | 10 | <u> </u> | 1 1 | 1 | 11/ | // |

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**



| BALTIMORE, MARYLAND 21203-3146 | law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician, | as been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit been of Heath and Mental Hydiene prior to burial, cremation, or removal. | 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
|--------------------------------|---|--|---|
| Ë, | пау ре | r, page | st be |
| MOR | 9 e 6 I | directo | Jr mu |
| Ē | ath. Po | neral | amine |
| BA | ther dea | the fu | al ex |
| | ours a | In by | nedic |
| | 24 hc | filled tion, c | the n |
| L RECORDS, P.O. BOX 13146, | ed within | as been signed by the attending physician and completely filled in by the fact of Health and Mental Hydiene polor to burial, cremation, or removal. | event, |
| 131 | xecute | and c | natic |
| ŏ | te be | sician orior to | traun |
| .0 | rtifical | of physical | other |
| Θ. | ath ce | tendir al Hvr | 0 |
| S, | he de | the at | njery |
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| R | aw rec | s beer | 3 sh |
| | _ | | |

Item

marked, or

49

Item 28 |

DIVISION OF VITAL OR ATTENDING PHYSICIAN: The DIRECTOR; After this certificate I hours after death with the State

HOSPITAL FUNERAL within 72 h IMPORTANT: II

표분

223

1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH 3. TIME OF DEATH Feb. 14, 7991 12:31A Lena Olivia Clark A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, 6. BIRTHPLACE (State or Foreign DAYS HOURS 219-07-7221 1 M 2 X F 7-18-1908 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Kent Kent & Queen Anne's Co. Hospital Inc Chestertown. DIRECTOR RESIDENCE OF DECEDENT 10d. INSIDE CITY 10c. CITY, TOWN OR LOCATION Rt. 5 Chestertown, Md. Md. KENT 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER Rt. 5 21620 U.S.A. Lincoln Drive. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE --- American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 27 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married Specify: Black ВҰ 3X Widowed 4 ☐ Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elamentery/Secondary (0-12) College (1-4 or 5+) 7th grade Factory Worker Cannery 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) James Aaron Bright Rachel Jones Bright BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zlp Code) 2 Irene Pressley 5716 Marshall St. Philadelphia, Pa 19120 20s. METHOD OF DISPOSITION
1 X Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State Fountain Cemetery Worton, Md. 22. NAME AND ADDRESS OF FACILITY
James A. Perkins Funeral Service 21. SIGNATURE OF FUNERAL SERVICE LICENSEE James a. Perkins P.O. Box 143 Rock Hall, Md. 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, shock, or heert fellure. Liet only one cause on each line. interval Between **Onset and Death** IMMEDIATE CAUSE (Finel diseese or condition arterrordenster reculting in death) DUE TO (OR AS A CONSEQUENCE OF). PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reculting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS gangrene Oleg 1 - YES 2 - NO AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO ampritation Mullation 25, WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 AO atlent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 1611, When mo 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) WUN

32. ABGISTRAN'S SIGNATURE
Julia Davidson-Randell

DIRECTOR

BY

COMPLETED

BE

2

notified pe must examiner medical the or other traumatic event, shows any item 23 s marked, or this c death After 1 DIRECTOR: A hours after do -59 item 28 FUNERAL within 72 h IMPORTANT: H

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

FEB 27 '91

Julie Davidson-Randelle

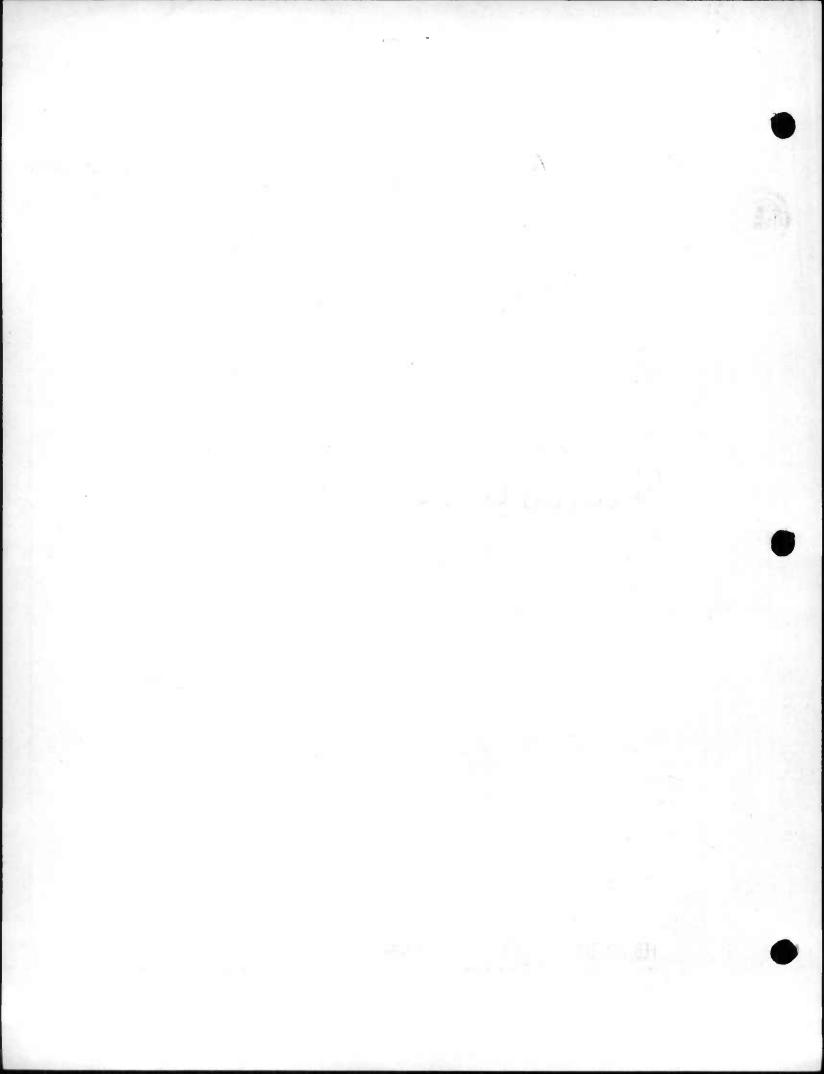
불분별

223

2. DATE OF DEATH MONTH DAY 1. DECEDENT'S NAME (First, Middle, Last) COHEY WILSON February 26, AM 1991 12:04 4. SOCIAL SECURITY NUMBER 5. SEMale 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 M 2 F January 25,1916 Q.A. Co.Marylan 218 05 9772 MONTHS DAYS HOURS 75 YRS Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Queen Anne Co Home of Brother Rte # 1 663 Box Chestertown RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10b. COUNTY 10d, INSIDE CITY Chestertown (Kent County Kent 1 XIVES 2 NO Maryland FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21620 USA 100 Cedar St. ti. MARITAL STATUS Widowed 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No... FORCES? 1 XXYES 2 NO IF YES, GIVE WAR OR DATES If yee, epecify Cuben, Maxican, Puarto Rican, etc.)

1 ☐ YES 名IX NO Specify: 1 Never Married 2 Merried Specify: 3 Widowed 4 Divorced No WW 2 White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16h. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple **Owner** Elementary/Secondary (0-12) College (1-4 or 5+) 8 Dealer in Live Stock 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Charles Henry Cohey Ella B. Ireland 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Rte # I Box # 663 Chestertown MA 2 19e, INFORMANT'S NAME (Type/Print) Allen H. Cohey (Brother) Chestertown, Md. 21620 20s. METHOD OF DISPOSITION
1 Duriel 2 Cremetion 3 Removal from State
4 Donation 5 Disposity) 20c. LOCATION -- City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 1991 Chestertown, Md. Chester Cemetery (March 2, H. SHUNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY P.O. Box # 264 Chestertown, Md. 21620 J. Willis Wells 23. PART I street the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate hock, or heert feilure. Liet only one ceuse on each line. Intervai Between IMMEDIATE CAUSE (Fine) **Onset and Death** disease or condition DUE TO (OR AS A CONSEQUENCE OF): 6aus 6 resulting in deeth) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAIL AIM E PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 70 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpetient 3 | DOA 4 - Nursing Home 5 - Mesidence 6 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1- Natural 5 Pending M 1 YES 2 NO Investigation 2 Accident 261. LOCATION (Street and Number or Rural Floute Number, City or Town, State) 3 Sulcide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 8 Could not be 4 Homicide 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner se stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Co Dannaus les. Feb. 26, 1991 D-00354 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) C. Gottfried BAumann Chestertown, Maryland 21620 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE



BALTIMORE, MARYLAND 21203-3146

IMPORTANT: It Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

| | FOR STATE | STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL | HYGIENI |
|---|--------------|---|----------|
| - | REGISTRAR | CERTIFICATE OF DEATH | REG. NO. |

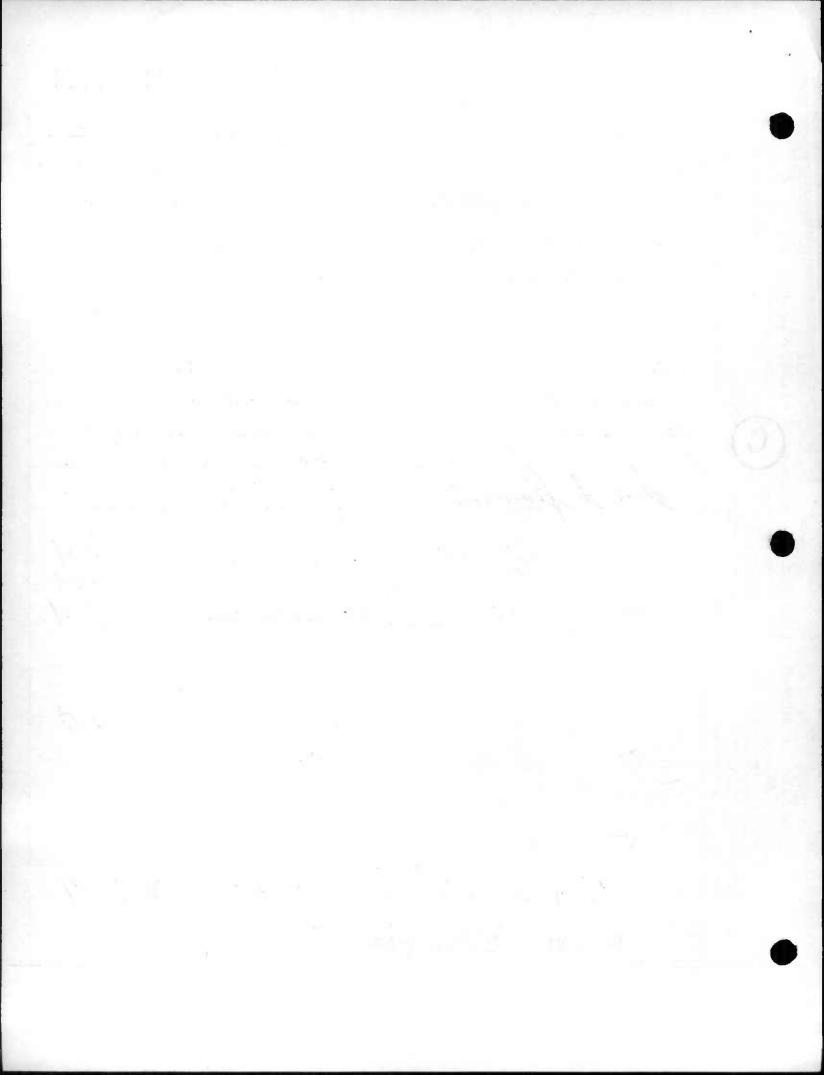
| | 1 - STATE REGISTRAR | SIAIE OF MAI | | | | | DEATH | | NIAL HYGIEN REG. NO | | | | | |
|--------------------|--|---|--|--------------------|------------------------------|---|---|----------------|--|----------|-----------|---------------------|--|--|
| i | 1. DECEDENT'S NAME (First, Middle, | | | | | | | 2 | DATE OF DEATH | AY. | YEAR | 3. TIME C | | |
| 1 | | Charles Ho | | | (Jr | <i>)</i> | | \rightarrow | CDI | 991 | | 4 | A M | |
| | 4. SOCIAL SECURITY NUMBER | 6. SEX Male 6. | AGE (In yrs. last t | | IF UNDER | 1 YEAR DAYS | IF UNDER 24 H | IRS. 7. | (Month, Day, Year) | 022 | 8. BIRTI | HPLACE (St | Maryla: | |
| | 217 36 0619 | _58 | YRS. | | | | | | | | | Mai y La. | | |
| E E | 9a. FACILITY NAME (If not institution, At Home 112 | | Chestertown, Md. 21620 Sc. County of DEATH KENY KENT | | | | | | | | | | | |
| 5 | 10s. STATE 10b. C | OUNTY | | 10c. CIT | Y. TOWN O | OR LOCAT | ION | | | | | 10d. INSI | DE CITY | |
| Ë | | Cent | - 1 | | neste | | | | | | | LIMI | TS? | |
| | 10g. STREET AND NUMBER | | | | | 101 | ZIP CODE | | 10g. CITIZEN OF WHAT COUNTRY? | | | | | |
| FUNERAL DIRECTOR | 112 Washingt | | | | | .501 | 2162 | 0 | | 117 | SA | | | |
| BY FUN | 11. MARITAL STATUS DIVOT 1 Never Merried 2 Merried 3 Widowed 4 Divorced | Ced 12. WAS DECEDENT E FORCES? 1 I | TES ZETHO | , | 1 YES 2 NO Specify: Specify: | | | | | | C. | | | |
| COMPLETED | 15. DECEDENT' (Specify only highes Elementary/Secondary (0-12) 1 1 | | (Give | hind of the NOT us | work done se retired.) | EVALL OCCUPATION At done during most of working | | | | | | | | |
| BE CON | 17. FATHER'S NAME (First, Middle, Lest) Charles Howell Crew (Sr.) 16. MOTHER'S NAME (First, Middle, Melden Surneme) Elizabeth Moffett | | | | | | | | | | | | | |
| TO B | 196. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Elizabeth Moffett Crew (Mother) 112 Washington Ave. Chestertown, Md. 21620 | | | | | | | | | | 20 | | | |
| | 20s. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specific | 20b. PLACE OF other please Cheste | F DISPO | emet e | ery | netery, cremator | /91) | 20c. LC Che | 20c. LOCATION — City or Town, State Chestertown, Md. 21620 | | | | | |
| į | 21. SIGNATURE OF THE ERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY P.O. Box # 264 | | | | | | | | | | | | | |
| | J. Willis Wells Chestertown, Md. 21620 | | | | | | | | | | | | | |
| NO | ahtick, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | | | |
| CERTIFICATION | Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | | | |
| PHYSICIAN: MEDICAL | PART II. Other significant con | aditions contributing to de | ath but not re | sulting | In the u | nderlyln | g cause give | en in Pa | ert I. 24s. WAS AI PERFO | RMED? | Y 24 | COMPLET OF GEATT | TOPSY FINDINGS E PRIOR TO TON OF CAUSE 17 6 2 NO | |
| ₹ | 25. WAS CASE REFERRED TO MED | | | | | 26. PI | ACE OF GEAT | TH (Check | only one) | | | | | |
| SIC | EXAMINER? 1 YES 2 NO | HOSPITAL: | R/Outpetient 3 | □ DOA | OTHE 4 Nu | | e 5 🗆 Resid | lence 6 | Other (Specify) | | | | | |
| ₹I | 27. MANNER OF OEATH | 28a. DATE OF IN. (Month, Day, | | 28b. TR | | 28c. INJ | | | ad. DESCRIBE HOW | INJURY O | CCURED | | | |
| BY | 1 Natural 5 Pendin 2 Accident Investig | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | M | | YES 2 N | 10 | | | | | | | |
| | 3 Suicide 6 Could 4 Homicide determ | ne, farm, | street, fac | ctory, offic | • | 2 | 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | | | | | | |
| COMPLETED | 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of szamination snd/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. | | | | | | | | | | | | | |
| Ŭ W | 296. SIGNATURE AND TITLE OF CE | RTIFIER | | | | | 29c. LICENS | E NUMBI | ER | 29d. D/ | ATE SIGNE | O (Month, D | ay, Yoar) | |
| 0 | July C. Al | - mun | | | | | D-138 | 324 | | • | 2-2 | 10.91 | | |
| 2 | 30. NAME AND ADDRESS OF PERS | WHO COMPLETED CAUSE | | | | Md. | 21620 |) | | | | | | |
| 3 | 31. DATE FILED (Month, Day, Year) | 41 | | | | | | | | | | | | |
| 1 | FFR 21 '9 | 32. REGISTRAR'S | Davidson- | Rand | 200 | | | | | | | | | |

and a subject to the

MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

| | STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lost) 2. DATE OF DEATH 3. TIME OF DEATH 3. TIME OF DEATH 3. TIME OF DEATH | | | | | | | | | 3. TIME OF DEATH | | | | |
|---------------------------------|--|----------------------------|------------------------|---------------|------------------|---------------------------|--|----------------------|-----------------|---------------------------------------|--|--|--|--|
| | 1. DECEDENT'S NAME (First, Middle, Lest) PHILIP PAUL CLARKE AMPRCH 11, 1991 | | | | | | | | | 545 A | | | | |
| | 4. SOCIAL SECURITY NUMBER | 5. SEX | 6. AGE (In yrs. I | nst birthdev) | IF UNDER 1 YE | 2 2 4 4. | 7. DATE OF BIRTH | 1, 19 | | PLACE (State or Foreign | | | | |
| | 217 26 0600 | 1 XM 2 - F | 97 | YRS. | | NYS HOURS MIN. | (Month, Day, Year) | 1002 | Country) |) | | | | |
| ļ | 217-36-8680 9e. FACILITY NAME (# not Inetitution, give | street and number) | 9/ | | 9b. CITY. TO | WN OR LOCATION OF | JULY 31, | 1893 | NTY OF DE | RYLAND | | | | |
| | | | MTIT DD | | | | | | | | | | | |
| CTOR | AT HOME, 1061 CLARKE'S MILL RD. HOLLYWOOD ST. MAR | | | | | | | | | | | | | |
| | 10a. STATE 10b. COUNT | TY | | 10c, CI | TY, TOWN OR L | OCATION | | | | 10d. INSIDE CITY LIMITS? | | | | |
| MD. ST. MARY'S COUNTY HOLLYWOOD | | | | | | | | | | 1 TES 2 NO | | | | |
| | 10e. STREET AND NUMBER | | | | | 101. ZIP CODE | | 10g. CIT | IZEN OF WI | HAT COUNTRY? | | | | |
| | 1061 CLARKE'S M | | | | | 20636 | | | S.A. | | | | | |
| | 11. MARITAL STATUS 1 Never Merried 2 Merried | 12. WAS DECEDER FORCES? | NT EVER IN U.S. A | RMED NO | | | ANIC ORIGIN? (Specify 'lcan, Puerto Rican, etc.) | fes or No— | 14. RACE Black, | — American Indien, White, atc. | | | | |
| | 3 Wildowed 4 Divorced | IF YES, GIVE | WAR OR DATES | | 1 🗆 | YES 2 X NO Spe | cify: | | Specify | Specify: WHITE | | | | |
| Н | 15. DECEDENT'S EDI | JCATION | 16a. C | ECEDENT'S | USUAL OCCU | PATION | 16b, KIND OF E | USINESS/INI | - | | | | | |
| | (Specify only highest grad | | - 6 | | work done durin | ng most of working | | | | | | | | |
| | 6TH, GRADE | College (1-4 of 5 | | FARME | D | | | FARM | | | | | | |
| | 17. FATHER'S NAME (First, Middle, Last) | | | Sitions | | 18. MOTHER'S | NAME (First, Middle, Maid | | | | | | | |
| | THOMAS IGNATIUS | CT.ARKE | | | | DOBY | DAWKINS HA | NCOCK | CCK | | | | | |
| | 19e. INFORMANT'S NAME (Type/Print) | C.UAIMI. | 1 | 9b. MAILIN | ADDRESS (Si | | al Route Number, City or 1 | | Code) | | | | | |
| 2 | MARY THELMA ABEI | т. | | 1061 | CLARK | ES MILL F | D. HOLLYW | (COO) | MD. 2 | 20636 | | | | |
| | 20s. METHOD OF DISPOSITION | | 20b. PLAC | E OF DISPO | | of cemetery, cremetory of | | LOCATION - | | · · · · · · · · · · · · · · · · · · · | | | | |
| | 1 ☆ Buriel 2 ☐ Cremation 3 ☐ Rer 4 ☐ Donation 5 ☐ Other (Specify) | noval from State | other, | | 'S CATT | HOLIC CEM | ETTERY HO | OT.T.VWC | מ ממ | MARYLAND | | | | |
| | 21. BIOMATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY | | | | | | | | | | | | | |
| 1 | MATTINGLEY-GARDINER FUNERAL HOME, P.A. | | | | | | | | | | | | | |
| - | P.O. BOX 270I.FONARDTOWN _MD _ 20650 23. PART I. Enter the diseases, or/complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, | | | | | | | | | | | | | |
| | ahock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition | | | | | | | | | | | | | |
| | resulting in death) | AUE TO | OF AS A COM | EQUENCE O | 7/14/U | my 1 con | mie | | | 141 | | | | |
| CERTIFICATION | Sequentially list conditions, if any, leading to immediate | | | | | | | | | | | | | |
| | cause. Enter UNDERLYING CAUSE (Disease or Injury | E DUE TO | OR AS A CONS | edustes ! | X17V | uccust | uxmmau | 1 | 9 | 190 | | | | |
| | that initiated events resulting in death) LAST | | | | | | | | | | | | | |
| | • | d | | | | | - C | | | V | | | | |
| 1 | PART II. Other algnificant condition | na contributing to | death but not | resulting | in the under | rlying ceuse given | In Part I. 24s. WAS PERF | AN AUTOPSY ORMED? | | WERE AUTOPSY FINDING | | | | |
| DICAL | | | | | | | 1 YES | 2 X NO | | COMPLETION OF CAUSE OF DEATH? | | | | |
| ME | | | | | | | | | | 1 TYES 2 NO | | | | |
| ž | | | | | | | | | | NID | | | | |
| PHYSICIAN | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | | OTHER: | 26. PLACE OF DEATH | (Check only one) | | | | | | | |
| 2 | 1 YES 2 HO | 1 🗆 Inpetient 2 | ☐ ER/Outpatient | 3 DOA | | Home 5 Resident | te 8 🗆 Other (Specify) | | | | | | | |
| | 27. MANNER OF DEATH 1. Netural 5 Pending | 28a. DATE O (Month, | F INJURY Day, Year) | 26b, TI | JURY | c. INJURY AT WORK? | 28d. DEŞCRIBE HO | W INJURY OC | CURED | | | | | |
| | 1 Netural 5 Pending 2 Accident Investigation | | | | | YES 2 NO | | | | | | | | |
| 2 | 3 Suicide 6 Could not be 4 Homicide determined | | OF INJURY — At I | home, farm, | street, factory, | , office | ce 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | | | | | | |
| | | | | | | | | | | | | | | |
| COMPLE | (Silvesil Silvy | // // | | | | | due to the cause(e) and r | | | and manner as stated. | | | | |
| . 11 | 296. SIGNATURE AND TITLE OF CERTIFIE | ER / / | 1 | 11 | 5 | 29c. LICENSE I | UMBER | 29d, DA | TE SIGNED | (Month, Day, Ybar) | | | | |
| 2 | XON. | V M | 1/100 | M. | () | DA. | 6419 | 1 | 3- | 11-91 | | | | |
| 2 | 30. NAME AND ADDRESS OF PERSON W | HO COMPLETED CAL | USE OF DEATH (IT | TEM 27) (Typ | e, Print) | | | | - | 1 11 | | | | |
| | J. PATRICK JARE | OE. M.D. | T.FON | ARIYIY | IATNI MIN | RYLAND 20 | 650 | | | | | | | |
| | St. DATE FILED (Month, Figure) | | AR'S SIGNATURE | - NO 10 | WIN MA | MILIANI ZU | 6-1U | | | | | | | |
| | /MAKI2" | 911/ 4 | AR'S SIGNATURE | on-Man | ndelle | | | | | | | | | |



BALTIMORE MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

| ital or a | d for up | |
|--|--|--|
| TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Payeds milk the resident by the hospital or a | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral denset maps 5 would be detached for una second complete dense after death with the State Dent of Health and Mental Heritage brief to build cremation or removal | IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
| A 26 | ald be | ed at |
| 7 | 7 | notiff |
| ټ | a l | et be |
| * | 1 | r mu |
| ith. Pa | neral | mine |
| ter de | the fu | ai exa |
| ours at | in by | nedic |
| 1 24 1 | y filled | the |
| d within | mplete | event, |
| xecute | and co | atic |
| e pe | sician in | traum |
| rtificat | ying phy | other |
| ath ce | tal Hv | 10 ' |
| the de | the a | injun |
| s that | affth an | any |
| require | en sig | hows |
| WE 3 | has be | 23 |
| AN: Th | State | r iten |
| NSIC! | is cert | ed, o |
| ING P | Witter th | mark |
| TEND | TOR: A | 28 Is |
| DR AI | DIRECT | tem |
| PITAL | ERAL IN 72 | T. H |
| E HOS | E FUN | RTAN |
| T 01 | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the file and white 72 hours after death with the State Deat of Health and Mental Hydiane prior to build, cremation or removal | IMPC |
| | | |

3

| | FOR STATE REGISTRAR | STATE OF MARYL | | | HEALTH AND | MEN | TAL HYGIEN REG. NO. | | | | |
|-----------------------|---|--|---------------------------------------|-----------------|---|---------|--------------------------------------|---|------------|---|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) MARY THE | RESA CURTIS | 5 | | | 1 14 | ATE OF DEATH DA | 1991 | YEAR 3. 1 | TIME OF DEATH | |
| | 4. SOCIAL SECURITY NUMBER | | | IF UNDER 1 YEAR | | | ATE OF BIRTH Worth, Day, Year) | 1 | Country) | CE (State or Foreign | |
| | 214-34-6486 9e. FACILITY NAME (If not institution, give str | 1 M 2 XF 63 | | Oh CITY TOWN | LOB LOCATION OF | | AR. 16, | | MARY | | |
| <u>ج</u> | 96. FACILITY NAME (If not institution, give street and number) 95. CITY, TOWN OR LOCATION OF DEATH ST. MARY S HOSPITAL LEONARDTOWN ST. MARY S | | | | | | | | | | |
| 5 | RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY | | | 1404 | I. INSIDE CITY | | | | | | |
| DIRECTOR | MARYLAND ST. MARY S LEONARDTOWN | | | | | | | | | LIMITS? | |
| | 10e. STREET AND NUMBER | | | | 10f. ZIP CODE | | 10g. CITIZ | EN OF WHAT | | | |
| EB | GENERAL DELIVERY | | | | 20650 | | U.S.A. | | | | |
| BY FUNERAL | 11. MARITAL STATUS 1 Never Married 2 Married 3 XXWidowed 4 Divorced | 12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D | 2 XNO | If yes, | DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. Specify: BLACK | | | | | | |
| 9 | 15. DECEDENT'S EDUC (Specify only highest grade | | 16a. DECEDENT'S U (Give kind of wo | rk done durina | | П | 16b. KIND OF BUS | SINESS/INDU | STRY | | |
| COMPLETED | Elementary/Secondary (0-12) | College (1-4 or 5+) | HOUSEW | 244 | | | | | | | |
| OME | 17. FATHER'S NAME (First, Middle, Last) | | HOUSEW. | LTL | 16. MOTHER'S N | AME (F | irst, Middle, Msiden | Surname) | | | |
| BE C | CHARLES HENRY | DORSEY | | | CLARA | ELI | ZABETH | JONE | S | | |
| TO B | 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) | | | | | | | | | | |
| | AGNES MARIE DORSEY GENERAL DELIVERY, VALLEY LEE, MARYLAND 20692 200. PLACE AND DATE OF DISPOSITION (Name) DATE 200. LOCATION — City of Town, State | | | | | | | | | | |
| | 20b. PLACE AND DATE OF DISPOSITION (Name) 20b. PLACE AND DATE OF DISPOSITION (Name) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State | | | | | | | | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY | | | | | | | | | | |
| | BRINSFIELD FUNERAL HOME, P.A. LEONARDTOWN, MARYLAND 20650-0279 | | | | | | | | | | |
| CERTIFICATION | immediate Cause (Final disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST | | A CONSEQUENCE OF | | Youn | 2 | dint I | ntap | ePin | Interval Between Onset and Death | |
| PHYSICIAN: MEDICAL CE | PART II. Other eignificant condition | contributing to deeth b | ut npt reaulting in | the underly | ing cause given i | n Part | i. 24e. WAS AN PERFOI 1 YES 2 | RMED? | CO | RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO | |
| CIA | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | Y | 26 OTHER: | PLACE OF DEATH (C | check o | nly one) | | | | |
| HYS | 1 YES 2 NO | 1 Inpatient 2 ER/Out | DOA 28b. TIME | | ome 5 - Residence | - | Other (Specify) DESCRIBE HOW | INJURY OCC | IIRED | | |
| | Netural 5 Pending | (Month, Day, Year) | INJU | IRY | WORK? | 1 | . DEGUNDE NOW | INSURI COC | UNED | | |
| TED BY | 3 Sulcide 6 Could not be 4 Homicide datermined | 26e. PLACE OF INJURY building, etc. (Spe | / — At home, ferm, at | | | | | 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | | |
| COMPLETED | anal and | CIAN: To the best of my know R: On the basis of exemination | | | | | | | | d manner as stated. | |
| TO BE C | 29b. SIGNATURE AND TITLE OF CENTERS | my san | ~ | | 29c. LICENSE N D-14285 | | | 29d. DATE | SIGNED (MO | onth, Day, Year) | |
| _ | WILLIAM D. BOYD, | 11 MD 17 3 | JEFFERSON | | T, LEONAL | RDT | OWN, MAR | YLAND | 206 | 50 | |
| | 31. DATE FILED (Month, Day, Year) MAR 1 2 '91 | Julia Davidson | - Handale | | | | | | | | |

1815 196

FOR STATE REGISTRAR

HELEN

1. DECEDENT'S NAME (First, Middle, Last)

VICTORIA

COMBS

1 -

BY FUNERAL DIRECTOR

TO BE COMPLETED

BY PHYSICIAN: MEDICAL CERTIFICATION

COMPLETED

BE 2

WILLIAM D.

31. DATE FILED (Morth, Day, Year)
MAR 6

BOYD

'91

M.D.

32. REGISTRAR'S SIGNATURE
Girlia Davidson-Randall

LEONARDTOWN, MD. 20650

| 4. SOCIAL SECURITY NUMBER | 5. SEX | 6. AGE (In yrs. last | birthday) | IF UNDER | 1 YEAR | IF UNDER | 24 HRS. | | OF BIRTH | | O. BIRTHPLA | CE (State or Foreign |
|--|-----------------------------------|--|---|--------------|-----------------|---------------------|-------------|--------------|--------------------------------------|---------------|----------------|--|
| 219-46-9770 | 1 🗌 M 2 🏋 F | 78 | YRS. | MONTHS | DAYS | HOURS | MIN. | | 7, Day, Year) | 913 | Country) MARYI | LAND |
| 9a. FACILITY NAME (If not institution, give ST. MARY S HOSPI | | | | | | DTOW | | EATN | | | MARY S | S COUNTY |
| RESIDENCE OF DECEDENT | | | | | | | | | | | | |
| MD. STATE 10b. COUNT | MARY'S CO | VITATIV | | Y, TOWN C | | | | | | | | I. INSIDE CITY LIMITS? YES 2 X ND |
| 10e. STREET AND NUMBER | MARI S CO | ONII | 11 | CIVAL | | ZIP COD | E | | | 10o. CITIZ | EN OF WHAT | 4.5 |
| DE 0 DOM 101 | | | | | | | | | | | | 000111111 |
| RT 2 BOX 121- | | T EVED IN HE ADA | R IN U.S. ARMED 13. WAS DECENDENT OF NISPAN | | | | | | | | J.S.A. | |
| 1 Never Married 2 Married 3 Wildowed 4 Divorced | FORCES? | YES 2 XN | 0 | 1 | If yes, sp | ecify Cuba 2 XND | n, Maxica | n, Puerto | to Ricen, etc.) Black, W Specify: | | | white, etc. |
| 15. DECEDENT'S EDG (Specify only highest grad | UCATION le completed) | | | USUAL O | | | 202 | 16b | KIND OF BU | SINESS/IND | USTRY | |
| Elementary/Secondary (0-12) | College (1-4 or 6 | +) | Do NOT u | se retired.) | | at or worm | OF CONTRACT | | | | | |
| 8TH. GRADE | | | | 'S AI | D | | | I | HOSPIT. | AL | | |
| 17. FATNER'S NAME (First, Middle, Last) | TNER'S NAME (First, Middle, Lest) | | | | | 18. MOT | HER'S NA | ME (First, I | Middle, Malden | Sumame) | | |
| JOHN ABELL PAYN | E | | | | | ANI | VIO | CTOR | AUQ A | DE | | |
| 19a. INFORMANT'S NAME (Type/Print) | | 19b | MAILING | ADDRESS | (Street a | nd Number | or Rural | Route Num | ber, City or Tow | n, State, Zip | Code) | |
| JOHN MITCHELL H | IGGS | F | T. | 2. BC | X 1 | 21-A | . LF | ONARI | NWOTO | MD. | 20650 | |
| 20a. METNOD OF DISPOSITION | | 20b. PLACE C | F DISPO | | | | | | | | City or Town, | State |
| 1 Denrico 2 Cremetion 3 Ren 4 Donation 5 Other (Specify) | | CHAF | | MEMO | | | | | LE | ONARD | TOWN, | MARYLAND |
| 21. SIGNATU FUNERAL SERVICE L | See See | 2 | - | M | ATTI | | Y-GA | RDIN | ER FUN | | | |
| - Minuel | 7 474 | aceme | ~ | | | | | | NARDIC | | | |
| 23. PART I Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final | . List only one ca | et coused the dec use on each line. | oth. Do | not enter | the mo | de of dy | Ing, auc | h as can | slec or reap | iratory arm | est, | Approximats Interval Between Onset and Deatl |
| disease or condition resulting in death) | | O (OR AS A CONSECU | ea | 0 0 | en | rs | ly | Phr | ma | | | 5ec |
| | DUE TO | OF AS A CONSEQ | UENCE O | NF): | | - | | Λ | 4 | | | |
| Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING | b. DUE TO | O (OR AS A CONSEQ | UENCE D | F): / | | 7.61 | y | 120 | recu | e | | |
| CAUSE (Disease or Injury that initiated events resulting in death) LAST | DUE TO | OR AS A CONSEO | UENCE O | F): | | | | | | | | |
| PART II. Other algoriticent condition | ne contribution to | death but not re | nu shi ka m | In the re- | order other des | | | 0-41 | | | | |
| | ne Le | | | | | esuse : | given in | Part I. | 24e. WAS AN PERFOI 1 YES 2 | RMED? | CO OF | RE AUTOPSY FINDINGS ULABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO |
| | | | | | | | | | | | 1 | 120 17 |
| 25. WAS CASE REFERRED TO MEDICAL | | | | | 26. PI | ACE DF D | EATH (C) | eck only or | ne) | | 1 | |
| EXAMPLER? | HOSPITAL: | T FD (Output) | V. | OTHE | R: | | | | | | | |
| 27. MANNER OF DEATN | 28a, DATE O | ER/Outpetient 3 | 20b. TIA | _ | | | esidence | 6 Othe | | | | |
| 1 Natural 6 Pending | | Day, Year) | | JURY M | | PRK? | NO | 28d. DE | SCRIBE NOW | INJURY OCC | URED | |
| 3 Suicide 6 Could not be 4 Nomicide determined | 26s. PLACE building | OF INJURY — At hor, etc. (Specify) | ne, ferm, | street, fac | lory, offic | • | | | ATION (Street or Town, State) | | or Rural Route | Number, |
| 29e. CERTIFIER | | | | | | | | | | | | |
| (Check only one) 1 CERTIFYING PHYSICAL EXAMIN | SICIAN: To the best of | | | | | | | | | | | d manner as stated. |
| 296. SIGNATURE AND TITLE DE CERTIFIE | | | | | | | ENSE NU | | | _ | | onth, Day, Year) |
| 6-11/4 | my Asi | ma | | | | λ | 10 | 125 | 20 | • | 2 - | -91 |
| 30. NAME AND ADDRESS OF PERSON W | HD COMPLETED CAL | JSE OF DEATH (ITEM | 27) (Type | a, Print) | | Ų | | | 1 | | | |
| | | | | - 4 | | | | | | | | |

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

07573

3. TIME OF DEATN

1205

Approximate Interval Between Onset and Death Sec

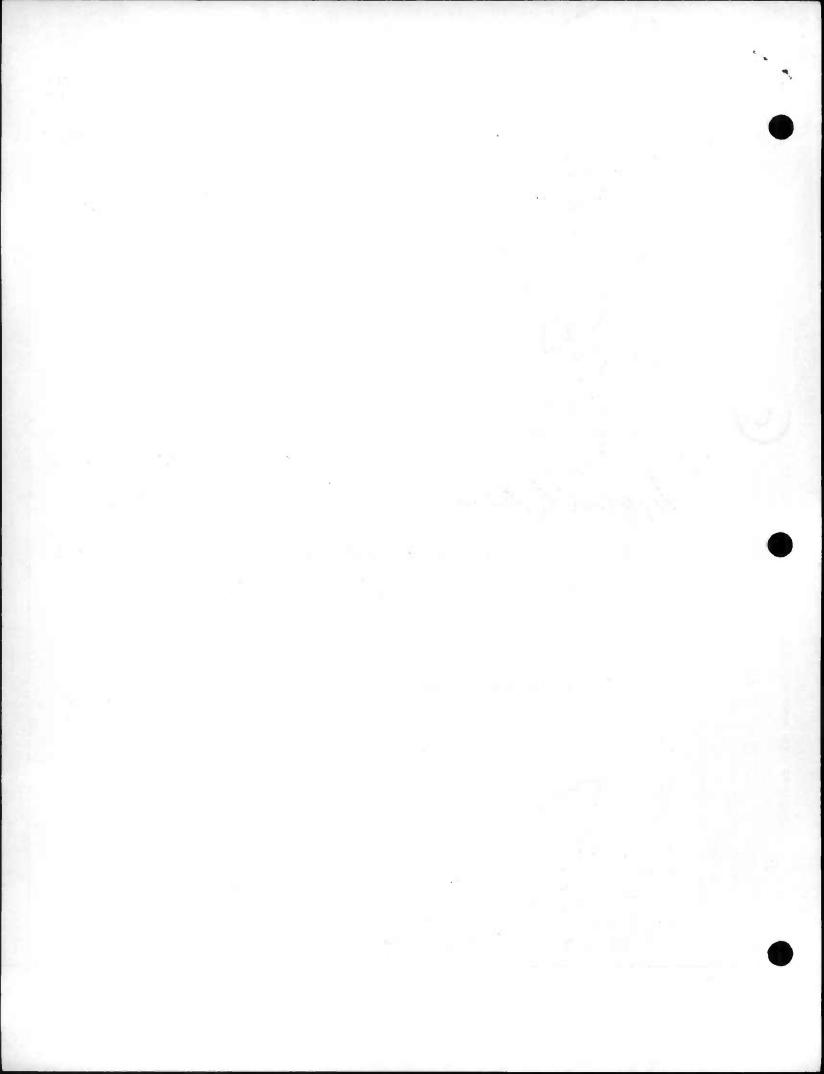
REG. NO

~1991

YEAR

2. DATE OF DEATH

MARCH 4,



| | (| Plnouts | |
|--|--|---|--|
| in the | ic i uma _{nd} igogl | ermit. Pages 1, 2, | - |
| BALTIMORE, MARYLAND 21203-3146 | ge 6 may be retained by the hospital or attending physician. | lirector, page 5 should be detached for use as the burial-transit p | r must be notified at once. |
| BALTIN | nours after death. Pa | ed in by the funeral d , or removal. | medical examine |
| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 | TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, should be flied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |

| | | | | | | | | | | | 9 | | 0757 | L |
|--------------|--|-------------------------|-------------------------------------|--------------|---------------|-------------|-----------------------------------|----------|-------------|--------------------------------|---------------|--------------------|--|--------|
| | FOR 1 - STATE | STATE OF I | MARYLAND | | RTMENT | | | | MENTAL | REG. NO. | E | | | |
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | ERIII | ICAIL | . 01 | DEAT | - | | OF DEATH | | | 3. TIME OF DEATH | 1 |
| į. | Katie | | Carr | ·o11 | | | | | Marc | | | 991 | 7:10 | Р. м |
| | 4. SOCIAL SECURITY NUMBER | 5. SEX | 6. AGE (In yrs. is | st birthday) | IF UNDER | 1 YEAR | # UNDER | 24 HRS. | 7. DATE (| OF BIRTH Day, Year) | | 8. BIRTH Countr | PLACE (State or For | wign |
| | 217-72-8993 | 1 M 2 F | 64 | YRS. | | | | | FEB | | | | YLAND | |
| _ | 9e. FACILITY NAME (If not institution, give str | | | | 9b. CITY, | | R LOCATIO | ON OF DE | ATH | | 9c. COUN | | | |
| DIRECTOR | Physicians Memori | al Hosp | ita1 | | | LaP | 1ata | | | | | [har] | ies | |
| D. | 10a. BTATE 10b. COUNTY | | | 10c. CIT | ry, town o | R LOCAT | ION | | | | | | 10d. INSIDE CITY | |
| 늠 | MARYLAND CHAF | RLES | | NA | NJEMO | ΟY | | | | | | | 1 TES 2 X | NO |
| FUNERAL | 100. STREET AND NUMBER | | | | | 100 | ZIP CODE | | | | 10g. CITI | ZEN OF V | VHAT COUNTRY? | |
| E I | ROUTE #1 BOX 95 E | | | | | | 20662 | | · <u>-</u> | | $\overline{}$ | | STATES | |
| 5 | 11. MARITAL STATUS 1 Never Married 2 X Merried | 12. WAS DECEDED FORCES? | T EVER IN U.S. A | NO | | | ENDENT O ecity Cuber 2 XXND | | | ? (Specify Yes lican, etc.) | or No- | Bisci | E — Americen Indie k, White, atc. | n, |
| B⊀ | 3 Widowed 4 Divorced | IF YES, GIVE Y | MAR DR DATES | | _ ' | I 🗌 YES | 2 X XNO | Specify | r. | | | Speci | BLACK | |
| 0 | 15. DECEDENT'S EDUC (Specify only highest grade | | 16a. D | ECEDENT'S | S USUAL OF | CCUPATIO | ON st of worldn | a | 16b. | KIND OF BUS | INESS/IND | USTRY | | |
| 9 | Elementary/Secondary (0-12) | College (1-4 or 5 | +) | e. Do NOT u | work done o | | | | | | | | | |
| COMPLETED | 8TH GRADE | NONE | HC | USEW | IFE | | | | | PRIVAT | | | | _ |
| | 17. FATHER'S NAME (First, Middle, Last) LEMUEL HENSON | | | | | | | | | | | | | |
| 띪 | 19a, INFORMANT'B NAME (Type/Print) | | 1, | 95. MAJLIN | G ADDRESS | S (Street a | | | | STER H | | | | _ |
| 임 | SARAH COBEY | | | | 6 BC | | | | | | YI.ANT | | 2662 | |
| | 20e METHOD OF DISPOSITION 1 Disposition 2 Cremation 3 Remo | | _ | E OF DISPO | SITION (No | | | _ | 1140 | | CATION - | | | |
| | 1.∆/Burial 2 ☐ Cremation 3 ☐ Remo | oval from State | | | E BAF | TIS' | г сні | IRCH | CEM | GRA | YTON, | MAI | RYLAND | |
| | 21. SIGNATURE OF FUNERAL SERVICE LIC | wither | John. | 200 | | | ND ADDRE | | | | | | | |
| | 23. PART I. Enter the discesses, pro | TON JOHO | THE REAL PROPERTY. | deeth. Do | | | | | | I. HOM | | | Approxima | VLAN |
| | shock, or heart fellure. IMMEDIATE CAUSE (Final | List Dnly Dne Ce | use on each lir | 10. | ۸ | | | | | | | | Onset and | etween |
| | disease or condition | اسما | Mani | wat | to | | | | | | | | 1 we | el |
| | resulting in death) | DUE TO | O (DR AS A CONS | EDUENCE | CENT | | | | | | | | | |
| Z | Sequentially list conditions. | (| luon | ~ | no | in | 37. | eu | _ | | | | yes | no |
| ERTIFICATION | If any, leading to immediate | DUE TO | OR AS A CONS | EDUENCE | 5F): | | Y | | | | | | | |
| 길 | CAUSE (Disease or Injury | DUE TO | OF AS A CONS | EQUENCE (| OF): | | | | | | | | | |
| Ē | that initiated events resulting in death) LAST | | | | • | | | | | | | | | |
| CE | | | | | | | | | | | | Lau | | |
| SAL | PART II. Other aignificent condition | a contributing t | o death but ho | resulting | in the u | naeriyin | g cause | given in | Part I. | 24a. WAS AN PERFO | RMED? | 24 | b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF (| TO |
| MEDICAL | | | | | | | | | | 1 TYES | NO NO | - 1 | OF DEATH? | |
| M | | | | _ | | | | | | | | | 1 YES 2 | NO |
| AN | 25. WAS CASE REFERRED TO MEDICAL | | | | | 26. P | LACE OF D | EATH (Ch | neck only o | 10) | | | | |
| SIC | EXAMINER? 1 YES 2 NO | HOSPITAL: 1 Inpatient 2 | ☐ ER/Outpatient | 3 🗆 DOA | OTHE 4 Nu | | ne 5 🗆 R | esidence | 8 🗆 Othe | r (Specify) | | | | |
| PHYSICIAN: | 27. MANNER OF DEATH | 26a. DATE O | F INJURY Day, Year) | 28b. T | ME OF | | JURY AT ORK? | | 28d. DE | SCRIBE HOW | INJURY OC | CURED | | |
| ВУБ | 1 Natural 5 Pending 2 Accident Investigation | 1,223 | | | М | | YES 2 | NO NO | | | | | | |
| | 3 Suicide 6 Could not be | | OF INJURY — At g, etc. (Specify) | home, farm | , street, fac | tory, offi | 00 | | | or Town, State | | r or Rural | Route Number, | |
| ETE | 4 Homicide determined | | | | | | | | | | | | | _ |
| MPL | 29a. CERTIFIER (Check only one) | | 12 | | | | | | | | | | (1) | |
| COMPLET | 2 MEDICAL SAMMINE | 1/1/ | examination and/ | or investiga | tion, in my | opinton, | | | | ena piace, e | | | | |
| 8 | 29b. SIGNATURE AND TITLE OF CERTIFIE | esse | 000 | N | V | | | ENSE NU | | | 29d. DAT | TE SIGNE | 0 (Month, Day, Year) | 1 |
| 2 | 30. NAME AND ADDRESS OF PERSON WH | O COMPLETED CA | USE OF DEATH (I | TEM 27) (7/ | pe. Print) | <u> </u> | ח-ו | 0297 | 2 | | | 0 | 1/ | / |

Pembrooke Sq.,

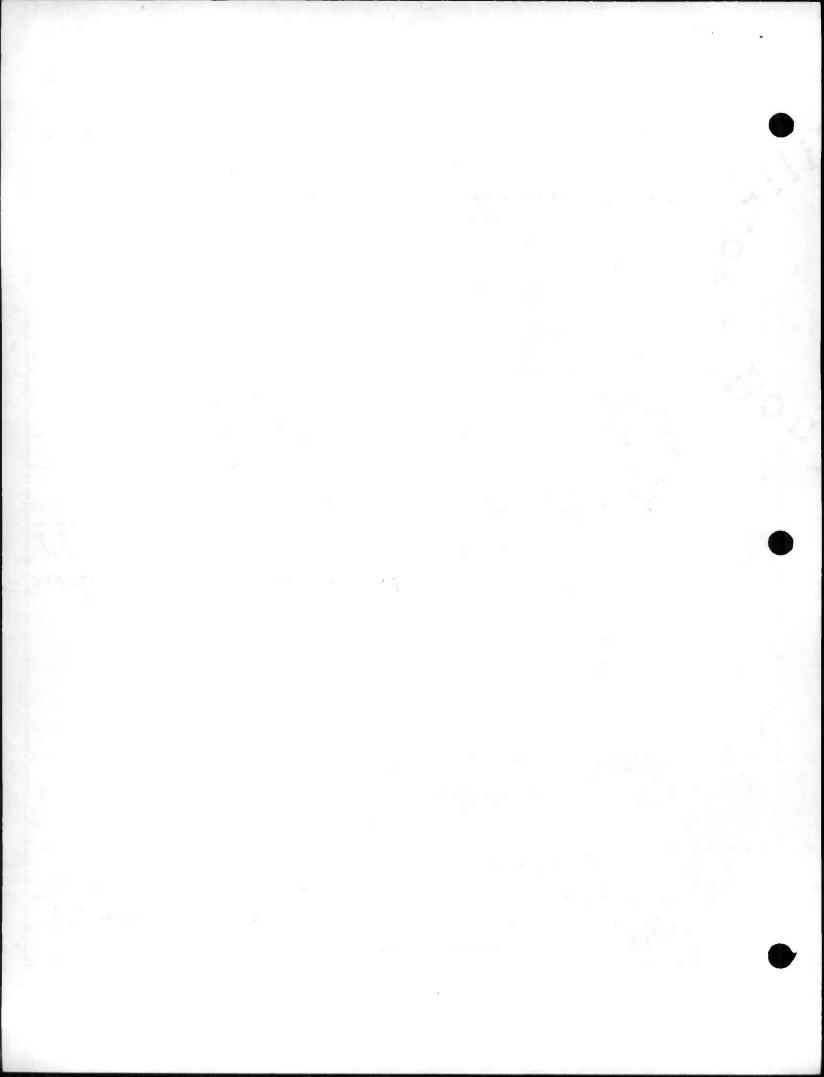
32. REGISTRAN'S SIGNATURE
This Day door - Range 18.

M.D.,

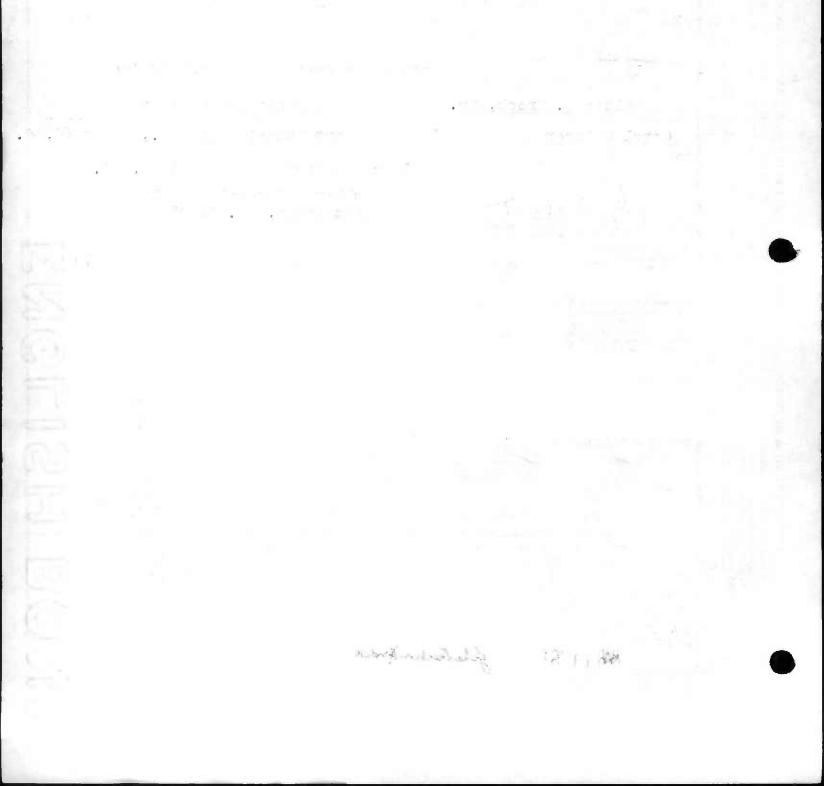
Daniel M. Howell,

31. DATE FILEMAND. DZ. WES 1

Suite 104, Hwy. 301 S., Waldorf, Md. 20603



| | 1. DECEDENT'S NAME (First, Mich | | Crook | 74 | | | | DEATH | 2. DATE | REG. NO. | AY . | YEAR | 3. TIME OF DEATH (4:37 A |
|--|--|---|--|--|--|--|--|---|--|----------------------------|---------------------------------|------------------------|--|
| | 4. SOCIAL SECURITY NUMBER | 3. | S. SEX | | yrs. lest birthday) | IF UNDER 1 Y | FAR I | IF UNDER 24 HRS. | 7 DATE | OF BIRTH | 3 | 1 PIRTH | PLACE (State or Foreign |
| 1 | 213-01-03 | 16 | 1 M 2 - F | 7 | (YRS. | | _ | HOURS MIN. | (Mon | th, Day, Your) | 14 | Country | |
| e . | 80. FACILITY NAME (If not institute ST JOS G | | reet and number) | 0. | <u> </u> | | | LOCATION OF DI | EATH | 1 / | | TY OF D | |
| 0 | RESIDENCE OF DECED | ENT | 130 3 | | | | | | | | (0 | 7,1 | |
| DIRE | Md 10e. STATE | Ca. | rroll | | 10c. Cf | TY, TOWN OR | | | | | | | 10d. INSIDE CITY LIMITS? |
| ERAL | 100. STREET AND NUMBER 2605 Old | Fort | t Schoo | ol Ho | use Re | d. | 10f, Z | 2107 | <u>'</u> | - | | ZEN OF W | VHAT COUNTRY? |
| BY FUNE | 11. MARITAL STATUS 1 Never Married 2 Marr 3 Widowed 4 Divorced | ried | 12. WAS DECEDED FORCES? IF YES, GIVE | NT EVER IN U. YES | I.S. ARMED | 13. WA | es, speci | IDENT OF HISPAI | NIC ORIGI | | | 14. RACE Black | E — American Indian, k, White, etc. |
| ED E | 16. DECEDE | NT'S EDUC | CATION | WW | 6a. DECEDENT | S USUAL OCC | UPATION | | 18 | b. KIND OF BU | SINESS/IND | | W112 00 |
| E | (Specify only high | nest grade | College (1-4 or 5 | +) | Ille. Do NOT | work done during the retired.) | | | | Pos | t of | 244 | • |
| COMPL | 17. FATHER'S NAME (First, Middle | s, Last) | | | 1030 | et thu | | 16. MOTHER'S NA | ME (First, | | | 110 | - |
| BE C | | | Crook, | Sr. | | | | | | rene | | Z | |
| TO B | 19a. INFORMANT'S NAME (Type/ | Print) | | | 196 MAILIN | G ADDRESS (S | Street and | Number or Rural | Route Nun | nber, City or Tow | m, State, Zip | Code) | mpstead |
| | Carol Cri | | | 20h B | LACE AND DA | | | | OT | House | CATION - | Ha | mpstead |
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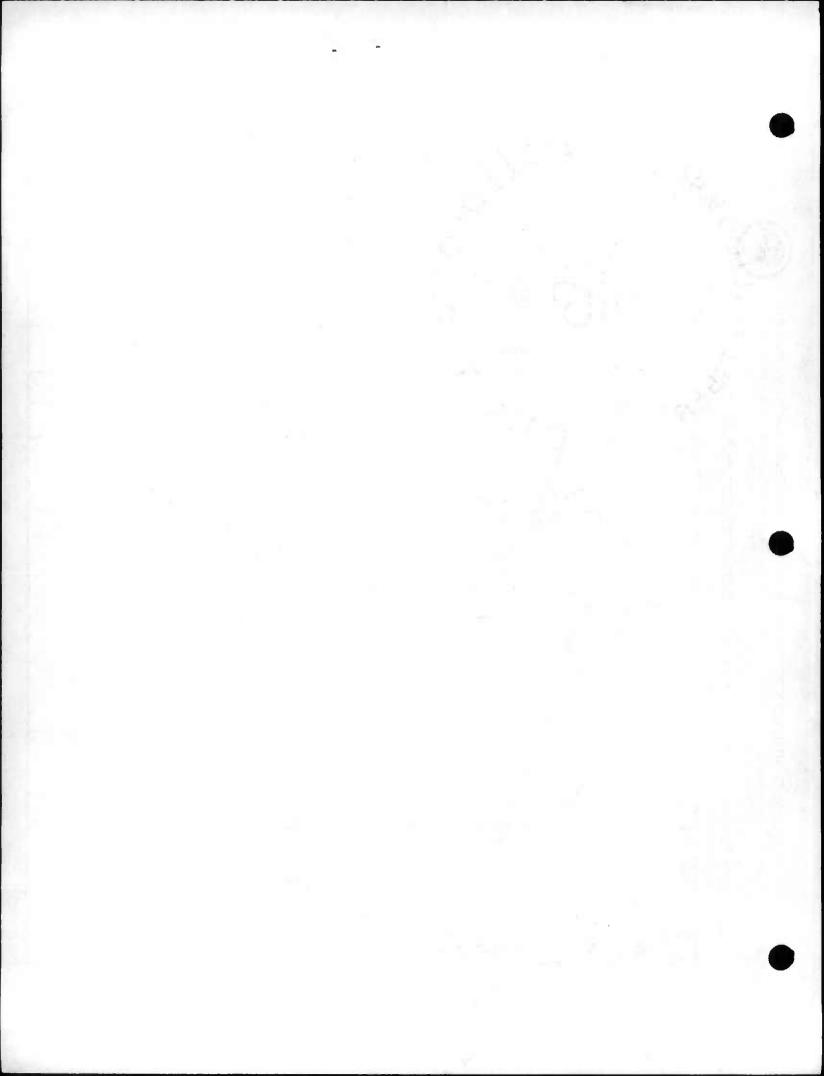
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| 4. Secunity (SMMSP) 5. SEX SAZ FACE (Five and burndary) SAZ | DECEDENT'S NAME (First, Middle, Lest) James A | lfred (| Cotton | r. | | | | 2. DATE OF MONTH | O O D | AY 199 | 91 YEAR | 3. TIME OF DEATH |
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| BOX 17 Peacock Corner Rd. MARTIAL STATUS PORCEST 12 TO YES 2 MO IF YES, GIVE WAR OR AUTES Widowed 4 Devoted 12 WAS DECEDENT OF HISPANIC CRIGHT (Specify Yes or No- FORCEST 15 YES 2 MO IF YES, GIVE WAR OR AUTES WIS DECEDENT SUBJECT. IN SECOND SPECIAL SPEC | 3 200 | | | Mal | Lingto | | | | | T | | 1 YES 2 NO |
| Horse Married 2\ Married PONCEST 12\ YES 2\ MO If yes, apostly clusin, Mascian, Puerto Ricari, etc. Specify Black Middle Married Poncest No. Specify Black No. Specify Black No. Specify Black No. Specify Plack No. Specify Black No. Specify Plack No. Specify Plack No. Specify Black No. Specify Plack No. Specify Plack No. Specify Plack No. Specify Black No. Specify Black No. Specify Plack No. Specify Black N | | Corner 1 | Rd. | | | | | | | | | WHAT COUNTRY? |
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| James A. Cotton Sr. Martha M. Hackett The Malling Address (Street and Number of Rural Route Number, City or Town, Stelle, Zip Code) Box 17 Peacock Corner Rd. Millington, Md. 216 Box 17 Peacock Corner Rd. Millington, Md. 200 Box 17 Peacock Corner Rd. Millington, Md. 200 Box 17 Peacock Corner Rd. Millington, Md. 200 Box 17 Peacock Corner Rd. Millington, Md. 200 Box 17 Peacock Corner Rd. Millington, Md. 200 Box 17 Peacock Corner Rd. Millington, Md. 200 Box 17 Peacock Corner Rd. Milli | (Specify only highest grade of Elementary/Secondary (0-12) | completed) | (0 | Silve kind of a n. Do NOT us | work done durin se retired.) | g most of working | | | | | | |
| Anna J. Cotton (wife) Box 17 Peacock Corner Rd. Millington, Md. 216 Jewisel 20 Cerementon 3 Removal from State 20b. PLACE OF DISPOSITION (Name of ceremetry, crematory or other place) 20c. LOCATION — City or Town, State 20c. LOCATION 2 | | mes A. (| Cotton S | r. | | 111111 100 100 100 100 | | | | 2111 | | |
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| Burlat 2 Cremetion 3 Removal from State Donastion 5 Other (Spectry) John Wesley Cenetery Willington, md. 22. NAME AND ADDRESS OF FACILITY Fellows Funeral Home Box 270 Millington Md. 21651 3. PART I. Enter fine diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. MEDIATE CAUSE (Final sease or roughlistions under the mode of dying, such as cerdiac or respiratory arrest, interval onset in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): ART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED? DUE TO (OR AS A CONSEQUENCE OF): ART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED? DUE TO (OR AS A CONSEQUENCE OF): ART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED? DUE TO (OR AS A CONSEQUENCE OF): ART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED? DUE TO (OR AS A CONSEQUENCE OF): ART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED? DUE TO (OR AS A CONSEQUENCE OF): ART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED? DUE TO (OR AS A CONSEQUENCE OF): ART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED? DUE TO (OR AS A CONSEQUENCE OF): ART II. Other si | | n (wi | - | | | | | Rd. | - | | | |
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| B. SIGNATURE AND TITLE OF CERTIFIER. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, No. 2) 3. Signature and address of Person who completed cause of Death (ITEM 27) (Type, Print) | shook, or heart failure. L IMEDIATE CAUSE (Final sease or condition suiting in death) equentially list conditions, any, leading to immediate use. Enter UNDERLYING AUSE (Disease or injury at initiated events suiting in death) LAST ART II. Other significant conditions WAS CASE REFERRED TO MEDICAL EXAMINER? t YES 2 NO MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined B. CERTIFIER (Check only) | DUE TO DU | D (OR AS A CONSE D (OR AS A CONSE D (OR AS A CONSE D (OR AS A CONSE D (OR AS A CONSE D (OR AS A CONSE D (OR AS A CONSE D (OR AS A CONSE D (OR AS A CONSE D (OR AS A CONSE D (OR AS A CONSE D (OR AS A CONSE D (OR AS A CONSE | e. GUENCE O GUENCE O GUENCE O Tesulting 3 DOA 28b. The INL. ome, farm, | OTHER: 4 Nursing AE OF JURY M 1 street, factory, | ows Fur 270 Mi] a mode of dylin a mode of dyli | ven in i | Part I. 2 Chy one 1 28d. DESCI 20th City or 20th Cause 20th Locat City or | AC OF responded to the control of th | A AUTOPSY RMED? 2 2 No | CCURED Cor or Rural | Approximate Interval Betw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Do Do Onset and Do Do Onset and Do Do Onset and Do Do Onset and Do Do Onset and Do Do Onset and Do Do Onset and Do Do Onset and Do Do Onset and Do Do Do Onset and Do Do Do Do Do Do Do Do Do Do Do Do Do |

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| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within c | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. |
| | |

| | 1 - STATE REGISTRAR | STATE OF MARYLA | ND / DEPARTI | MENT OF HEATE OF C | ALTH AND MI DEATH | ENTAL HYGIENE REG. NO. | | . 01011 |
|--|---|--|---|--------------------------------|---|---|----------------------------------|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | l: | . DATE OF DEATH | / YE/ | 3. TIME OF DEATH |
| | RACHEL | MARIE | | COATES | N | | 991 | 11:48P M |
| | 4. SOCIAL SECURITY NUMBER | | | | IF UNDER 24 HRS. | Month, Day, Year) | | IRTHPLACE (State or Foreign ountry) |
| | 215 36 3957 | | 52 YAS. | | | 5/6/138 | | aryland |
| - | 9e. FACILITY NAME (If not institution, give at | | | | LOCATION OF DEAT | н | 9c. COUNTY | |
| DIRECTOR | PHYSICIANS MEMORI | AL HOSPITAL | | LA PLATA | 1 | | CHARL | ES |
| EC | 10e. STATE 10b. COUNTY | | 10c. CITY, | TOWN OR LOCATIO | N | | | 10d. INSIDE CITY LIMITS? |
| F | Maryland Char | les | Н | ughesvi | ille | | | TYPYES 2 NO |
| FUNERAL | 10e. STREET AND NUMBER | | | 101. Z | IP CODE | | 10g. CITIZEN | OF WHAT COUNTRY? |
| Ē | Post Office Bo | | | | 2063 | | US | |
| 12 | 11. MARITAL STATUS 1 X Never Married 2 Merried | 12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT | | | IDENT OF HISPANIC Ity Cuban, Mexican, | ORIGIN? (Specify Yee Puarto Rican, etc.) | | RACE — American Indien, Black, White, etc. |
| ₽ | 3 Widowed 4 Divorced | IF YES, GIVE WAR OR DAT | ESA A | 1 TYES 2 | NO Specify: | | | specify: lack |
| | 15, DECEDENT'S EDUC | CATION | 16a. DECEDENT'S US | UAL OCCUPATION | | 16b. KIND OF BUS | | |
| Ē | (Specify only highest grade Elementary/Secondary (0-12) | College (1-4 or 5+) | | k done during most etired.) | of working | 7 | | |
| MPL. | 12 th | | Home | maker | | Dome | stic | |
| COMPLETED | 17. FATHER'S NAME (First, Middle, Last) | | | | 18. MOTHER'S NAMI | E (First, Middle, Melden | Surneme) | |
| 111 | Walter | Goldring | T | | | Coates | | |
| 2 | 19a. INFORMANT'S NAME (Type/Print) | | 9.411004 | | | ute Number, City or Town | | |
| 90 | Yvonne Coates | | PLACE OF DISPOSIT | | | | esvil | 1e MD 2063 |
| 150 | Y □ Burial 2 □ Cremation 3 □ Remo | oval from State | Marv's | | | | | |
| Je Je | 21. SIGNATURE OF PUNERAL SERVICE LIC | | mary s | 22. NAME AND | ADDRESS OF FACI | LITY | | n, MD. |
| examiner must be notified TO BE | has tell | alow. | . / | | | ral Home | | |
| | 23. PART I. Enter the diseases, or o | complications that caused | the deeth Do no | | | ad, Aqua | | |
| medical | ahock, or heart fellure. | List only one cause on each | ch line. | 4 / / | 00 | or condition or resp. | otory orroot, | Interval Between |
| | IMMEDIATE CAUSE (Final disease or condition | Cema (| a hoen | Cester | Bleck | | | Olisak alid Death |
| e l | resulting in death) | DUE TO (OR AS A | CONSEQUENCE OF): | | | | | |
| Injury, or other traumatic event, the AL CERTIFICATION | a contract with the second of | a Cerusten | a the | lever | | | | |
| RTIFICATION | Sequentially list conditions, if any, leading to immediate | DUE TO (OR AS A | CONSEQUENCE OF): | 154 | 1.0 | n ' | | |
| E 2 | CAUSE (Disease or Injury | c 000 00 45 6 | CONSEQUENCE OF: | or) con | ary | their | | |
| | that initiated events resulting in death) LAST | DOE TO JUST AS A | COMMEDUENCE OF): | 70 | | | | İ |
| CE C | | 4 | | | | | | |
| A F | PART II. Other aignificant condition | ns contributing to death bu | t not resulting in | the underlying | ceuse given in P | art I. 24a. WAS AN PERFOR | | 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO |
| all all | | | | | | 1 _ YES 2 | □ NO | COMPLETION OF CAUSE OF DEATH? |
| shows any : MEDIC | | | | | | _ | | 1 TYES 2 NO |
| | | <u> </u> | | | | | | |
| ed, or item 23 s PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | 28. PLA OTHER: | CE OF DEATH (Chec | ck only one) | | |
| YS | 1 YES 2 NO | 1 Inpatient 2 ER/Outps 28e, DATE OF INJURY | tient 3 DOA 26b, TIME | | 5 Residence 8 | Other (Specify) 28d. OESCRIBE HOW I | N HIRV OCCUP | |
| _* I | | 200. DATE OF INJUNT | INJU | | | 28d. DESCRIBE HOW I | NJUNT OCCUM | EU |
| 5 a | 1 Natural 5 Pending | (Month, Day, Year) | 11130 | | | | | |
| B Mar | 1 Netural 5 Pending 2 Accident Investigation | 28e. PLACE OF INJURY | — At home, farm, sti | M 1 TYE | 8 2 NO | 28t. LOCATION (Street | | Burel Route Number, |
| Is mark | 1 Natural 5 Pending | | — At home, farm, sti | M 1 TYE | 8 2 NO | 281. LOCATION (Street City or Town, State) | | Burel Route Number, |
| 28 is mark TED BY | 1 Netural 5 Pending Investigation 2 Accident 8 Could not be determined 20e. CERTIFIER 1 CERTIFFING PHYS | 28e. PLACE OF INJURY building, etc. (Speci | — At home, farm, sti | M 1 YE | ES 2 NO | City or Town, State; | | Rural Route Number, |
| 28 is mark TED BY | 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER 1 CERTIFYINO PHYS | 28e. PLACE OF INJURY | — At home, farm, sti fy) adge, death occurred | M 1 YE | end place, end due t | City or Town, States | nner as stated. | |
| 28 is mark TED BY | 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER 1 CERTIFYINO PHYS | 28e. PLACE OF INJURY building, etc. (Special Clan): To the best of my knowlets: On the basic of examination | — At home, farm, sti fy) adge, death occurred | M 1 YE | end place, end due to ath occured at the to 29c. LICENSE NUM | City or Town, State, to the ceuse(s) and ma ime, data and place, as | nner as stated. | |
| PORTANT: If Item 28 is mark BE COMPLETED BY | 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 4 Hornicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI | 28e. PLACE OF INJURY building, etc. (Special Clan): To the best of my knowlets: On the basic of examination | — At home, farm, sti fy) adge, death occurred | M 1 YE | end place, end due to | City or Town, State, to the ceuse(s) and ma ime, data and place, as | nner as stated. nd dua to the c | ause(a) and manner as stated. GNED (Month, Day, Year) |
| HTANT: If Item 28 is mark E COMPLETED BY | 1 Netural 5 Pending Investigation 2 Accident 5 Could not be determined 4 Hornicide 5 CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE | 28a. PLACE OF INJURY building, etc. (Special Clan): To the best of my knowless. On the basis of examination of examination of the basis of examination o | At home, farm, sti | M 1 TYE | end place, end due to ath occured at the to 29c. LICENSE NUM D 21031 | City or Town, States to the ceuse(s) and ma ime, data and place, as | nner as stated. | ause(a) and manner as stated. GNED (Month, Day, Year) |
| PORTANT: If Item 28 is mark BE COMPLETED BY | 1 Netural 5 Pending Investigation 3 Suicide 5 Could not be determined 29e. CERTIFIER 1 CERTIFYINO PHYS One) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIER MANA A | 28a. PLACE OF INJURY building, etc. (Special Clan): To the best of my knowless. On the basis of examination of examination of the basis of examination o | At home, farm, strength occurred and/or investigation | M 1 TYE | end place, end due to ath occured at the to 29c. LICENSE NUM D 21031 | City or Town, States to the ceuse(s) and ma ime, data and place, as | nner as stated. nd dua to the c | ause(a) and manner as stated. GNED (Month, Day, Year) |

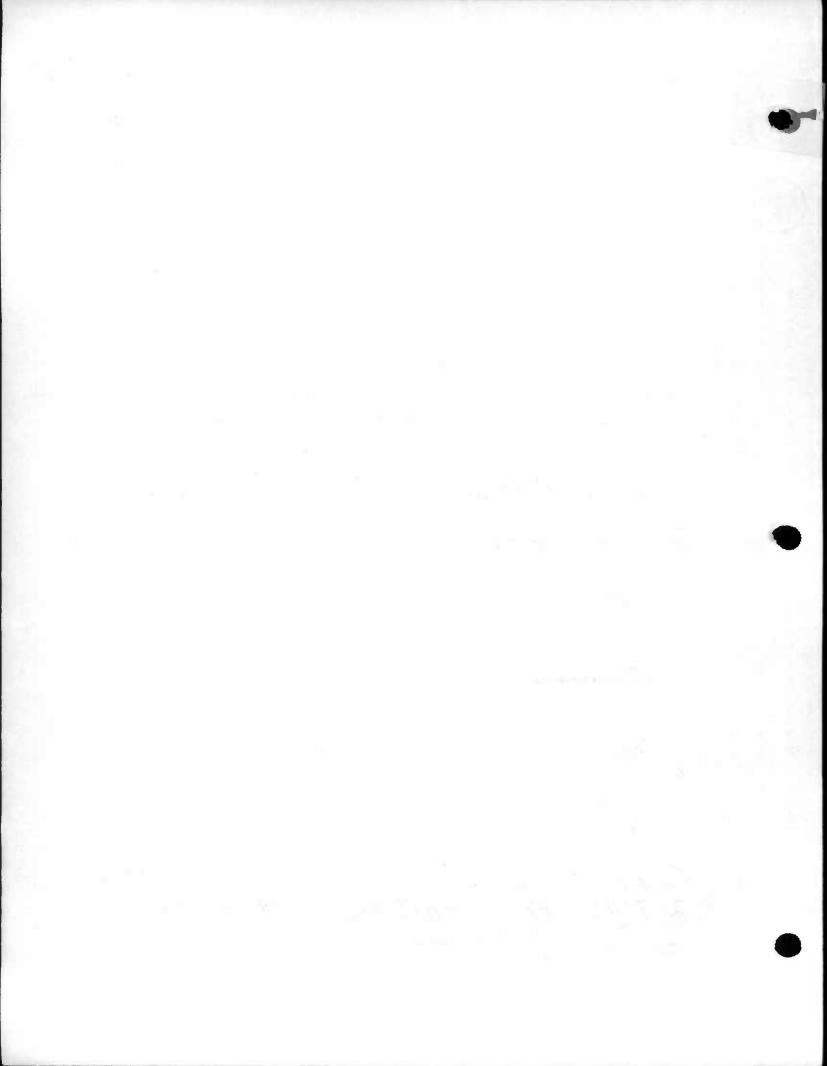


DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

| н | 0 |
|---|------------|
| | CERTIFI |
| | MEDICAL |
| | PHYSICIAN: |
| I | BY |
| | ETED |

| | 1 - STATE REGISTRAR | SIAIE UF MIA | CERTI | | | | | | TUIENE EG. NO. | | | |
|---------------|--|----------------------|---|---------------|---|-------------|-----------|-------------------------------------|-------------------|------------|-------------------|--|
| | 1. OECEDENT'S NAME (First, Middle, Last) | | | | | | | 2. DATE OF O | EATH | | | TIME OF OEATH |
| | Hazel Fr | iend | Curfman | | | | | March | 11. | 1991 | YEAR | 5:30PH |
| | 4. SOCIAL SECURITY NUMBER | | . AGE (In yrs. last birthde | y) IF UNDE | A 1 YEAR | IF UNDER | 24 HRS. | 7. OATE OF BI | RTH | | 8. BIRTHPL | ACE (State or Foreign |
| | 212-38-0377 | 1 □ M 2 🔯 F | 94 YAS | MONTHS | DAYS | HOURS | MIN. | (Month, Day, 4/12/ | | | Donne | svlvania |
| | 9a. FACILITY NAME (If not institution, give str | | 74 | 9b. CIT | Y, TOWN (| OR LOCATI | ON OF DE | | 1030 | | TY OF DEAT | |
| E | 10 W. High Street | | | | Uar | ncock | | | _ | L/acl | ningto | an l |
| DIRECTOR | RESIDENCE OF DECEDENT | | | | Hai | 1COCE | | | | wasi | HIEL | JII |
| RE | 10a. STATE 10b. COUNTY | | 10c. (| CITY, TOWN | OR LOCAT | TION | | | | | 10 | d. INSIDE CITY LIMITS? |
| | Md. Washi | ngton | I | lanco | ck | | | | | | 1 | XYES 2 NO |
| M | 10e. STREET AND NUMBER | | | | 101 | . ZIP COD | E | | | 10g. CITI2 | EN OF WHA | T COUNTRY? |
| Ü | 10 W. High Street | | | | | 217 | 750 | | | USA | | |
| FUNERAL | 11. MARITAL STATUS 1 Never Married 2 Married | 12. WAS OECEDENT I | EVER IN U.S. ARMEO | 13. | | | | IIC ORIGIN? (Sp n, Puarto Rican, | | or No— | 14. RACE Black, W | American Indien, filte, atc. |
| ВУ | 3 X Widowed 4 Divorced | IF YES, GIYE WAF | | | | | Specify | | | - 1 | Specify: | |
| | 15, OECEDENT'S EDUC | ATION | 16a. DECEOEN | T'R HEHAL (| OCCUPATION TO | ON | | T 405 MINI | OF BUILD | INESS/IND | Whi | te |
| 1 | (Specify only highest grade of | completed) | (Give kind | of work done | during mo | | ng | 100, 13191 | OF BUS | INESS/IND | USINT | |
| 7 | Elementary/Secondary (0-12) | College (1-4 or 8 +) | | | | | | T | | | | |
| COMPLETED | 17. FATHER'S NAME (First, Middle, Last) | | Superv | Isor | _ | 10. MOT | HER'S NAI | ME (First, Middle | ndry | | | |
| | | | | | | | | | | | | |
| BE | John Wesly Scriev | er | 19b. MAIL | NG ADDRES | SS (Street) | | | et Lee | | | Code) | |
| 2 | Evelyn F. Poteet | | | | 111111111111111111111111111111111111111 | | | ck, Md | | 1750 | , | |
| | 20a, METHOD OF DISPOSITION | | 20h, PLACE OF OIS | POSITION /A | Vame of ce | metery cres | matory or | <u> </u> | 20c. LOC | CATION — | City or Town | , Stata |
| | 1 Donation 5 Other (Specify) | val from Stata | Buck Val | lley (| Chris | stiar | Cen | netery | War | ford | sburg | , Penna. |
| | 21. SIGNATURE OF FUNERAL SERVICE LICE | NSEE | | 22 | NAME A | ND ADDRE | SS OF FAC | all Home | | - | | , |
| | | MY | 3. | | | | | | | -l. ! | V-1 | 21750 |
| | 23. PART I. Enter the diseeses, or co | Spot Spot Spot | | | | | | St., H | | | | |
| | shock, or heart fellure. L | ist only one ceus | o on each line. | o not ente | ar the th | oue or uy | ing, suci | n aa carulac | or realpi | atory arr | get, | Approximate interval Between |
| | IMMEDIATE CAUSE (Final disease or condition | DCHY | 2 | | | | | | | | | Onset and Death |
| | resulting in death) | . F371P | OR AS A CONSEQUENCE | . 05. | | | | | | | | 10 years |
| | | 00 10 (0 | A CONSECUENCE | : OF): | | | | | | | | |
| CERTIFICATION | Sequentially list conditions, | DUE TO (C | OR AS A CONSEQUENCE | OF): | | | | | | | | |
| AT | if any, leading to immediate cause. Enter UNDERLYING | | | | | | | | | | | |
| 띮 | CAUSE (Disease or Injury that initiated events | DUE TO (C | OR AS A CONSEQUENCE | OF): | | | | | | | | |
| H | resulting in death) LAST | i . | | | | | | | | | | |
| 2 | PART II. Other algnificant conditions | opptribution to d | anth hut not moultin | an In the c | مار دام مار دام | | ahaa la | Don't los | . WAS AN | ALIMONOV | T 041 W | THE ALTONOV FRANCISCO |
| JICAL | | | eath but not resulti | ig in the t | muerrym | g cause | given in | | PERFOR | MED? | A | ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE |
| ă | asteoporos | Co | | | | | | 10 | YES 2 | NO | | F DEATH? |
| Σ | | | | | | | | _ | | | 1 | YES 2 NO |
| A | OF Whe CASE DEFENDED TO MEDICAL | | | | | | | | | | | |
| PHYSICIAN: ME | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | OTHE | R: | 1. | | eck only one) | | | | |
| 14S | 1 TYES 2 NO | 28s. DATE OF III | ER/Outpatient 3 DO | TIME OF | ursing Hor | JURY AT | asidence | 8 Other (Sp. 28d. OESCRIE | | HIEN OO | MIDED | |
| | 1 Natural 5 Pending | (Month, Day, | | INJURY | W | YES 2 | □ NO | 200. OLGONIA | SE HOW II | 100111 000 | JONES | |
| BY | 2 Accident Investigation 3 Suicide & Could not be | 26e, PLACE OF | INJURY — A1 home, far | m. street, fa | | | | 281. LOCATIO | N (Street s | and Number | or Rural Rou | ne Number |
| E I | 4 Homicide 6 Could not be | building, et | tc. (Specify) | | ,, | | | City or To | wn, State) | | | , |
| 9 | 29a. CERTIFIER 1 CERTIFYINO PHYSIC | | | | | | | | | | | |
| COMPLETED | [Uneck only | | ry knowledge, death occ mination and/or investig | | | | | | | | | nd manner as stated |
| 8 | | | | | opinion, | | | | piace, an | | | |
| BE | 296. SIGNATURE AND TITLE OF CERTIFIER | 77.1 | 21. 10 | | | 29c. LIC | ENSE NUI | 7 2 7 | | 29d. DATI | SIGNED (M | logth, Day, Year) |
| 2 | 30. NAME AND ADDRESS OF PERSON WHO | COMPLETED CALIES | OF DEATH (ITEM 27) | Ivoe Print | | 1 | 100 | x 3 / | | | 11-1 | // |
| | 2 TANDIAL | IAY | HAN | CO | CK | | ,M | d = | 2/5 | 5-1 |) | |
| | 31. DATE FILED (Month, Day, Year) | 52. REGISTRAR | 'S SIGNATURE | | 7 | | , | | -1/ | | | |
| | MAR 1 Q 'G1 | Julia Davi | dson-Randell | | | | | | | | | |



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| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos | TO THE FLINEHAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache | 2 | IMPORTANT. II liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. | I |
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Lawrence D.
31. DATE FILED (Month, Day, Year)
MAR 08 '91

Bohan

| | FOR 1 - STATE REGISTRAR | STATE OF M | | | | | EALTH AND | MENTA | L HYGIENI REG. NO. | 9 | | 7579 |
|-------------------------|--|--|---|-----------------|--|--|---|--|--|------------------|-----------------|--------------------------------|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | | | | OF DEATH | | 3. | TIME OF DEATH |
| | Arthur Broadd | lus Coc | oke | | | | | 3 | | 5 9 | I 4 | .53 P M |
| | | | 6. AGE (In yrs. las | t birthday) | IF UNDER | | IF UNDER 24 HRS | . 7. DATE | OF BIRTH | 0. | BIRTHPLA | CE (State or Foreign |
| | 579-03-2332 | M 2 D F | 72 | YRS. | MONTHS | DAYS | HOURS MIN | | 22/18 | | Country) | |
| | 9s. FACILITY NAME (If not institution, give street | | | | 9b. CITY, | TOWN OF | R LOCATION OF | | 22/10 | 9c. COUNTY | | 1 |
| <u>چ</u> | Memorial Hospi | tal | | | Fa | sto | n | | | Tal | h 0 + | |
| DIRECTOR | RESIDENCE OF DECEDENT | .tai | | | LEa | 15 00 | 11 | | | Tar | OOL. | |
| 1 | 10e. STATE 10b. COUNTY | | | 10c. CIT | Y, TOWN O | R LOCATIO | ON | | | | 100 | I. INSIDE CITY LIMITS? |
| | MD Talbo | ot | | Ea | sto | a. | | | | | 1 8 | YES 2 NO |
| FUNERAL | 10e. STREET AND NUMBER | W. C. | | | | | ZIP CODE | | | 10g. CITIZEN | OF WHAT | COUNTRY? |
| 8 | 27121 Anchorage | e Rd. | | | | 1 2 | 21601 | | | USA | | |
| 3 | | . WAS DECEDENT | EVER IN U.S. AF | RMED | 13. V | WAS DECE | NDENT OF HIS | PANIC ORIGIN | 1? (Specify Yes | | RACE - | American Indian, hite, atc. |
| | 1 Never Married 2 Married | IF YES, GIVE W | YES 2 1 | NO | | | elfy Cuban, Mar 2 12 NO Spi | | Rican, atc.) | | Specify: | nes, arc. |
| BY | 3 Widowed 4 Divorced | WWI | I | | | | A | | | W | hite | 9 |
| COMPLETED | 15. DECEDENT'S EDUCATI (Specify only highest grade con | ION npleted) | (6 | ive kind of | USUAL OC | CUPATION | N t of working | 168 | . KIND OF BUS | INESS/INDUS | TRY | |
| | Elementary/Secondary (0-12) | College (1-4 or 5+ | Me | . Do NOT u | se retired.) | | | | | | | |
| E E | 12 | 4 | E | ngir | neer | | | N | aval | Labor | ato | rv |
| 8 | 17. FATHER'S NAME (First, Middle, Last) | | | | | | 16. MOTHER'S | NAME (First, | Middle, Maiden | Surname) | | • |
| ш | Arthur Bernard | Cooke | | | | | Ethe | l Fo | ster | | | |
| TO B | 19a. INFORMANT'S NAME (Type/Print) | | 19 | b. MAILING | ADDRESS | (Street an | nd Number or Ru | ral Floute Num | ber, City or Town | n, State, Zip Co | de) | |
| F | Mildred E. Co | ooke | | 27] | .21 7 | Anch | norage | Rd. | Eas | ton, | MD 2 | 21601 |
| | 20s. METHOD OF DISPOSITION 1 Deuris 2 Cremetion 3 Removal | d form Ctata | | ANO OAT | E OF DISPO | SITION | | OAT | | CATION - City | | |
| | 4 Donation 5 Other (Specify) | I IIOM SURE | Gate | | Heav | | | 3/ | 9 Si | lver | Spr | ing, MD |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY | | | | | | | | | | | |
| | Newnam Funeral Home 200 S. Harrison Street Easton, MD | | | | | | | | | | | |
| - | 23. PART I. Enter the disease, or com | MIE K | CE ROM | ooth Do | 20 |) U E | . Har | riso | n Str | eet | Easi | Approximate |
| | ehock, or heert fellure. List | t Dnly one ceu | se on each in | e. | TOT SILLON | me moc | Je of dying, t | ucii ss cer | diec or respi | retory stres | ι, | Interval Between |
| | IMMEDIATE CAUSE (Finel disease or condition | | Fo | . (|) 11 | . 0 | 211 | | | | | Onset and Death |
| - | resulting in death) | | Les | NOU | · · | W | we. | | | | | o years |
| | | OUE TO | (OR AS A CONSE | OUENCE C |) | \ | | | | | | 0 |
| 18 | Sequentially list conditions, b | DUE TO | (OR AS A CONSE | OHENCE C | · - |) | | | | | | |
| Ē | If any, leading to immediate cause. Enter UNDERLYING | DUE TO | (OH AS A CONSE | OUENCE C | rej: O | | | | | | | |
| 일 | CAUSE (Diseese or Injury | DHE TO | (OR AS A CONSE | OHENCE C | NE). | | | | | | | |
| | that initiated events | 502 10 | (On AS A CONSE | OULINCE (| <i>i</i> - j. | | | | | | | |
| IÈ | If resulting in deet(i) LAST | | | | | - | | | | | | |
| SERTIFICATION | resulting in deeth) LAST | | | | | | anima aliin | In Bort I | 24a. WAS AN | AUTOPSY | | RE AUTOPSY FINDINGS |
| O | PART II. Other significent conditions of | ontributing to | death but not | resulting | In the un | derlying | canse diveu | III Part I. | | | 454 | VILABLE PRIOR TO |
| O | d | contributing to | death but not | resulting | In the un | derlying | ceuse given | m rant i. | | MED? | CO | MPLETION OF CAUSE |
| O | d | ontributing to | death but not | resulting | In the un | derlyIng | ceuse given | m Part I. | 1 TYES 2 | 1 - | OF | DEATH? |
| MEDICAL C | d | contributing to | death but not | resulting | In the un | derlyIng | cause given | | | 1 - | OF | |
| MEDICAL C | PART II. Other significent conditions of | contributing to | death but not | resulting | In the un | | | | 1 (YE\$ 2 | 1 - | OF | DEATH? |
| MEDICAL C | PART II. Other significent conditions of the con | (dec | lu | 7 | OTHER | 26. PL | ACE OF OEATH | | 1 (YE\$ 2 | 1 - | OF | DEATH? |
| MEDICAL C | PART II. Other significent conditions of the con | OSPITAL: | RVOutpatient | 3 DOA | OTHEF | 26. PL. 1: sing Home | ACE OF OEATH | (Check only o | 1 TYES 2 | No | 00 OF | DEATH? |
| PHYSICIAN: MEDICAL C | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH | (dec | ER/Outpatient INJURY | 3 DOA 28b, Till | OTHEF | 26. PL it: sing Home 28c. INJU | ACE OF OEATH o 5 Residen | (Check only o | 1 [] YE\$ 2 | No | 00 OF | DEATH? |
| MEDICAL C | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. WANNER OF DEATH Netural 5 Pending investigation | OSPITAL: Inpatient 2 28s. DATE OF (Month, Da | ER/Outpatient INJURY | 3 DOA 28b. Til | OTHEF 4 Num ME OF JURY M | 26. PL.R: sing Home 28c. INJU 1 Y | ACE OF OEATH 5 G Residen URY AT RK7 (ES 2 NO | (Check only o | 1 YES 2 | NJURY OCCU | CO OF 1 (| DEATH? YES 2 NO |
| BY PHYSICIAN: MEDICAL C | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 U YES 2 NO 27. MANNER OF DEATH Natural 5 Pending | OSPITAL: Inpetient 2 28s. DATE OF (Month, Date 28s. PLACE O | ER/Outpatient INJURY | 3 DOA 28b. Til | OTHEF 4 Num ME OF JURY M | 26. PL.R: sing Home 28c. INJU 1 Y | ACE OF OEATH 5 G Residen URY AT RK7 (ES 2 NO | (Check only o | 1 TYES 2 | NJURY OCCUI | CO OF 1 (| DEATH? YES 2 NO |
| BY PHYSICIAN: MEDICAL C | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. WANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 8 Could not be detarmined | OSPITAL: Inpetient 2 2 28e. DATE OF (Month, Dr.) 28e. PLACE Of building, | ER/Outpatient INJURY ey, Year) FINJURY — At hetc. (Specify) | 3 DOA 28b. Til | OTHEF 4 Num ME OF JURY M street, fact | 26. PL. R: sling Home 28c. INJ: WOI 1 Y | ACE OF OEATH 5 Residen IF AT RK7 FES 2 NO | (Check only o | or (Specify) SCRIBE HOW I CATION (Street or Town, State) | NJURY OCCUI | COOF 1 (| DEATH? |
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| BY PHYSICIAN: MEDICAL C | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH Natural 5 Pending investigation 3 Suicide 8 Could not be detarmined 29e. CERTIFIER CERTIFULG BAYSUNG | OSPITAL: Inpatient 2 28e. DATE OF (Month, Di 28e. PLACE Of building, | ER/Outpatient INJURY sy, Year) FINJURY — At hetc. (Specify) my knowledge, d | 3 DOA 28b. Til | OTHEF 4 Num ME OF JURY M street, fact | 26. PL. 1: sing Home 28c. INJ WOI 1 V ory, office | ACE OF OEATH 5 Greatden TRY TES 2 NO and place, and | (Check only of ce 6 Other 28d. DE 28f. LOC Ch) | or (Specify) SCRIBE HOW I CATION (Street or Fown, State) | NJURY OCCUI | COOF 1 (| DEATH? YES 2 NO |
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ohan, M.D. Dutchmans Lane
32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

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| DIVISION OF VITAL RECORDS, P.O. BOX 68/60, | OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de |
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MAR 11 91

| | REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) | | CERTIF | ICALE | OF DEATH | 2 DAT | REG. NO. | | 1,7 | IME OF DEATH |
|---------------|--|---|---------------------|------------------|--------------------------------|----------------|--------------------|-----------------|-------------|------------------------------------|
| | LI AND LINES | 2 Ch | 01.1 | | | MON | | 5 9 | EAR S. | INIC OF DEATH |
| | 4. SOCIAL SECURITY NUMBER | 5. SEX 6. AGE (III | yrs. last birthday) | IF UNDER 1 YE | AR IF UNDER 24 HE | | E OF BIRTH | 8. | | CE (State or Foreign |
| | 213-20-9380 | 12 M 2 DF 7 | YRS. | MONTHS DA | YS HOURS MI | · 4/ | 24 J | 10 | Country) | Md |
| | 9a. FACILITY NAME (If not institution, give stre | net and number) | | 9b. CITY, TO | WN OR LOCATION O | F DEATH | | 9c. COUNTY | OF DEATH | 1 |
| 5 | 114 Talbot lane | | | Eas | ston, 1 | nd. | | 10 | albo | - |
| DIRECTOR | 10a. STATE 10b. COUNTY | - (1) | 10c. CIT | Y, TOWN OR L | OCATION | | | - | 10d | . INSIDE CITY |
| 듑 | md. | albot | E | =951 | ton | | | | 1 4 | VES 2 NO |
| FUNERAL | 10e. STREET AND NUMBER | | | | 10f. ZIP CODE | | | 10g. CITIZE | N OF WHAT | COUNTRY? |
| N. | 114 191007 1 | ane East | | d. | 216 | 201 | 14 M 16 . W - | U | SH | American Indian, |
| | 1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) If YES, GIVE WAR OR DATES 1 YES, 2 NO Specify: Specify: | | | | | | | | | ita, etc. |
| BY | 3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 1 NO Specify: Specify: | | | | | | | | | 311 |
| 띮 | 16. DECEDENT'S EDUCATION (Specify only highest guade completed) 16a. DECEDENT'S USUAL OCCUPATION (Specify only highest guade completed) 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) 17a Manufacture of the state of t | | | | | | | | | |
| PLET | Elementary/Secondary (0-12) | College (1-4 or 5+) | 1 - 1- | | | P | arts | man | ofac | turer |
| COMPL | 17. FATHER'S NAME (First, Middle, Last) | - 1 | 1900 | a | 18. MOTHER'S | S NAME (First | , Middle, Maiden | Sumame) | | |
| ш | William E | .Chase | Sr. | | I | Dorf | hin | و | Ka | , Kes |
| 6 | 19a. INFORMANT'S NAME (Type/Print) | 0 14 | 19b. MAILIN | ADDRESS (St | reet and Number or R | ural Route Nu | mber, City or Town | n, State, Zip C | | |
| F | Christine | BUrke | 1404 | South | 5+. E | astor | n, md. | 214 | ol_ | |
| | 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) | | | | | | | | | |
| | 4 Donation 5 Other (Specify) Md. Veterans Cemetery 3 119/ HUM OCIC, Md. | | | | | | | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY GEORGE 14. 139 Sh. | | | | | | | | | |
| - | 23. PART I. Enter the diseases, or co | omplications that caused | the death. Do | not enter the | mode of dylng. | St. | = CISTU | nmd. | 2/6 | Approximate |
| | ahock, or heart failure. L | | | | Α. | | | atory and | ~, | Interval Betw Onset and D |
| | IMMEDIATE CAUSE (Finel disease or condition | Con | Liga | , he | and of | بر درار | 0 | | i | |
| | resulting in death) a. Concept two reactions of the consequence of: | | | | | | | | | |
| Z | Sequentially list conditions, b. | Ren | al Fo | ilure | | | | | | |
| ¥ | If any, leading to immediate ceuse. Enter UNDERLYING | DUE TO (OR AS A | CONSEQUENCE | IF): | | | | | | |
| CERTIFICATION | CAUSE (Disease or Injury that initiated events | DUE TO (OR AS A | CONSEQUENCE | M1 ()~^ |) | | | | | |
| F | resulting in death) LAST | | | | | | | | | |
| AL CE | PART II. Other algnificant conditions | contributing to deeth be | ut not reaulting | In the under | rlying cause give | n in Part I. | 24a. WAS AN | AUTOPSY | 24b. WE | RE AUTOPSY FIND |
| S | Cont | | | | | | PERFOR | | CO | ILABLE PRIOR TO MPLETION OF CAU |
| MEDIC | | | | | | | 1 | · · | 1 | DEATH? YES 2 NO |
| Z. | | | | | | | | | | |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | OTHER: | 26. PLACE OF DEATI | (Check only | one) | | | |
| 17S | 1 YES 2 NO | 1 Inpatient 2 ER/Outp 26s. DATE OF INJURY | etlant 3 DOA | 4 🗆 Nursing | | nce 8 Ot | her (Specify) | AL HERY COOL | DCD. | |
| | Natural 5 Pending | (Month, Day, Year) | | JURY | C. INJURY AT WORK? I YES 2 NO | | ESCHIBE HOW I | NJUHY OCCU | HED | |
| BY | 2 Accident Investigation 3 Suicide 6 Could not be | 28s. PLACE OF INJURY | — At home, farm, | | | 28f. L0 | OCATION (Street | | Rural Route | Number, |
| TE | 4 Homicide determined | building, atc. (Spec | пу) | | | | ty or Town, State) | | | |
| PLE | 29a. CERTIFIER CERTIFYING PHYSIC | IAN: To the best of my knowl | edge, death occur | red at the time, | , data and place, and | dua to the | cause(a) and ma | nner as stated | ı. | |
| COMPLETED | | : On the basis of examination | and/or investigat | on, in my opini | ion, death occured a | t the time, de | nta and placa, ar | nd due to the | cause(a) an | d manner aa stat |
| BE C | 286. SIGNATURE AND STILE OF CERTIFIER | ~~ | - | | 29c. LICENSI | | | 29d. DATE | SIGNED (Mo | onth Day, Year) |
| - 64 | O MACAMO | L WILL | | | 111< | 203 | (| | 3/6 | 191 |

COMPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print)

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| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or # | TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use | the most written is it is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
| - | - | - |

| 1. OECEDENT'S NAME (First, Middle, Last) | | | | | 2. DATE OF OEATH | | 3. TIME OF OEATH |
|--|--|--|--|---|---|---|---|
| VIRGINIA S | | CO | ORCORAN | | D3MONTH 11 | 91 Y | 9:00 PM |
| 4. SOCIAL SECURITY NUMBER | 5. SEX 6. AC | GE (In yrs. lest birthday | /) IF UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF BIRTH | 8. | BIRTHPLACE (State or Foreign |
| 578-28-4124 | 1 🗆 M 2 💢 F | (3 YRS. | MONTHS DAYS | HOURS MIN. | (Month, Day, Year) | 27 | TNO |
| 9a. FACILITY NAME (If not institution, give str | reet and number) | | 9b. CITY, TOWN | OR LOCATION OF D | EATH | 9c. COUNTY | |
| NORTH ARUNDEL HOSF | PITAL ASSOC | CIATION | GLEN E | BURNIE | | <u>A.A</u> | . COUNTY |
| 10a. STATE 10b. COUNTY | 1 1 | 10c. C | CITY, TOWN OR LOCA | ATION | | | 10d. INSIDE CITY LIMITS? |
| 10s. STREET AND NUMBER | T. /T , | | Sev | PR | | | 1 TYES 2 NO |
| 97 Kennedy | DC. | | | Of. ZIP CODE | 16 | 10g. CITIZEI | N OF WHAT COUNTRY? |
| 11. MARITAL STATUS | 12. WAS DECEDENT EVE | ER IN U.S. ARMED | 13. WAS DE | CENDENT OF HISPA | NIC ORIGIN? (Specify | Yes or No — 14 | . RACE — American Indian, |
| 1 Never Married 2*** Married 3 Widowed 4 Divorced | FORCES? 1 YES, GIVE WAR OF | | | pecify Cuban, Mexic S 2 NO Speci | an, Puerto Rican, etc.) ly: | | Specify: White, etc. |
| 15. OECEOENT'S EDUC (Specify only highest grade | | 16a. OECEOENT | "S USUAL OCCUPAT | ION | 16b. KIND OF | BUSINESS/INDUS | TRY |
| Elementary/Secondary (0-12) | College (1-4 or 5+) | Me. Do NOT | of work done during m use retired.) | loat or working | | 00. | 0 |
| | | Sec | cretou | C.4 | 0 | 1-10 | e e |
| 17. FATHER'S NAME (First, Middle, Last) | 10 | | | 16. MOTHER'S N | AME (First, Middle, Maid | (en Sumame) | 1 - |
| 19a, INFORMANT'S NAME (Type/Print) | nileg | Lan. man | No. 1555555 | 00 | ME | DAL | |
| Thomas same (yportain) | Corroran | | A AND A | iA C + | Route Number, City or | lown, State, ZIp Co | ode) |
| 20a. METHOD OF DISPOSITION | | | ATE OF DISPOSITIO | N /Alama | DATE 20c. | LOCATION — CIT | y or Town State |
| 1 Donation 5 Other (Specify) | ovel from State | of cemetary cremate | | · · | 3/3 0 | a to und | . lo mo |
| 21. SIGNATURE OF FUNERAL SERVICE LIC | ENSEE | Metro | | AND ADDRESS OF F | ACILITY | 4 616 | une fine |
| > (Cabol) | 1 | | | | | | |
| 23. PART I. Enter the diseases, or o | complications that could be control on the course of | used the death. De | BAP, o not enter the m | QANCO node of dying, su | Sevi / | PARK, P | |
| 23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in daeth) | List only one sause o | Jacob III. Don asch III. Don asch III. As A CONSEQUENCE | used her | | ch as cerdlec or re | | Interval Betwe |
| shock, or heart failure. If IMMEDIATE CAUSE (Finel disease or condition resulting in daeth) Sequentielly list conditions, if any, leading to immediate | a. DUE TO (OR) | harach line. | noed his Vernick | | | | Interval Betwe |
| shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in daeth) Sequentially list conditions, if any, faeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury | DUE TO (OR) | AS A CONSEQUENCE | noch her leruck e op: sesa | | | | Interval Betwe |
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| shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | DUE TO (OR ADDUE TO (OR ADDUE) | AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE The but not resulting AS A CONSEQUENCE The but not resulting AS A CONSEQUENCE The but not resulting TOutpatient 3 □ DOA JIPY 28b. □ JURY — At home, farm (Specify) | e of: OTHER: A OTHER: A OTHER: A Nursing He TIME OF 150 150 INJURY M 1 1 Tm, street, lectory, ofference of the time, description. | ng cause given in PLACE OF DEATH (C) NUURY AT YORK? YES 2 NO Note and piece, and de | Part I. 24a. WAS PER 1 YES Check only one) 28d. DESCRIBE HO 28l. LOCATION (Str. 6 City or fown, S) | AN AUTOPSY FORMED? 3 2 NO W INJURY OCCU menner se stated | Interval Betwee Onset and Decomposition of Decomposition of Cause of Death? 1 Yes 2 No |
| shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | DUE TO (OR ADDUE TO (OR ADDUE) | AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE The but not resulting AS A CONSEQUENCE The but not resulting AS A CONSEQUENCE The but not resulting TOutpatient 3 □ DOA JIPY 28b. □ JURY — At home, farm (Specify) | e of: OTHER: A OTHER: A OTHER: A Nursing He TIME OF 150 150 INJURY M 1 1 Tm, street, lectory, ofference of the time, description. | ng cause given in PLACE OF DEATH (C) NUURY AT YORK? YES 2 NO Note and piece, and de | Part I. 24a, WAS PER 1 YES Check only one) 28d. DESCRIBE HO 28l. LOCATION (Sm 6 City or Town, S 28l. to the cause(s) and 28l to the cause(s) and 28l to the cause(s) and | AN AUTOPSY FORMED? 3 2 NO W INJURY OCCU ment and Number or order manner as stated, and due to the | interval Betwee Onset and Dec Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset and Dec Onset |
| shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant condition ################################### | DUE TO (OR) DUE TO (OR) DUE TO (OR) DUE TO (OR) DUE TO (OR) DUE TO (OR) C. DUE TO (OR) | AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE The but not resulting TOutpatient 3 DOA TOUTPATH 28b. TOUTPATH AT HOME, family Knowledge, death occupation and/or investig | 26. In the underlying of the corp. 26. OTHER: A 4 Nursing Ho in the corp. A 4 Nursing Ho in the corp. A 5 1 1 1 1 A 6 1 1 1 A 7 1 1 1 A 8 1 1 1 A 9 1 1 A 1 1 1 A 1 1 1 A 1 1 1 A 1 1 1 A 2 1 1 A 3 1 1 A 4 Nursing Ho in the corp. A 5 1 1 A 6 1 1 A 7 1 1 A 8 1 1 A 9 1 1 A 1 1 1 A 1 1 1 A 1 1 1 A 1 A 1 1 A 1 1 A 1 1 A 1 1 A 1 1 A 1 1 A 1 1 A 1 1 A 1 1 A 1 1 A 1 1 A 1 A 1 1 A 1 1 A 1 1 A 1 1 A 1 1 A 1 1 A 1 1 A 1 1 A 1 1 A 1 1 A 1 1 A 1 A 1 1 A | ng cause given in PLACE OF DEATH (Come 5 Residence NJURY AT YORK? I YES 2 NO | Part I. 24a, WAS PER 1 YES Check only one) 28d. DESCRIBE HO 28l. LOCATION (Sm 6 City or Town, S 28l. to the cause(s) and 28l to the cause(s) and 28l to the cause(s) and | AN AUTOPSY FORMED? 3 2 NO W INJURY OCCU ment and Number or order manner as stated, and due to the | Interval Betwee Onset and Decomposition of Decomposition of Cause OF DEATH? 1 YES 2 NO RED Rural Route Number, cause(s) and manner as stated. |
| shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant condition ### PART III. Other significant condition ### PART III. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | DUE TO (OR ADDUE TO (OR ADDUE) | AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE The but not resultin MATHEMATICAL AND AS A CONSEQUENCE TOUTP At home, farm (Specify) F DEATH (ITEM 27) (7) | TIME OF INJURY M 1 Company of the time, de setton, in my opinion, | ng cause given in PLACE OF DEATH (Come 5 Residence NJURY AT 1) YES 2 NO Rica Its and piece, and do 1, death occured at the | Part I. 24a, WAS PER 1 YES Check only one) 8 Other (Specify) 28d. DESCRIBE HO 28l. LOCATION (Str. 6 City or Town, S. | AN AUTOPSY FORMED? 3 2 NO W INJURY OCCU ment and Number of arter menner as stated, , and due to the | 24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO RED Rural Route Number, |

MAK I D 1991 Sharmandar Thetase

2:45 A.M

1991

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1. DECEDENT'S NAME (First, Middle, Lest)

BOX 13146, certificate be P.O. the death RECORDS, MP. DIVISION OF VITAL The PHYSICIAN: DR ATTENDING

HOSPITAL

JESSIE ELEANOR CLARK March A SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 6. BIRTHPLACE (State or Foreign DAYS HOURS MIN. 1 M 2 XF 89 YRS. Jan.7, 902 215-46-2800 Maryland 9a. FACILITY NAME (If not institution, give street and number) 95 CITY TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR Annapolis Anne Arundel 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 1 NO Maryland Annapolis Anne Arundel FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER the burial-transit 6202 River Crescent Drive 2140] Anne Arundel 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 2 X NO If yes, specify Cuban, Maxican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried BY White 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16h. KIND OF BUSINESS/INDUSTRY use (Specify only highest grade completed) Por Elementary/Secondary (0-12) College (1-4 or 5+) 2 detached Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ 2 John Snouffer BE should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ridge Court, director, page 5 Carlton S Clark Vallev Timonium, MD 21093 be 20e. METHOD OF DISPOSITION

1 N Burtal 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must 4 Donation 5 Other (Specify) Cemetery Lincoln Brentwood, MD 21. SIGNATURE OF FUNERAL SPRVICE LICE 22. NAME AND ADDRESS OF FACILITY
Taylor Funeral Chapel examiner funeral 21401 Gloucester St., Annapolis, MD removal. medicai filled in by t 23. PART I. Enter the diseases, or complications that gaused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart failure. List only one cause on each line. Interval Between 0 Onset and Death IMMEDIATE CAUSE (Finel event, the cremation, disease or condition mos completely resulting in death) DUE TO (OR AS A CONSEQUENCE OF): signed by the attending physician and con Health and Mental Hygiene prior to burial, regun traumatic CERTIFICATION Sequentially list conditions, TO (OR AS A CONSEQUENCE OF): if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 injury, PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE any 1 TYES 2 NO OF DEATH? Shows 1 | YES 2 | NO t of H PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) ilem DIRECTOR: After this certificate I hours after death with the State HOSPITAL: 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 - Residence 6 - Other (Specify) 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 2 Accident 5 Pending 1 YES 2 NO ВҰ 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 28 determined Hem CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. THE HOSPITAL (THE FUNERAL C filed within 72 h (Check only one) IMPORTANT: If vertigation, in my opinion, death occured at the time, data and place, and due to the ceuse(a) and manner as stated. VERKOU 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 0 2 23 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3 nu 2140 32. REGISTRAR'S SIGNATURE the Davidson-Rindoll 31. DATE FILED (Month, Day, Year) 1991

ç ·

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

| 1 - STATE REGISTRAR | | CERT | IFIC | ATE OF | DEAT | TH | REG. NO. | | | |
|--|--------------------------------|---|------------------|--------------------------------------|-------------------------|-------------------|--|---------------|----------------------------------|--|
| 1. PECEDENT'S NAME (First, Middle, Last) HARRIETT | FRENE | Co | LLA | 4RD | | | 2. DATE OF DEATH | <u> </u> | 91 | 2:30 A |
| 4. SOCIAL SECURITY NUMBER 105-18-0500 | 5. SEX | 8 9 YR | MON | ONDER 1 YEAR | IF UNDER | 24 HRS. MIN. | 7. DATE OF BIRTH (Month, Day, Year) 11-25-01 | | Country) | LACE (State or Foreign |
| 9a. FACILITY NAME (If not institution, give : | | 09 11 | | CITY, TOWN O | R L OCATIV | ON OF OR | | 90 0011 | Beac | on, NY |
| Crofton Conva | | onton | | Croft | | 011 01 01 | 2111 | | | Arundel |
| RESIDENCE OF DECEDENT | | | | | | | | | | |
| MD Anne | Arundel | | | polis | ION | | | | 1.0 | Od. INSIDE CITY LIMITS? |
| 10a. STREET AND NUMBER | III GIIGOT | | IIIIa | | ZIP CODE | E | | 10a, CIT | | ☐ YES XX NO |
| 612 Fairglen I | Lane | | | | 2140 | 1 | | | JSA | |
| 11. MARITAL STATUS 1 Never Married 2 Married 3 XXVidowed 4 Divorced | | EVER IN U.S. ARMED YES 2X NO R OR DATES | | If yes, sp | | n, Maxica | IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.) | or No | 14. RACE - Black, Specify: | - American Indian, White, atc. White |
| 15. DECEDENT'S EOU (Specify only highest grade | | 16a. DECEOEI | NT'S USU | IAL OCCUPATION done during monimed.) | N st of workin | 10 | 18b. KIND OF BUS | SINESS/IN | DUSTRY | |
| Elementary/Secondary (0-12) | College (1-4 or 5+) | Hous | | | | | II a a a | 1 7 - | 3 | |
| 17. FATHER'S NAME (First, Middle, Last) | | nous | EMT | 16 | 16 MOTI | VEO'O NA | House | | 1 | |
| John Stanton | | | | | III I FOR | | Agnes | Sumame) | D | |
| 19a. INFORMANT'S NAME (Type/Print) | | 19b. MA/ | ILING ADI | DRESS (Street a | | | Route Number, City or Town | n, State, Zip | | arton |
| Charles Willma | rth | 612 | Fai | rgler | ı La | ne, | Annapoli | Ls, | MD | 21401 |
| 20s. METHOD OF DISPOSITION 1 1 2 | novel from State | 20b. PLACE OF DI | sposition Spr | ing C | emet | natory or cery | 20c. LO Col | | city or Tow | |
| 21. SIGNATURE OF FUNERAL SERVICE LI | CENSEE . | tia | | Hard | esty | SS OF FA | neral Ho | me, | P.A. | - MD |
| 23. PART I. Enter the discoses, or | complications that | caused the deeth | Do not | | | | | | | Approximate |
| ahock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) | e. DUE TO (0 | e on each line. Respin. | stor | 7 1 | Ane | st. | | | | Interval Between Onset and Death |
| Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST | b. OUE TO (C | OR AS A CONSEQUENCE | CE OF): | mi | two | Pu | loruna, D | yes | Ö | |
| PART II. Other algnificant condition | ne contributing to d | eath but not result | ting in ti | he underlyin | g ceuse (| given in | Part I. 24s. WAS AN PERFOR | MED? | | WERE AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| 25. WAS CASE REFERRED TO MEDICAL | | | | 26. PI | ACE OF 0 | EATH (Ch | eck only one) | | | |
| EXAMINER? | HOSPITAL: 1 Inpatient 2 | ER/Outpatient 3 🗆 De | | THER: Nursing Hom | 6 5 🗆 Re | naldenca | 6 Other (Specify) | | | |
| 27. MANNER-OF DEATH 1 Netural 5 Pending Investigation | 20s. DATE OF II (Month, Day | | . TIME OF | WC | URY AT PRK? YES 2 | NO NO | 28d. DEŞCRIBE HOW I | NJURY OC | CURED | |
| 3 Suicide 6 Could not be 4 Homicide determined | 28e. PLACE OF building, e | INJURY At home, fe tc. (Specify) | erm, stree | t, factory, offic | • | | 28t, LOCATION (Street City or Town, State) | and Numbe | or Aural Ro | ute Number, |
| one) | | | | | | | to the cause(s) and mai | | | and menner as stated. |
| 29b. SIGNATURE AND TITLE OF CERTIFIE | 5/h | oles | m | 2 | 29c, LIC | 2a | MBER 2028 | 29d, DAT | 3 // | Month, Day, Year) |
| 30. NAME AND ADDRESS OF PERSON W | HO COMPLETED CAUSE | OF DEATH (ITEM 27) | (Type, Prin | ne) / | | | 211 / | | | |

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a whours after death. Page 6 may be retained by the hospital or attending physician.

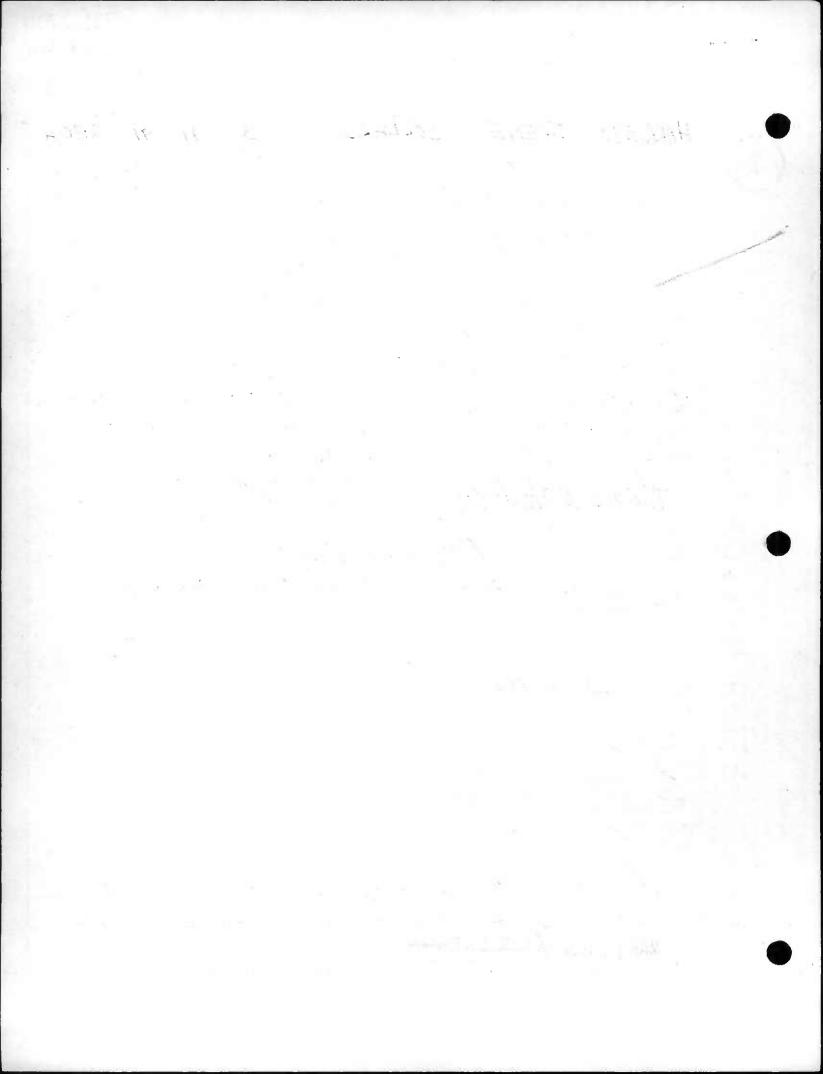
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 be filed within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
MAR 1 1 1991

Julia Duridson-Andall

OHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

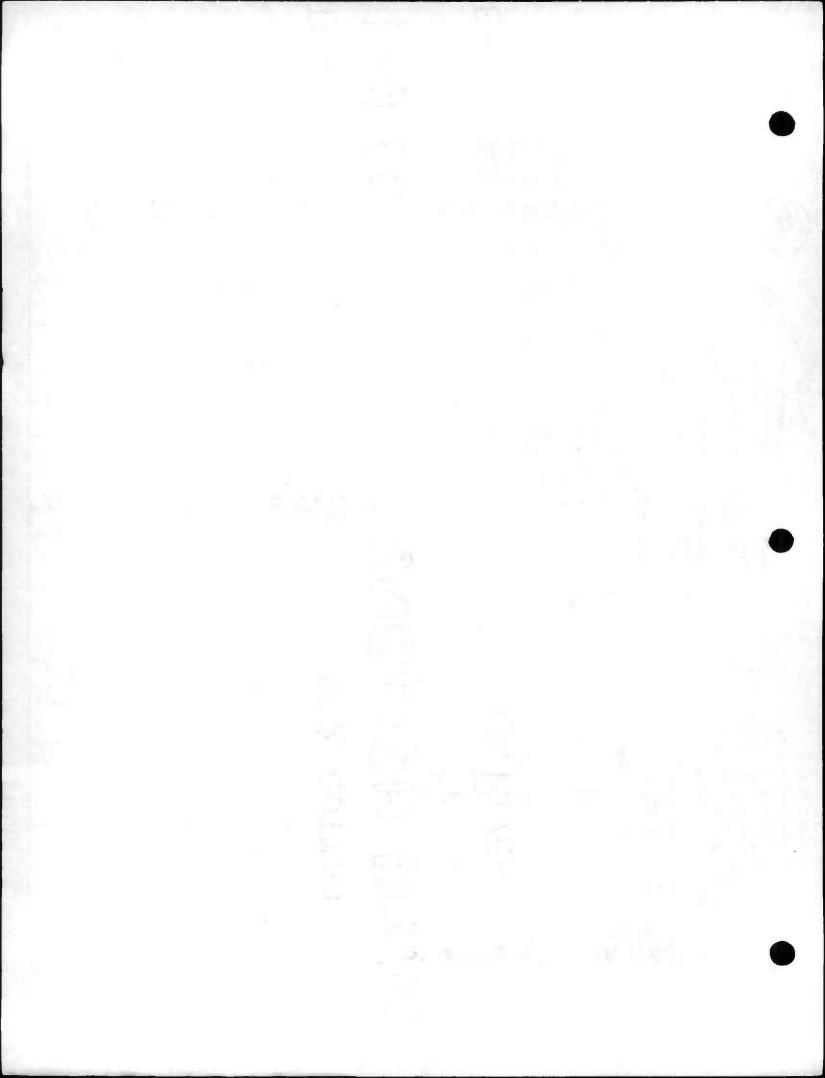
FOR

| DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21218 |
|---|
| The PUDSTALL OR ALTENDING THIS law inspires that the treatment of account of the treatment |

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| - STATE REGISTRAR | | CE | RTIFIC | CATE OF | DEATH | P | EG. NO. | | |
|--|---|--------------|---------------|-------------------------------|---|------------------|--------------------------------|------------------|--|
| 1. DECEDENT'S NAME (First, Middle, Last) | | | | | | 2. DATE OF | OEATH | | 3. TIME OF DEATH |
| PALLI | Poter | | Ch | 011 | 100 | MONTH E.e. | b. DAY | 0 1991 | 1:00 AM |
| 4. SOCIAL SECURITY NUMBER | | (In yrs. las | t birthday) | IF UNDER 1 YEAR | F UNDER 24 HRS. | 7. DATE OF I | BIRTH | 8. BIRTI | IPLACE (State or Foreign |
| 167-09-9434 | 1 [KM 2 [] F | 87 | YRS. | IONTHS DAYS | HOURS MIN. | 6 18 | 1903 | Count | m choslovaki |
| 9a. FACILITY NAME (If not institution, give stre | net and number) | | | 9b. CITY, TOWN | OR LOCATION OF D | | | COUNTY OF I | |
| Caroline / | Vursing | Ho | ne | De | nton | | | Car | oline |
| 10e. STATE 10b. COUNTY | | | 10c. CITY, | TOWN OR LOCA | | | | | 10d. INSIDE CITY LIMITS? |
| Maryland C | aroline | | | | Dent | on | | | 1 XYES 2 NO |
| 5 South Sixth | Street | | | 10 | 21629 | | | U.S.A | WHAT COUNTRY? |
| 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR | S 2 P | | If yes, s | CENDENT OF HISPA pecify Cuben, Mexic S 2 NO Speci | en, Puerto Rica | | Spec | E — American Indien, k, White, etc. #y: JCasian |
| 15, DECEDENT'S EDUCA | ATION | 18e. DE | CEDENT'S U | SUAL OCCUPAT | ION | 16b. KIN | ID OF BUSINE | SS/INDUSTRY | |
| (Specify only highest grade of Elementary/Secondary (0-12) | College (1-4 or 5+) | life. | Do NOT use | rk done during m retired.) | lost or working | | | | |
| 1.2 | 4 vrs. | E16 | ectri | cia1 | Enginee | rE | 1ectr | ic Co | nnanv |
| 17. FATHER'S NAME (First, Middle, Last) | 1 Y 1 O . | 1 11 11 0 | | CIUI | 18. MOTHER'S N | | | | |
| | haluna | | | | | Victo | The second | Vites! | 7.3 |
| Paul Peter C 190. INFORMANT'S NAME (Type/Print) | halupa | 101 | MARING 4 | INDRESS /Sheet | and Number or Rura | | | | \a_ |
| | | | | | | | | | 20 |
| Gail Weissert | T | | Rt. 3 | | 180DD, | | 1 | | |
| 20e. METHOD OF DISPOSITION N Buriel 2 Cremation 3 Remove | | | | | N (Name Memo | | | ION City or T | |
| 4 Donation 5 Other (Specify) | | 11ec | heny | | ty Park | | B A11 | ison | Prk, PA. |
| 21. SIGNATURE OF FUNERAL SERVICE USE | Moore | _ | | DRA | WER E | PA. | 125 Decc | fac, | 1d21629 |
| iMMEDIATE CAUSE (Finel disease or condition resulting in death) | LUNG O | CAM CONSE | QUENCE OF | : | | | | | Onset and Death |
| Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING | DUE TO (OR AS | A CONSE | QUENCE OF) | : | | | | | |
| CAUSE (Disease or Injury that initiated events resulting in death) LAST | DUE TO (OR AS | A CONSE | QUENCE OF) | : | - !- | | | | |
| PART II. Other significant conditions | contributing to desth | but not i | resulting in | the underlyl | ng cause given is | n Part i. 24 | a. WAS AN AU | TOPSY 24 | b. WERE AUTOPSY FINDINGS |
| Metastatre Ja Former Toba | | Hepa | etre | Encep | halopat | Pry 1 | PERFORME | | AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| 25. WAS CASE REFERRED TO MEDICAL | | | | 26 | PLACE OF DEATH (C | heck only one) | | | |
| EXAMINER? | HOSPITAL: | | | OTHER: | | | | | |
| 27. MANNER OF DEATH | 1 Inpatient 2 ER/O | | 28b. TIME | | me 5 Residence | 4 | | JRY OCCUREO | |
| 1 Natural 5 Pending 2 Accident Investigation | (Month, Day, Year | | INJU | RY V | YES 2 NO | 28d. DESCH | IBE HOW INJU | JHY OCCUREO | |
| 3 Suicide 8 Could not be determined | 28e. PLACE OF INJU building, etc. (S) | | ome, ferm, st | reet, factory, off | Ice | 28f. LOCATIO | ON (Street end lown, Stete) | Number or Rural | Route Number, |
| | | | | | | | | | |
| 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER | | | | | | | | | (s) and manner as stated. |
| (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITUE OF CERTIFIER | i: On the basie of examinar | tion end/or | Investigation | i, in my opinion, | | ne tima, date en | d place, end d | lue to the cause | o (Month, Day, Year) |
| (Check only one) 2 MEDICAL EXAMINER | i: On the basie of examinar | tion end/or | Investigation | , in my opinion, Print) | death occured at th | umber | d place, end d | lue to the cause | |



31. DATE FILEO (Month, Day, Year)
FEB 2 5 1991

32. REGISTRAR'S SIGNATURE Julia Jai ilson-Randelle

DHMH-18 Rev 1/89

s 1, 2, 3 should

| | D, BALTIM RETMA YLAND 21215-0020 | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page in the interpretable for attending physician. | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. The first product of the burish that being being of the burish that having permit committed in the committee of the comm | nt, the medical examiner must be notified at once. | |
|--|--|--|--|--|--|
| | DIVISION OF VITAL RECORDS, P.O. BOX 68760, | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death ce | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the two flad within 72 hours after death with the State Dect. of Health and Mental Hotelee prior to burial, cremation, or removal. | IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. | |

| Stephen | st, Middle, Last) | т | | 1 | | | | 2. DATE OF DEATH | AY | YEAR | 3. TIME OF OEATH |
|--|--|--|--|--------------------|--|--|-----------|---|---------------------|---------------------|--|
| | • | Jay | L | uckwor | th | | | 2 2 | | 991 | 12.15 2 |
| 4. SOCIAL SECURITY NUM | IBER | 5. SEX | 6. AGE (In y | rs. last birthday) | IF UNDER 1 YEA | | R 24 HRS. | 7. OATE OF BIRTH (Month, Day, Year) | | 8. BIRTI Count | IPLACE (State or Foreign |
| 156-38-84 | | 17 M 2 🗆 F | 4 | 2 YRS. | MONTHS DAT | HOURS | Mile. | 4/07/19 | 48 | | Jersey |
| Fredrick M | | | a1 | | Mt . A | | ION OF OR | EATH | | eder | ick County |
| RESIDENCE OF DE | CEDENT | , | | 40- 00 | Y, TOWN OR LO | | | | | | |
| Maryland | 5.00 | derick | | 100 | | | | | | | 10d. INSIDE CITY LIMITS? |
| 10e. STREET AND NUMBER | | delick | | | 4t. Ai | 10f. ZIP COD | Œ | | 10a, CI | TIZEN OF | 1 ☐ YES 2 ☑ NO |
| 4715 Wes | twind | Drive | | | | 2 | 1771 | | | meri | |
| 11. MARITAL STATUS 1 Never Married 2 X 3 Wildowed 4 Div | Married | 12. WAS DECEDED FORCES? IF YES, GIVE | YES | 2 NO | If yes | DECENDENT | OF HISPAN | NIC ORIGIN? (Specify Yen, Puarto Rican, etc.) | | 14. RAC Bloc | E - American Indian, k, White, etc. |
| | CEOENT'S EDU | | 10 | Ba. DECEDENT'S | USUAL OCCUP | ATION | lma | 16b. KIND OF BU | SINESS/IN | IDUSTRY | |
| Elementary/Secondary | | College (1-4 or 5 | | ille. Do NOT | work done during ise retired.) S U | perv: | isor | Howar | d C | ount | y Public |
| 12 | | 6 | | Healtl | 1 & Ph | ys.] | Ed. | Sc | hoo | 1 Sy | stem |
| 17. FATHER'S NAME (First, | | ml | | | | 18. MOT | | ME (First, Middle, Maider | | | |
| | | ckworth | 1 | _ | | | Dor | | | | |
| 19e, INFORMANT'S NAME | | | | | | | | Route Number, City or Tox | | | |
| Janice C | | kworth | | | | | Dr., | Mt. Air | CATION - | Md. | 21771 |
| 1 Donation 5 Oth | ion 3 🗆 Ram | oval from State | of cen | netary, cremator | e of oisposity or other place) | | oriu | 2/22 | | | Marylan |
| 21. SIGNATURE OF FUNER | | | | | | AND ADDRE | _ | CILITY | | | • |
| Apher | TL. | Wille | ani | | | | | esworth, arvland | | | Funeral |
| / ahock, or IMMEDIATE CAUSE (F disease or condition | | List only one ca | MwZ | h line. | Dec | 1. | - | Jacon O | . 0 | | Interval Between Onset and Dea |
| resulting in death) | | DUE TO | (OH AS A C | DNSEQUENCE (| man Ca | Minz | W | Francisco 1 | ns | N | |
| | ediata YING Jury | £ | | ONSEQUENCE (| | Aug | W | Geno? | into | 8 | |
| Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events | ediata YING Jury ST | E. DUE ΤΩ | OFF AS A C | ONSEQUENCE (| OF): | ying cause | given in | Part I. 24a. WAS AN PERFO | RMED? | Y 24 | b. WERE AUTOPSY FINDING MAILLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA | ediata YING jury ST | to contributing to | o death but | onsequence (| in the under | ying cause | | PERFO | RMED? | Y 24 | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 VES 2 NO | ediata YING jury ST | DUE TO | o death but | not resulting | In the under | 3. PLACE OF | DEATH (Ch | PERFO YES seck only one) s Other (Specify) | RMED? 2 NO | | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LAPART II. Other algnifications of the control of the con | ediata YING jury ST | DUE TO | o death but | not resulting | In the under | 3. PLACE OF | DEATH (C) | PERFO YES | RMED? 2 NO | CCURED | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 | ediata YING jury ST cant condition TO MEDICAL | HOSPITAL: 1 inpetient 2 28e. DATE 0 (Month), 2 / 21 / 28e. PLACE | Deploy to the control of the control | not resulting | In the under | B. PLACE OF Home 5 FINJURY AT WORK? YES 2 | DEATH (C) | PERFO YES seck only one) s Other (Specify) | RMED? 2 NO INJURY O | CCURED > | AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER 1 CE | TO MEDICAL Pending Investigation Could not be determined | HOSPITAL: 1 Inpetient 2 28e. DATE 0 (Month, 2 / 21 / 28e. PLACE building | ER/Outpett F INJURY OF INJURY OF INJURY OF INJURY OF INJURY I, stc. (Specify | not resulting | or the under or the factory, factory, | B. PLACE OF Home 5 F Home 5 F HOME 5 F WORK? F YES 2 | DEATH (C) | PERFO NOTICE TO THE PERFO SELECTION (Specify) 28d. DESCRIBE HOW DESCRIBE HOW DESCRIBE HOW OF TOWN, State MET A TRY | INJURY O | CCURED Nor or Rural | AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO Route Number, |
| Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LAPART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only 1 CE | TO MEDICAL Pending Investigation Could not be determined | HOSPITAL: 1 Inpetient 2 28e. DATE 0 (Month, 2 / 21 / 28e. PLACE building HOME) | ER/Outpett F INJURY OF INJURY OF INJURY OF INJURY of my knowled | not resulting | or the under or the under of the first of the under or th | B. PLACE OF Home 5 F Home 5 F HOME 5 P | DEATH (Ci | PERFO NYES Teck only one) 8 Other (Specify) 28d. DESCRIBE HOW DLJW IN 28f. LOCATION (Street City or Town, State Mt. A J RY, 8 to the cause(e) and market | INJURY O | CCURED Per or Rural | AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO Route Number |

112

Jay

Supervisor Howard County Public Health & Phys. Ed. School System

Doris Beers

Janice C. Duckworth

Duckworth

4715 Westwind Dr., Mt. Airy, Md. 21771

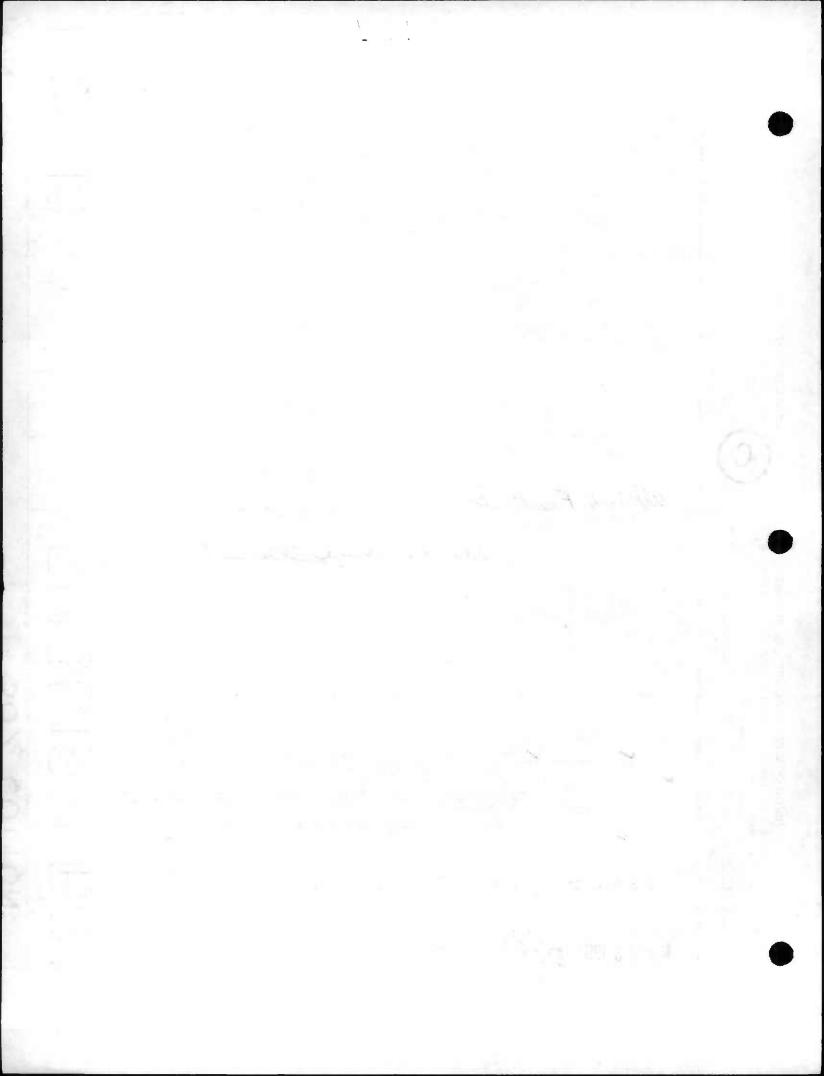
Montgomery Crematorium^{2/23} Bethesda, Maryland

Olin L. Molesworth, P.A., Funeral Hm. 20872 Damascus, Maryland

| | REGISTRAR | | CERTIF | ICATE (| OF DEATH | REG. I | NO. | | 100 |
|---------------|--|--|---|------------------|---|---------------------------------------|-----------------------------------|--|---------------------|
| | 1. DECEDENT'S NAME (First, Middle, Last) MARY JOHN DAVIS | | | | PE TRUE | 2. DATE OF DEATH | 8 ^{PAY} 199 ^V | EAR 3. | TIME OF DEATH 17:45 |
| | 4. SOCIAL SECURITY NUMBER | 5. SEX 6. AG | E (In yrs. last birthday) | IF UNDER 1 YE | AR IF UNDER 24 HRS. | 7. DATE OF BIRTH | | | |
| | 216-18-1643 | 1 □ M 2 났 F | 59 YRS. | MONTHS DA | NYS HOURS MIN. | 10-23 | 21 1 | Country) Mary | land |
| OH | 9a. FACILITY NAME (If not institution, give a SACRED HEART HOS | | | | WN OR LOCATION OF DE | | | | н |
| DIRECTOR | RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT | Υ | 10c. CIT | TY, TOWN OR L | OCATION | | | 8. BIRTHPLACE (State Country) Marylan De. COUNTY OF DEATH LLEGANY 10d. INSIDE LIMITS 1 XYES 10g. CITIZEN OF WHAT COUNT U.S.A. No. 14. RACE — American Black, White, etc. Specify: Ame ESS/INDUSTRY TOPSY AMPLIABLE COMPLETIO Onse 1 V. 2675 TOPSY AMALABLE COMPLETIO ONSE TOPSY AMALABLE | I. INSIDE CITY |
| . 1 | Md. all | egany | В | arton | | | | | XYES 2 N |
| FUNEHAL | Legislative R | | | | 101. ZIP CODE 21 521 | | | | T COUNTRY? |
| BY | 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF | S 2 □₩O | II ye | BECENDENT OF HISPAN s, specify Cuban, Maxica YES 2 NO Specify | in, Puerto Rican, etc.) | | Black, W Specify: | |
| TED | 15. DECEDENT'S EDU (Specify only highest grade | | 18a. DECEDENT'S | work done durin | PATION og most of working | 16b. KIND OF | BUSINESS/INDUS | STRY | |
| COMPLET | Elementary/Secondary (0-12) 1 2 | College (1-4 or 5 +) | Housew | | | Home | 9 | | |
| 000 | 17. FATHER'S NAME (First, Middle, Last) | | | | 18. MOTHER'S NA | ME (First, Middle, Mai | _ | | |
| E E | John Thompso: 19a, INFORMANT'S NAME (Type/Print) | n | 10h MAII IN | ADDRESS /S | Mar: | ie Gille | | orde) | |
| 임 | William P. Dav. | is | | | 174 Barto | | | S. BIRTHPLACE (S COUNTY) Maryla COUNTY OF DEATH ILEGANY 10d. INS ILEGANY 10d. IN | |
| | 20a. METHOD OF DISPOSITION 1 Burlal 2 Corporation 3 Ren | | 20b. PLACE ANO OAT of cemetary, cremator | E OF OISPOSI | TION (Name | | - | | State |
| | 4 Donation 5 Other (Specify) | | St. Pet | er's | Cemetery | | estern | | ,Md. |
| | 21. SIONATURE OF FUNERAL SERVICE LI | CENSEE | | Fre | dlock Fu | neral Ho | | | 6750 |
| CERTIFICATION | Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST | bDUE TO (OR A | S A CONSEQUENCE (| OF): | | | | | |
| | PART II. Other significant condition | d. | h hut not regulting | in the under | duine asses along to | Port Lass une | AN AUTOPSY | Ton un | |
| MEDICAL | VALUE SIGNIFICANT CONTINUE | The contributing to date | To be not resulting | m the thice | nying cause given in | PER | FORMED? | AM CC OF | MPLETION OF C |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL | | | | 26. PLACE OF OEATH (C/ | heck only one) | | | |
| Sic | EXAMINER? 1 YES 2 NO | HOSPITAL: | Outpatient 3 DOA | OTHER: | Home 5 Residence | 8 Other (Specify) | | | 111 |
| BY PH | 27. MANNER OF DEATH 1 Matural 5 Pending 2 Accident investigation | 28a. DATE OF INJUI (Month, Day, Yea | | IJURY | c. INJURY AT WORK? I YES 2 NO | 28d. DEŞCRIBE HO | W INJURY OCCU | RED | Ľ |
| | 3 Suicide 8 Could not be 4 Homicide detarmined | 28a. PLACE OF INJU building, etc. (5 | URY — At home, ferm, Specify) | street, factory, | , offica | 281. LOCATION (Str City or Town, S | set and Number of tate) | r Rural Rout | e Number, |
| COMPLETED | one) | SICIAN: To the best of my kn IER: On the basis of examina | | | | | | | nd manner aa si |
| BE | 296. SIGNATURE AND TITLE OF CERTIFIE | Du | | > | 29c. LICENSE NU D348 | MBER 46 | 29d. DATE : | SIGNED (M | onth, Day, Year) |
| ш | | HO COMPLETEO CAUSE OF | OEATH (ITEM 27) (Type | De, Print) | 29c. LICENSE NU D348 | | | SIGNED (| _ |

BALTIMORE, MARYLAND 21215-0020

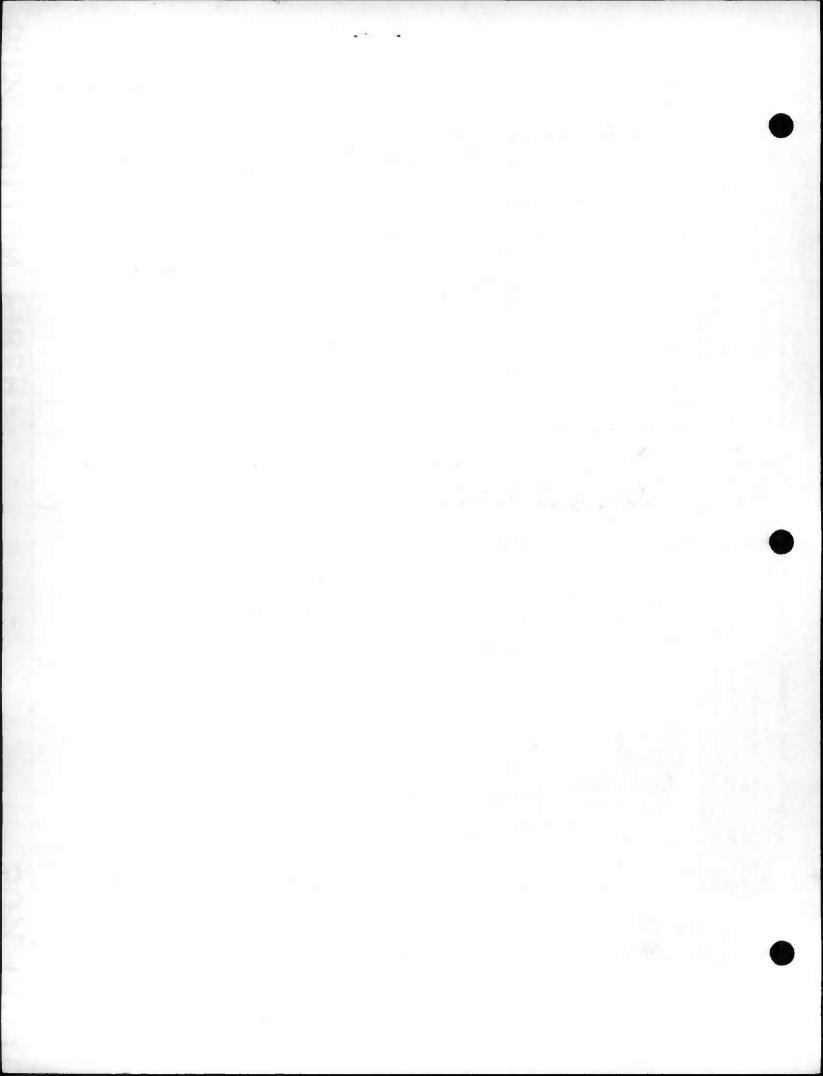
DIVISION OF VITAL RECORDS, P.O. BOX 68760,



DHMH-16 Rev 1/89

ETWORE, MARYLAND 21203-3146

| | 1 - STATE REGISTRAR | STATE OF MARYL | AND / DEPAR CERTIF | ICATE | OF HEALTH | I AND I | | YGIENE EG. NO. |) | 1 | 0/58/ |
|---|--|--|---|------------------------------|--|------------|---|----------------------------|---------------|-------------|--|
| | 1. OECEOENT'S NAME (First, Middle, Lest) | - DeBusi | Mary I | | | | 2. DATE OF O MONTH March | DEATH DAY | 199 | AR | 1355 M |
| | 4. SOCIAL SECURITY NUMBER 234 28 5579 | 5. SEX 6. AGE | (In yrs. lest birthday) YRS. | IF UNDER 1 | YEAR IF UND | MIN. | 7. DATE OF B (Month, Day Aug 9 | IRTH (16ar) | C | hio | CE (State or Foreign |
| | Se. FACILITY NAME (If not institution, give | atreet and number) | | 9b. CITY, T | OWN OR LOCA | TION OF OR | | | 9c. COUNTY | | 1 |
| OR | Union Hospital | of Cecil Coun | ty | Elk | ton | | | Cecil | | | |
| DIRECTOR | RESIDENCE OF DECEDENT 10a. STATE 10b. COUN | TY | 10c. CIT | Y, TOWN OR | LOCATION | | | | | 100 | I. INSIDE CITY |
| E | Maryland Co | ecil | F | lkton | | | | | | 12 | LIMITS? |
| FUNERAL | 100. STREET AND NUMBER 126 Friendship R | oad | | | 101. ZIP CO 2192 | | | | U.S.A | | COUNTRY? |
| à | 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER IF FORCES? 1 YES | 2 K NO | H t | | en, Mexica | HC ORIGIN? (Sp n, Puerto Rican y: | | | Black, WI | American Indian, hite, etc. Vhite |
| COMPLETED | 16. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) | | 16a. OECEDENT'S (Give kind of life. Do NOT u HOMEN | work done du se retired.) | UPATION ing most of wor | lding | 16b. KJN | O OF BUSIN | NESS/INOUSTI | RY | |
| 8 ш | 17. FATHER'S NAME (First, Middle, Last) Jefper Webb | | | | | ther's NA | ME (First, Middle Ann | | ineme) | | |
| TO B | 19a. INFORMANT'S NAME (Type/Print) Kathryn L. Becke | er | | | | | Route Number C | | | | 1 |
| net be | 20a. METHOD OF DISPOSITION 1 | noval from State | b. PLACE OF DISPO other place) | SITION (Nam | of cemetery, cr | ematory or | | 20c. LOCA | LTION City | or Town, | State |
| Pramiser n | 21. SIGNATURE OF FUNERAL SERVICE L | | A. Fer | 22. N/ | ME AND ADDR | ESS OF FA | | | Chest | er, | PA. |
| | Dalph | 6. Hier | es) | | | | | | | | |
| or other traumatic event, the median | 23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) | s. CANDII | ech line. | inc | ne mode of c | ying, suc | n as cardiac | or reepira | itory snest, | | Approximate interval Between Onset and Death |
| ON ON | Sequentially list conditions, | b. My DCAY | WIAL IN | Marc. | CHON | | | | | | |
| ICAT | if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury | · Dimyt | CONSEQUENCE OF | | hyp | 21721 | अकी | | | | |
| ry, or other traumatic | that initiated events resulting in death) LAST | . Иура | Uninem | 1À | | | | | | | |
| E C | PART II. Other significant condition | ons contributing to death I | out not resulting | In the und | erlying cause | given in | Part I. 24a | . WAS AN A | | | RE AUTOPSY FINDINGS |
| is marked, or lism 23 shows any injury, D BY PHYSICIAN: MEDICAL CI | | | | | | | _ 10 | PERFORM VES 2 | | OF | ULABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO |
| ed, or item 23 s PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL | | | | 26. PLACE OF | DEATH (Ch | eck only one) | | | | |
| Sic | EXAMINER? | HOSPITAL: 1 ☑ Inpatient 2 ☐ ER/Out | petient 3 🗆 DOA | OTHER: | ng Home 5 🗆 | Residence | 6 Other (Sp | ecify) | | | |
| BY PH | 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation | 28a. DATE OF INJURY (Month, Day, Year) | 28b. TII | ME OF 2 JURY M | ec. INJURY AT WORK? 1 \(\text{YES} \) 2 | □ NO | 28d. DESCRIE | BE HOW IN. | JURY OCCURE | D | |
| 00 11 | 3 Suicide 6 Could not be determined | 28e. PLACE OF INJUR' building, etc. (Spe | Y — At home, farm, offy) | street, factor | y, office | | 281. LOCATIO City or To | N (Street an wn, State) | d Number or R | lural Route | Number, |
| ANT: If item 2 | contact only | SICIAN: To the best of my know NER: On the basis of examination | | | | | | | | use(a) an | d manner as stated. |
| BE BE | 296. SIGNATURE AND TITLE OF CERTIFIC | ER WY | | | 29c, L | CENSE NU | MBER 7 | | 29d. DATE SIG | - | onth, Day, Year) |
| 10 | | HO COMPLETED CAUSE OF DE | EATH (ITEM 27) (Typ) | Print) | 10W- | mil | 1 | | | | |
| | S1. DATE FILED (MONTH, Day, Year) MAR 0 7 '91 | Julia Savida | | / | | | | | | | |
| | | 0 | - FILL OF E | | | | | | | | DHMH-16 Rev 1/89 |



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| 7 | F | E W | ark |
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| S | EN | after after | 28 |
| DIVISION OF VITAL RECORDS, P.O. BOX 68760, | IR A | MEC | E |
| | AL C | A D | # |
| | SPIT | NER. | Ä |
| | E HO | E FU | HIA |
| | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be impressed by line | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page a union emission be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burlal, cremation, or removal. | IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
| | = | F 5 | = |

3

Appear or attending physician.

D 21215-0020

| | FOR 1 - STATE REGISTRAR | STATE OF MARYLA | | MENT OF H | | MENTAL | HYGIEN | 9 | 0 | 7588 |
|----------------------|--|--|--|-----------------------------|---|------------------|----------------------------------|------------------------------------|-------------------------------------|---|
| 7835 | 1. DECEDENT'S NAME (First, Middle, Last) | Dehose | Mary A. | DeBone | | 2. DATE MONTH | OF DEATH DA | 9/ 4 | EAR 3. TH | ME OF DEATH |
| | 4. SOCIAL SECURITY NUMBER / 176-05-534 | 1 M 2 D F | 79 YRS. | IF UNDER 1 YEAR HONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | (Month | Dey, Year) | | BIRTHPLACE Country) Penn | E (State or Foreign |
| OR | Anne Arundel Hos | | | | polis | EATH | | Anne | Arun | del |
| DIRECTOR | RESIDENCE OF DECEDENT 100. STATE 10b. COUNT Maryland Ann | e Arundel | | TOWN OR LOCAL | | | | INSIDE CITY LIMITS? YES 2 NO | | |
| FUNERAL (| 10e. STREET AND NUMBER 7929 Helmwood Co | | | 10 | 1. ZIP CODE 21108 | | | COUNTRY? | | |
| BY FUNI | 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAS OR DAT | U.S. ARMED 2 NO res | If yes, sp | CENDENT OF HISPAI ecity Cuben, Mexico 2 NO Specif | en, Puerto F | | or No 14. | RACE AI Black, Whit Spanty 1t | merican Indian, le, atc. |
| COMPLETED | 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) | CCATION (completed) College (1-4 or 8+) | Iffe. Do NOT use | ork done durina ma | ON set of working | 16b. | KIND OF BUS | SINESS/INDUS | TRY | |
| | 17. FATHER'S NAME (First, Middle, Lest) Pasquale Perno | | nous | CWIIC | 16. MOTHER'S NA | | Middle, Melden | | | |
| TO BE | 190. INFORMANT'S NAME (Type/Print) Mr Sam DeBone | | | | and Number or Rural Hill Roa | Route Numb | | n, State, Zip Co Spring | | 20906 |
| | 20 METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem 4 Donation 6 Other (Specify) | noval from State 20b. | PLACE AND DATE emetary, crematory of Crest | Lother place) | | DATI | Но | _ | ounty | naryland |
| | 21. SIGNATURE OF FUNERAL SERVICE LI | 4. With | | | NO ADORESS OF EACH WITZK | | | | | lty |
| 7 | 23. PART I. Enter the diseases, or shock, or heart allure. IMMEDIATE CAUSE (Final disease or condition resulting in death) | a. Acate | consequence of | emin | ode of dylng, suc | ch ea card | Hec Or reap | ratory arrest | | Approximate Interval Between Onset and Death |
| CERTIFICATION | Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST | c | CONSEQUENCE OF | | | | | | | |
| PHYSICIAN: MEDICAL C | PART II. Other eignificant conditio | ns contributing to death bu | it not resulting in | n the underlyin | g ceuse given in | Part I. | 24a. WAS AN PERFOR | RMED? | AWAII COM OF D | E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE DEATH? YES 2 \(\subseteq \text{ NO} \) |
| ICIAN | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | OTHER: | LACE OF DEATH (C | | | | | |
| | t YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending | 28e. DATE OF INJURY (Month, Day, Year) | 28b. TIME | OF 28c, IN | JURY AT DRK? | 7 | | NJURY OCCUP | RED | |
| TED BY | 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined | 28e. PLACE OF INJURY building, etc. (Speci | — At home, farm, s | | | | ATION (Street or Town, State) | and Number or | Rural Route | Number, |
| COMPLETED | onel - | SICIAN: To the best of my knowle | | | | | | | | menner as stated. |
| BE | 29b. SIGNATURE AND TITLE OF CERTIFIE | en K | ma | | 29c. LICENSE NU | | mp) | 29d. DATE S | SONED (MON | ith, Day, Year) |
| OT , | 30. NAME AND ADDRESS OF PERSON W | Completed CAUSE OF DEA | TH (ITEM 27) (Type, | Pignet) - | | | | | | |
| | 31. DATE FILED (MONTH, Day, 1995) 1 | 32. REGISTRANIO SIGNA | TURE Pandell | | | | | | | |

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation or removal.

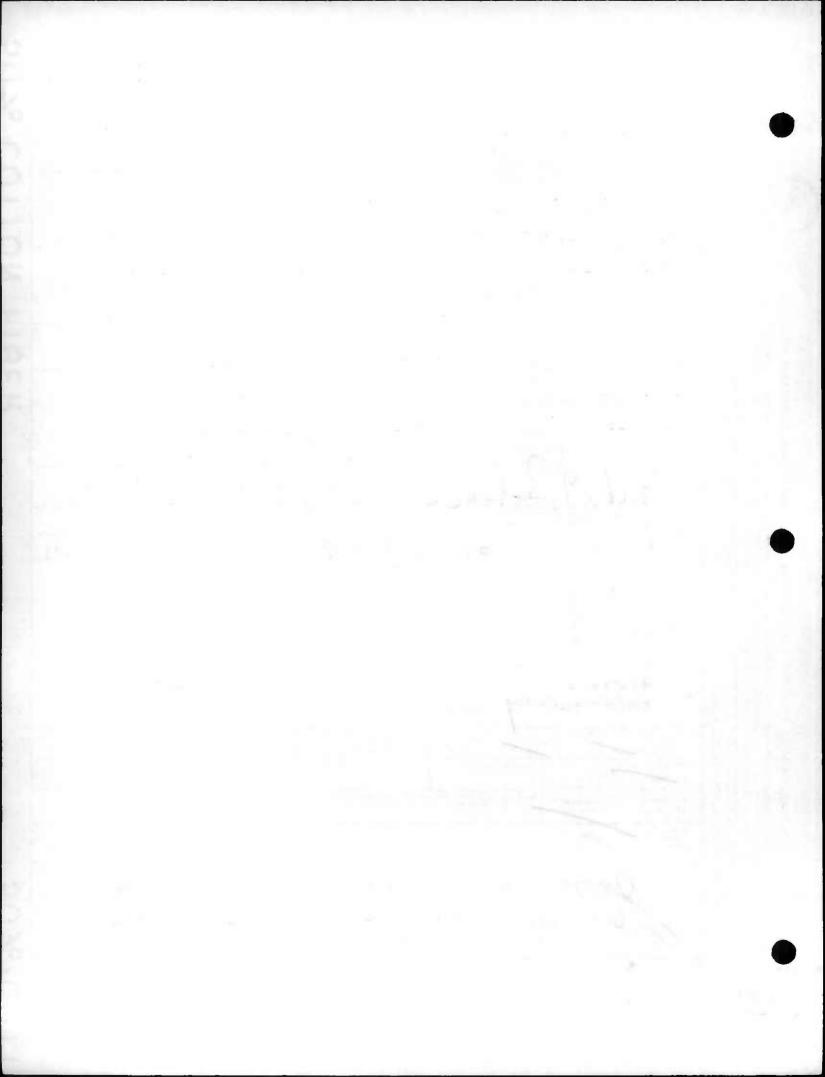
IMPORTANT: If Hem 28 is marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

| STATE | OF MARYLA | AND / | DEPARTMENT | 0F | HEALTH | AND | MENTAL | HYGIENE |
|-------|-----------|-------|------------|----|--------|-----|--------|----------|
| | | CE | ERTIFICATE | 0 | F DEAT | TH | | REG. NO. |

| FOR STATE REGISTRAR | | STATE OF MA | | | MENT OF H | | MENTAL HYGIEN | | 1 01005 |
|---|--|---|-----------------|---------------|---|--------------------------------|--|------------------|--|
| 1. DECEDENT'S NAME (First, | | D. 1 | | | | | 2. DATE OF DEATH MONTH DA | AY Y | 3. TIME OF DEATH |
| LZI | | com Dicker | - | | | | Feb 26 | | |
| 578108406 | | 1 🔀 M 2 🗆 F | AGE (In yrs. le | YRS. | F UNDER 1 YEAR IONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | | 1909 N | BIRTHPLACE (State or Foreign Country) North Carolina |
| Se. FACILITY NAME (If not ins Leland Mem. | | | | | | OR LOCATION OF DE | EATN | 9c. COUNTY | |
| RESIDENCE OF DEC | - | • | | | Riverd | ale | | Princ | ce George |
| 10e. STATE | 10b. COUNTY | | | | TOWN OR LOCA | | | | 10d. INSIDE CITY LIMITS? |
| Maryland 100. STREET AND NUMBER | Pri | nce George | 'S | Нуа | ttsvill | . ZIP CODE | | | 1 XYES 2 NO |
| 6004 36th A | venue | | | | 10 | 20782 | | U.S. | OF WHAT COUNTRY? |
| 11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divor | | 12. WAS DECEDENT E FORCES? 1 X IF YES, GIVE WAR | YES 2 | NO | ti yes, sp | | IIC ORIGIN? (Specify Yes n, Puerto Ricen, etc.) | | RACE — American Indian, Black, White, atc. Specify: White |
| 15. DECE (Specify only | EDENT'S EDU | CATION completed) | | | SUAL OCCUPATION And All OCCUPATION AND AND AND AND AND AND AND AND AND AN | | 16b. KIND OF BU | SINESS/INDUS | |
| Elementary/Secondary (0- | - | College (1-4 or 5+) | | e. Do NOT use | retired.) | | | | |
| 9 | della Passi) | None | Bı | ıs Dri | ver | | D.C. T | | |
| 17. FATHER'S NAME (First, Mic Era N. Dick | | | | | | | ME (First, Middle, Meiden Dickens | Sumame) | |
| 19a. INFORMANT'S NAME (7) | | | 1 | b. MAILING A | DDRESS (Street | | DICKENS Route Number, City or Tow | n, Stata. Zio Co | rde) |
| Nettie Dick | ens | | | | | | ttsville, | | |
| 20a. METHOD OF DISPOSITION | ON 3 D Bar | Last town State | | OF DISPOSIT | | metery, cremetory or | | | or Town, State |
| 4 Donation Donation | (Specify) | 00 | | | | n Cemete | | lphi, | Maryland |
| 21. SIGNATURE OF PUNETUR | SERVICE IN | 130h | An | | Franc | is Gasch Baltimor | 's Sons Fu | neral | Home, PA 11e, MD 20781 |
| IMMEDIATE/CAUSE (Findisease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLYII CAUSE (Disease or injurious). | ons, flete | DUE TO (OI | R AS A CONS | EQUENCE OF | | TE. | | | Interval Between Onset and Death |
| that initiated events resulting in death) LAST | l | d | AS A CONSI | | | | | | |
| AZUYE | MA | | eth but not | resulting in | the underlyin | g cause given in | Part I. 24e. WAS AN PERFOI | RMED? | 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| 25. WAS CASE REFERRED TO EXAMINER? | MEDICAL | HOSPITAL | | | 26. P | LACE OF DEATH (Ch | eck only one) | | • |
| 1 YES 2 NO | | 1 Department 2 E | JURY | | 4 Nursing Nor | IURY AT DRK? | 8 ☐ Other (Specify) 28d. DE\$CRIBE NOW | INJURY OCCUP | RED |
| 2 Accident 3 Suicide 8 | Pending investigation Could not be determined | 28e. PLACE OF I | NJURY — At I | ome, farm, st | | YES 2 NO | 281. LOCATION (Street City or Town, State | | Rural Route Number, |
| 29e. CERTIFIER (Check only one) 2 | IFYING PHYSICAL EXAMINE | R: On the besie of exar | | | | | to the cause(s) end ma | | cause(e) and manner as stated. |
| 29b. SIGNATURE AND TITLE 30. NAME AND ADDITION OF | mo | J K | OF DEATH (IT | M 27) (7/00) | Print) | D20 | 39/ | 29d, DATE 8 | HGNED (Month, Day, Year) |
| 31. DAPE FILED (Month, Day, | 25 | BELLIEHT | PD | | . 1 | Juilly, | MA | 203 | 742 |
| CLEB 01, | 91 | 32. REGISTRAD | Holson-A | andell | | | | | |





| 9 | 0 | 7 | 5 | 9 | 0 |
|---|---|---|---|---|---|
| | | | | | |

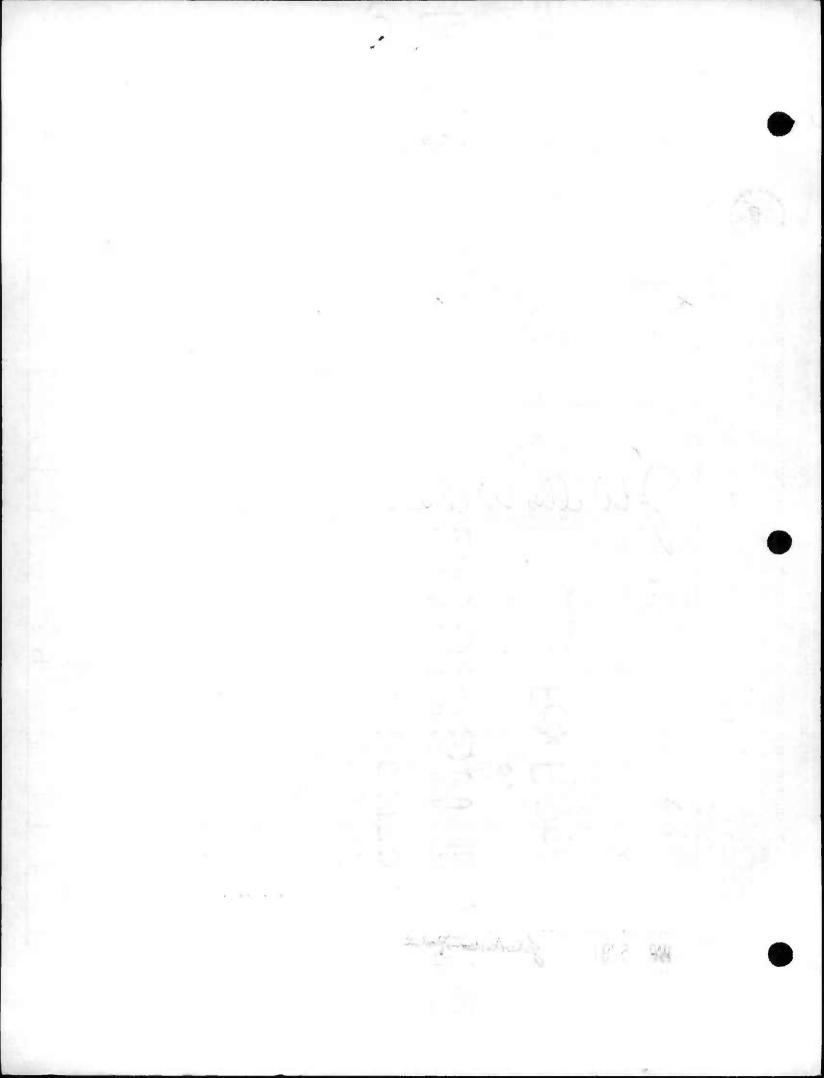
| 1 - STATE REGISTRAR | STATE OF MARYL | | ICATE OF | | MENIAL HYGIEN REG. NO | | |
|--|---|--|--|--------------------------------|--|------------------|---|
| 1. DECEDENT'S NAME (First, Middle, Last) | | 777 | | | 2. DATE OF DEATH MONTH D | AY Y | 3. TIME OF DEATH |
| OLUGOLY | | Dudderar | | | + | | 91 1:15 P |
| 4. SOCIAL SECURITY NUMBER | Malo | (In yrs. last birthday) 33 YRS. | MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) | | BIRTHPLACE (State or Foreign Country) |
| | | 33 YRS. | | L A | ugust 10, | | Vicomico MD |
| 9a. FACILITY NAME (If not institution, give a | | | | OR LOCATION OF DI | EATH | 9c. COUNTY | |
| 200 Cannon Stree | | | Chester | town | | Kent | |
| 200 Cannon Stree RESIDENCE OF DECEDENT 10s. STATE 10s. COUNT Maryland Ke | r | Y, TOWN OR LOCA | TION | | | 10d. INSIDE CITY | |
| Maryland Ke | nt | 0 | hesterto | wn | | | 1 YES 2 NO |
| 10e. STREET AND NUMBER | Cannon St. | | 10 | 21620 |) | 10g. CITIZEI | OF WHAT COUNTRY? |
| 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D | 2 NO | If yes, sp | | NIC ORIGIN? (Specify Year, Puerto Rican, atc.) Y: NO | | RACE — American Indian, Black, Whita, atc. Specify: Vhite |
| 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) Raymond Albort | | 16a. DECEDENT'S (Give kind of life. Do NOT u | WSUAL OCCUPATI work done during manager retired.) | ON st of working | Nursery | | TRY |
| 17. FATHER'S NAME (First, Middle, Last) | | THE PLED | OLIBL | | | | |
| | Dudderar | | | | ME (First, Middle, Melder Inces Han | Sumame) | |
| 10a INFORMANT'S NAME (Type/Print) | | T 40h MAII IN | ADDRESS (Stand | <u> </u> | Route Number, City or Tox | | and a later to the same and a |
| | Sister) | | | | rtown, Md. | | |
| | | 0b. PLACE AND DAT | | | | | y or Town, State |
| 20a. METHOD OF DISPOSITION 1 | oval from State | Capitol | | | | er Del | |
| 21. UIGHATUHE OF FUNETIAL SERVICE IN | | m | 22. NAME A | ND ADDRESS OF FA | P.O. | Box # | |
| FULL | is We | VIS | Chest | ertown, | Md. J. Wi | llis W | Vells |
| diseins or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | bDUE TO (OR AS | OTGUN WO A CONSEQUENCE O | PF): | EAD (CC | ONTACT) | | |
| | | | | | | | |
| PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☑ YES 2 ☐ NO 27. MANNER OF DEATH | s contributing to death | but not reaulting | In the underlying | g cause given in | | RMED? | 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 □ YES 淀代 NO |
| 25. WAS CASE REFERRED TO MEDICAL | | | 26. F | LACE OF DEATH (C) | heck only one) | | |
| EXAMINER? | HOSPITAL: 1 Inpetient 2 ER/Ou | stpetient 3 DOA | OTHER: | ne 5% Residence | 8 Other (Specify) | | |
| 27. MANNER OF DEATH | 28e. DATE OF INJURY | | WE OF 28c. IN | JURY AT | 28d. DESCRIBE HOW | INJURY OCCU | RED |
| 1 Natural 8 Pending 2 Accident Investigation | (Month, Day, Year) | 1991 Unk | | YES 2 NO | Subject | shot | self |
| | 28e. PLACE OF INJUR building, atc. (Sp | RY - At home, farm, | atreet, factory, offi | 28 | 28f. LOCATION (Street City or Town, State | and Number or | Rural Route Number, |
| 4 Homicide datarmined | At ho | | | | 200 Canno | | |
| (Orlock Orly) | ICIAN: To the best of my kno ER: On the basis of examinati | | | | e to the cause(a) and ma | anner as stated | |
| | 711 1111 | 1 | | 29c. LICENSE NU | IMBER | 29d. DATE S | HONED (Month, Day, Year) |
| Mun F | your | 8 MM | | 0.0 | м. Е. | • 0 | 3 01 1991 |
| Mario F. Golle.J | MP | | | | Baltimore | | |
| 31. DATE FILED (Month, Day, Year) | 12. REGISTRAR'S STO | INATABE L. DO. | | | | | -1201 |
| MAR 5'91 | gula parido | - Nihara | | | | | |

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pem be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



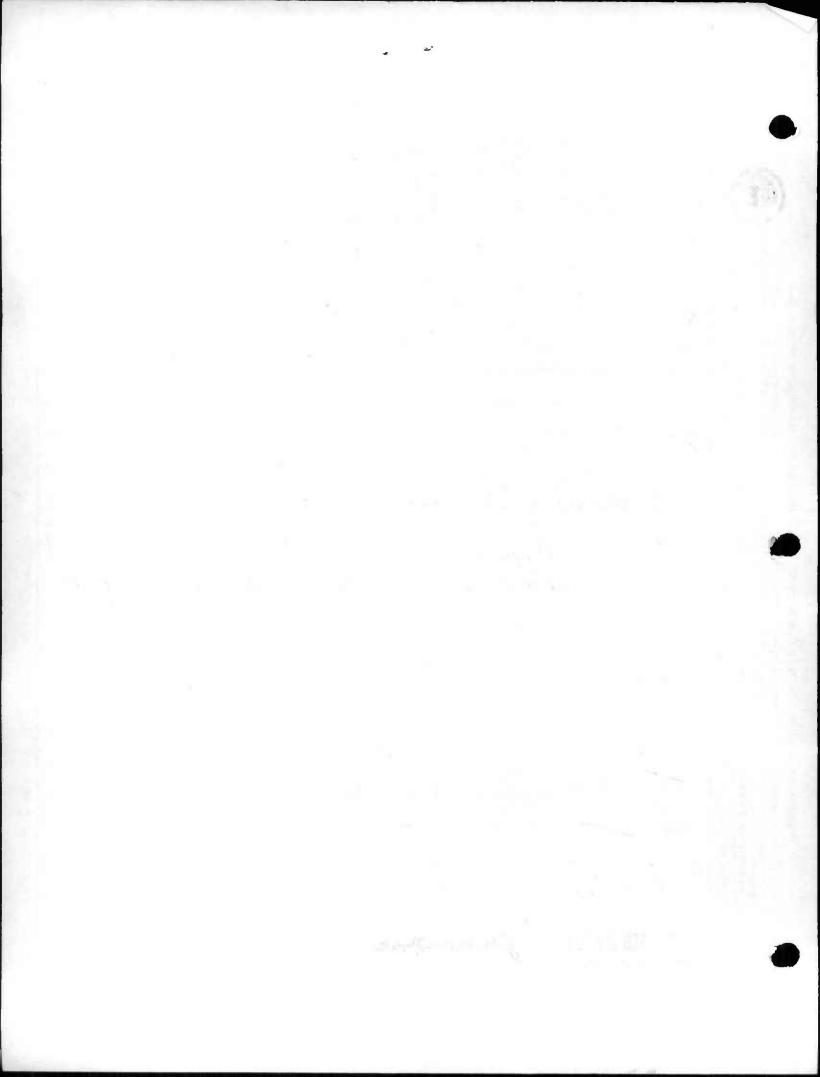
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Page filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

| FOR STATE | STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M | MENTAL | HYGIENE |
|---------------------------------------|--|--------|----------|
| REGISTRAR | CERTIFICATE OF DEATH | | REG. NO. |
| DESCRIPTION NAME (Class Addding A and | | | |

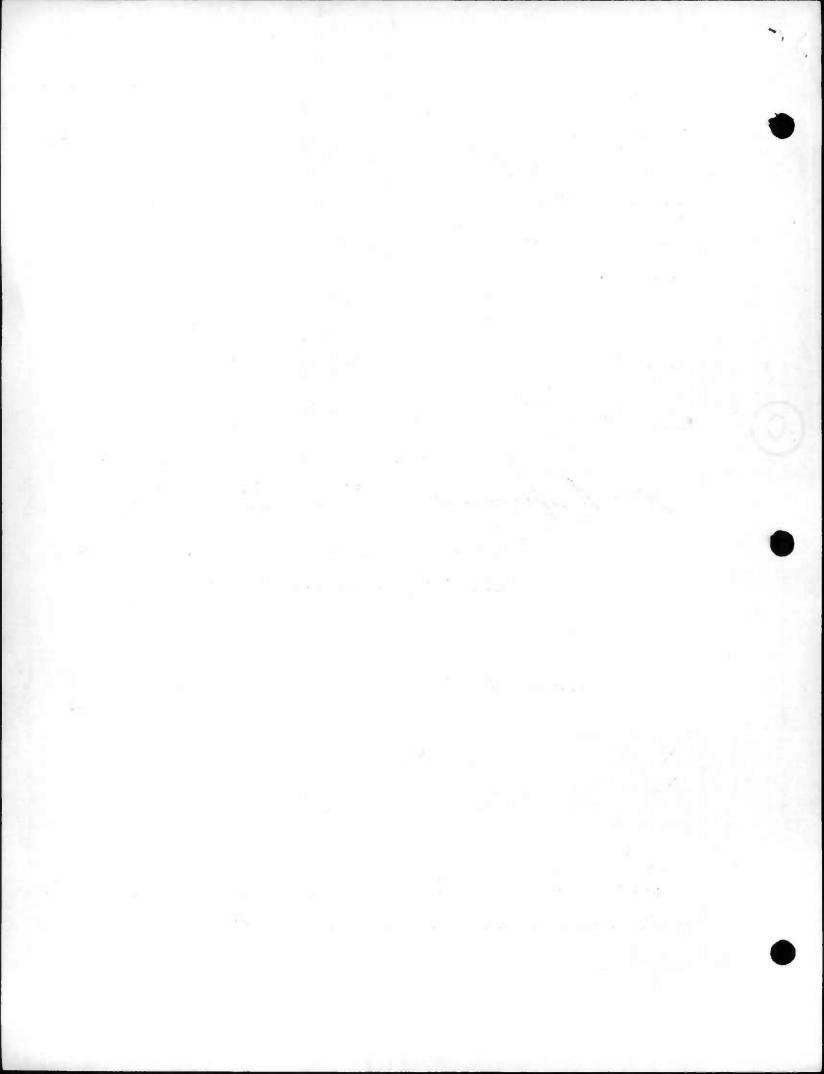
| | 1 - STATE REGISTRAR | ALE UF MARYLA | | | OF DEAT | | MENIAL HYGIEN REG. NO | | | |
|---------------------|--|--|--|--------------------------------|-------------------------------|----------|--|----------------|--|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | 02.1111 | IONIE | OI DEFI | | 2. DATE OF DEATH | | 3. TIME OF DEATH | |
| | AMANDA | ELIZABET | H DO | BSON | | | | 1991 | YEAR 11 P M | |
| | 4. SOCIAL SECURITY NUMBER 5. SE | Fem 6. AGE (| n yrs. lest birthday) | IF UNDER 1 Y | EAR IF UNDER | 24 HRS. | 7. DATE OF BIRTH | | 8. BIRTHPLACE (State or Foreign | |
| - 8 | 220 62 3345 | M 2 D F 86 | YRS. | MONTHS D | AYS HOURS | MIN. | July 31 19 | 10/4 1 | arford Co. Md. | |
| | 9a. FACILITY NAME (If not institution, give street an | 25 | | 9b. CITY, TO | OWN OR LOCATIO | | | | TY OF DEATH | |
| TOR | Magnolia Hall Nursin | ng Center | 3.0 | Ches | stertow | n | | KE | ENT | |
| EC | 10a. STATE 10b. COUNTY | | 10c. CIT | Y, TOWN OR I | LOCATION | | | | 10d. INSIDE CITY | |
| 10 | Maryland Kent | | | Cheste | rtown, | Md. | | | 1 YES 2 NO | |
| 4 | 10e. STREET AND NUMBER | | | | 10f. ZIP CODE | | | 10g. CITIZ | EN OF WHAT COUNTRY? | |
| NER/ | 204 Richard Drive | | | | 216 | | | <u> </u> | JSA | |
| BY FUNERAL DIRECTOR | 1 Never Married 2 Married F | WAS DECEDENT EVER IN FORCES? 1 TYES FYES, GIVE WAR OR DA | 2 X NO | If y | | | NC ORIGIN? (Specify Yen, Puerto Rican, etc.) | a or No— | 14. RACE — American Indian, Black, White, atc. Specity: White | |
| COMPLETED | The state of the s | | 16a. DECEDENT'S (Give kind of life. Do NOT u. Home M | work done duri se retired.) | JPATION ing most of workin | | 16b, KIND OF BU | home | JSTRY | |
| ₹ I | 17. FATHER'S NAME (First, Middle, Last) | | | - | 18. MOTE | IER'S NA | ME (First, Middle, Malder | Sumamel | | |
| | Charles Robie | Grafton | | | | | Pyle | Garnanio | | |
| BE | 19a. INFORMANT'S NAME (Type/Print) | Olarcon | 19b, MAILING | ADDRESS (S | | - | Route Number, City or Tox | vn, State, Zip | Code) | |
| 임 | Mary Dobson Metzger | | 204 R | ichard | Dr. | Ches | tertown, N | 1d. 21 | 620 | |
| | 20s METHOD OF DISPOSITION 1. Buriel 2 Cremation 3 Recovery 4 Donation_5 Other (Specify) | LA Renta | place of Dispo other place) . Zion | | | | 100 | | City or Town, State | |
| | 21. SIGNATUJE OF FUNERAL SERVICE LICENSEI | | 00 | | ME AND ADDRES | | | 0 B | ox # 264 | |
| | * + Will | i W | olls | J. 1 | Willis | Wel] | | | | |
| | 23. PART I ther the diseases, or complete, or heart fellure. List of immediate cause (Finel disease or condition recuiting in death) | DUE TO (OR AS A | consequence o | I. | e mode of dyl | cho | h ee cerdlec or reep | olratory erre | Approximate Interval Between Onset and Death NS n | |
| CERTIFICATION | Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury | , | CONSEQUENCE O | | - 0.40 | | Office | | | |
| ERTIF | that initiated events resulting in death) LAST | DUE TO (OR AS A | CONSEQUENCE O | F): | | | | | | |
| | PART II. Other significent conditions con | tributing to death b | ut not resulting | In the unde | erlying ceuse (| given in | | | 24b. WERE AUTOPSY FINDINGS | |
| PHYSICIAN: MEDICAL | | | | | | | 1 YES | PAMED? | AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | |
| 2 | | SPITAL: | | QTHER: | 26. PLACE OF D | | | | | |
| 1×S | 1 YES 2 NO 1 | Inpatient 2 ER/Outp | atlant 3 DOA | 4 Nursin | g Home 5 AR | sidenca | 8 Other (Specify) 28d. DESCRIBE HOW | IN HIP ACC | VIDED | |
| ВУ РН | 1 Februari 5 Pending | (Month, Day, Year) | 280, I IN | JURY | WORK? |] NO | 28d. DESCRIBE HOW | INJURY OCC | UNEU | |
| | | 28e. PLACE OF INJURY building, atc. (Spec | — At home, farm, | street, factory | , offica | | 281. LOCATION (Street City or Town, State | and Number | or Rural Route Number, | |
| COMPLETED | 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: 2 MEDICAL EXAMINER: On | | | | | | | | ed. e cause(a) and menner as stated. | |
| BE | 296. SIGNATURE AND TITLE OF CERTIFIER. | 5 | ms | - | 29c. LICI D-16 | ENSE NU | MBER | | b. 27, 1991 | |
| 2 | 30. NAME AND ADDRESS OF PERSON WHO COM | | ATH (ITEM 27) (Type | | | | 21620 | | | |
| | Wayne D. Benjamin | M/D. (D-1 | 6488) CI | nester | town, N | 1d . | Z10ZU | | | |
| | 31. DATE FILED (MOTER POST 2007 '91 | 32. REGISTINAS SIGN | widson-Par | dell | | | | | | |



| BALTIMORE, MARYLAND 21203-3146 | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. | TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If Hem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
|--|---|--|---|
| 13146, | precuted within 2 | and completely burlal, cremati | natic event, ti |
| BOX | dificate be | physician ene prior to | ther traun |
| P.O. | death cert | attending ental Hygi | iry, or o |
| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | law requires that the | TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe flied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal. | 23 shows any Inju |
| VITA | CIAN: The | ertificate h | or item |
| N OF | ING PHYSI | After this c | marked, |
| IVISIC | OR ATTENO | MRECTOR: / | em 28 ls |
| | TAL 0 | 12 h | Ĭ |
| | OSP | UNER | ANT |

| | REGISTRAR | | CE | RIIF | ICATE | OF | DEA | Н | | REG. NO | | | | |
|----------------------|---|---|---------------------------------------|---|-------------|----------------|----------------------|-----------------|------------------------------|--------------------------------------|------------|-----------------------------|--|---|
| , | | NTHONY JAM | | LARI | | | | | Febr | uary (| Å, 19 | | 3. TIME OF DEATH P M | |
| | 4. SOCIAL SECURITY NUMBER 147 36 6650 | 1 M 2 F | NGE (In yrs. last | birthday) YRS. | IF UNDER | 1 YEAR DAYS | IF UNDER | 24 HRS. MIN. | 7. DATE ((Month) Marc | h 20, | 1900 | a. BIRTHI Country New | York State | |
| OR | 9a. FACILITY NAME (If not institution, give so At Home RFD | treet and number) | | | | | town | | ATH | | | ent | EATH | |
| 5 | RESIDENCE OF DECEDENT | | | | | | | | | | | | | Ξ |
| DIRE | Maryland Kent | | | | ster | | | | | | | | 10d. INSIDE CITY LIMITS? 1 YES X NO | |
| FUNERAL DIRECTOR | Rte # 2 | | | | | 101 | . ZIP CODI | | 2 | 21620 USA | | | | |
| BY | 11. MARITAL STATUS Married 1 Never Merried 2 Married 3 Wildowed 4 Divorced | 12. WAS DECEDENT EV FORCES? 1 [] IF YES, GIVE WAR | YES 2 N | MED IO | | If yes, sp | | n, Maxica | n, Puello F | ? (Specify Ye licen, etc.) IIO | s or No— | 14. RACE Black Specif | - American Indian, , Whita, atc. White | |
| COMPLETED | 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) | | (G/ | DECEDENT'S USUAL OCCUPATION Give kind of work done during most of working le. Do NOT use retinad.) Medical Doctor | | | | | | SINESS/IN | DUSTRY | | | |
| BE CON | 17. FATHER'S NAME (First, Middle, Last) | Joseph D. | Delari | .0 | | | | | | Spada | | | | |
| TO B | 19a. INFORMANT'S NAME (Type/Print) Barbara D. Kaehle | r (Daught | 01 | | ADDRES | | | | | er) Ma | | | 1620 | |
| | 26e, METHOD OF DISPOSITION 1 | | 206. PLACE (other place) Sain | ice) | ul;s | Cen | neter | у (2/ | |) near | cation — | | ertown, Md. | |
| | 21. SIGNATURE OF FUNERAL SERVICE LIK | CENSEE (1) | o Ols | | | | ND ADDRE | | | | O. Bo | " | 264 d. 21620 | |
| | 23. PART Enter the diseases, or shock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) | Congesti | on each line | | | | ide of dy | ing, auci | h aa card | llac or reap | iratory ar | rest, | Approximate interval Between Onset and Death | |
| z | | Coronary | AS A CONSEC | DUENCE O | HF): | | | | | | | | | |
| CATIO | Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury | С. | AS A CONSEC | | | | | | | | | | | |
| ERTIF | that initiated events resulting in death) LAST | DUE TO (OR | AS A CONSEC | QUENCE O | P): | | | | | | | | | |
| 9 | PART ii. Other algnificent condition | ne contributing to de | ith but not r | esulting | in the u | nderivin | O CAUSA | ni nevic | Part i. | 24s. WAS AT | AUTOPSY | 24b | WERE AUTOPSY FINDINGS | - |
| EDICAL CERTIFICATION | Benign prostati catheter | | | _ | | | _ | | _ | PERFO | RMEO? | | AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? | |
| Σ | 25. WAS CASE REFERRED TO MEDICAL | | | _ | | 26 Pr | LACE OF F | EATH ML | eck only or | | | | 1 YES 2 NO | |
| 를 등 | EXAMINER? | HOSPITAL: | | П. | OTHE | R: | 10 000 | | | | | | | |
| Y PHYSICIAN: | 27. MANNER OF DEATH 1 Netural 5 Pending | 28a. DATE OF INJ (Month, Dey, 1 | URY | 28b. Till | _ | 28c. IN. | JURY AT ORK? YES 2 [| | 6 Othe | r (Specify) SCRIBE HOW | INJURY OC | CUREO | | |
| TED BY | 2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined | 28e. PLACE OF IN building, etc. | | me, farm, | street, fac | tory, offic | 00 | | | ATION (Street or Town, State | | er or Rural F | Route Number, | |
| COMPLETED | Condon dray | ICIAN: To the best of my ER: On the basis of axam | | | | | | | | | | |) and manner as stated. | |
| H | 29b. SIGNATURE AND TITLE OF CERTIFIE | Jan | | | | | | 012 | | | 29d. DA | | (Month, Day, Year) | |
| 2 | 30. NAME AND ADDRESS OF PERSON WE ROBERT W. FARR, | M.D. (D-0 | DE DEATH (ITE | | | erto | wn, l | íd. | 21260 |) | | | | |
| 25 | 31. DATE FILED (Month, Day, Year) | 32. REGISTRAN'S | | Darle | 00_ | | | | | | | | | |
| | | | | | | | | | | | | | | |

| | 1. DECEDENT'S NAME (First | , Middle, Last) | | | | | | | | 2. DATE OF D | EATH DAY | , | YEAR | 3. TIME OF DEATH | |
|---------------|---|---------------------------------|------------------------|---------------------------------------|--|--------------------|----------|-------------------------|-----------|--------------------------------|--|------------|--|--------------------------|--|
| | GEORGE WIL | LIAM D | ORSEY | | | | | | | MARCH | | 199 | | 7:17 A.M. M | |
| | 4. SOCIAL SECURITY NUME | BER | 5. SEX | 6, AGE (In yrs. | last birthday) | IF UNDER | | | R 24 HRS. | 7. DATE OF BI (Month, Day) | BTH | | 8. BIRTI | IPLACE (State or Foreign | |
| | 212-38-370 | 16 | 1 XM 2 □ F | 57 | YRS. | MONTHS | DAYS | HOURS | MIN. | JULY | 20,1 | .933 | | RYLAND | |
| | 9a. FACILITY NAME (If not in | stitution, give st | treet and number) | | | 9b. CITY | , TOWN C | R LOCAT | ION OF DE | ATH | | 9c. COU | NTY OF C | DEATH | |
| DIRECTOR | ST. MARY"S | | TAL | | | L | EONA | RDTC | MN | | | ST | . MA | RY'S COUNTY | |
| ZEC | 10a. STATE | 10b. CDUNTY | 1 | | 10c. CIT | Y, TOWN C | OR LOCAT | ION | | | | | | 10d. INSIDE CITY | |
| | MD. | ST. M | IARY'S CO |). | CH | IARLO | TTE | HALI | _ | | | 1 TES 2 NO | | | |
| AL | 10e. STREET AND NUMBER | | | | 10f. ZIP CODE | | | | | | | 10g. CITI | ZEN OF | WHAT COUNTRY? | |
| FUNERAL | P.O. BOX 1 | .06 | | | 20622 | | | | | | U.S.A. | | | | |
| 2 | 11. MARITAL STATUS 1 Never Married 2 | Mandad | 12. WAS DECEDER | T EVER IN U.S. A | NO If yes, specify Cuban, Mexican, Puerto Rican, atc.) | | | | | | or No— 14. RACE — American Indian, Black, White, etc. | | | | |
| BY | 3 Wildowed 4 Divo | | IF YES, GIVE | MAR OR DATES | | | | | Specify | | Specify: BLACK | | | LACK | |
| COMPLETED | 15. DEC (Specify onl | EDENT'S EDUC y highest grade | CATION completed) | | Give kind of work done during most of working | | | | | 16b. KIND OF BUSINESS/INDUSTRY | | | | | |
| 4 | Elementary/Secondary (| | College (1-4 or 5 | | ille. Do NOT U | | RAN | ID AT | rR | 11 | 9 0 | CALEB | OVERNMENT | | |
| MP | 12TH. GRADE CONDITTON MECHANIC | | | | | | | | | AT | | | | | |
| BE CO | 17. FATHER'S NAME (First, Middle, Last) JOHN WILLIAM DORSEY 18. MOTHER'S NAME (First, Middle, Malden Surname) HARRIET ANN JOHNSON | | | | | | | | | | | | | | |
| TO B | 19a. INFORMANT'S NAME (1 | | | | | | | | | Route Number, Ci | | | | | |
| | 20a. METHOD OF DISPOSIT | ION | | 20h PLAC | E OF DISPO | | | | | | | | | own, State | |
| | 1X Buriel 2 Crematic | on 3 🗆 Rem | oval from Stata | other | place) | | | | | y I | | | | MARYLAND | |
| | 21. SIGNATURE OF FUNERA | | ENSEX / | TRICL | | | | | SS OF FA | | | | | | |
| | Mauril | 1 | her | mi | | | | | | | | | | ME, P.A. | |
| | 23. PART I. Enter the d | 100 | - | | dooth Do | | P.O. | BOX | 270 | LEON | ARDIY | OWN. | MD. | 20650 Approximate | |
| CERTIFICATION | ahock, or heert fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition) a. Probatile Cause (Finel disease or condition) But TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (DR AS A CONSEQUENCE OF): Due TO (DR AS A CONSEQUENCE OF): | | | | | | | | | | | | | | |
| MEDICAL | PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PERFORMED? 1 YES 2 NO COMPLET OF DEATH | | | | | | | | | | | | b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | |
| IAN | 25. WAS CASE REFERRED 1 | O MEDICAL | | | | | 26. P | ACE OF | DEATH (Ch | eck only one) | | | | | |
| SIC | EXAMINER? | | HOSPITAL: | ☐ ER/Outpatient | 3 XDOA | 4 Nur | | 10 5 □ F | lesidence | 6 Other (Spi | ecffy) | | | | |
| PHYSICIAN: | 27. MANNER OF DEATH 1 Netural 5 | Pending | 28a. DATE O (Month, | F INJURY Day, Year) | 28b. TII | ME OF JURY M | WC | URY AT ORK? YES 2 | □ NO | 28d. DESCRIE | BE HOW II | NJURY OC | CURED | | |
| ED BY | Accident 3 Suicide 8 4 Homicide | Could not be determined | 28e. PLACE building | OF INJURY — AI , etc. (Specify) | home, farm, | street, fac | | | | 28f. LOCATION City or Tox | | and Numbe | r or Rural | Route Number, | |
| COMPLETED | TOTALON OTHY | | ICIAN: To the best of | | | | | | | | | | | a) and menner as stated. | |
| | 29b. SIGNATURE AND TITLE | E OF CERTIFIE | , | | | | | 29c, LIC | ENSE NUI | MOER | | 29d. DAT | E SIGNE | D (Month, Day, Year) | |
| TO BE | 30. NAME AND ADDRESS O | 7 /S | ID COMPLETED CAL | ISE OF DEATH O |) TEM 27 (7 - | - Orderal | | 8 | 14 | -135 | | • | 3 | -12-91 | |
| | WILLIAM D. | BOYD. | II. M. | D | LEONA | | VN_ I | MARY | LAND | 20650 | | | | | |
| | 31. DATE FILED (Month, Day, MAR 1 | 2 '91 | | AR'S SIGNATURI Savidson | E | | | | | | | | | | |
| _ | | - VI | grava. | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 | | | | <u> </u> | | | | | DHMH-18 Rev 1/81 | |



WARYLAND 21215-0020

| DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may not THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner may |
|--|--|
| T. Page | in a |
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| DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after of TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior 10 burial, cremation, or removal. | 23 |
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31. DATE FILED (Month, Day, Year)
MAR 1 2 '91

John

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

F. Fenwick, M.D.

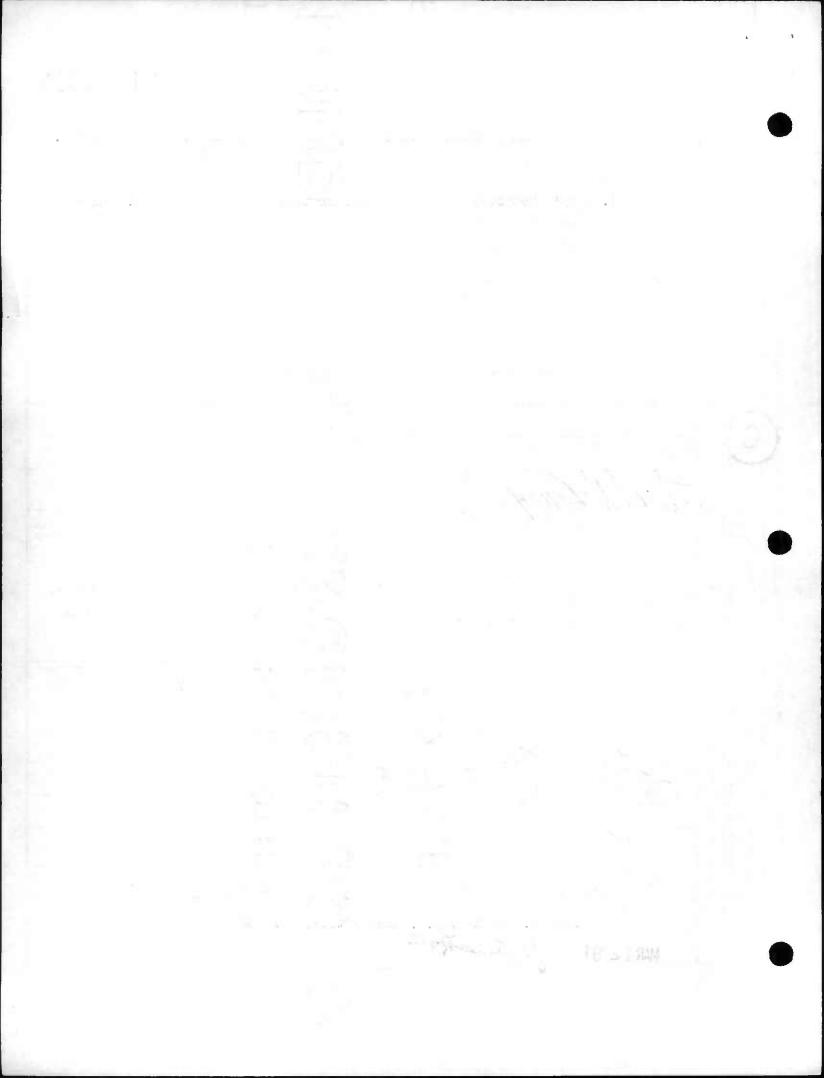
32. REGISTRAR'S SIGNATURE LANGE

Wile Davidson-Manual

| FOR STATE REGISTRAR | STATE OF N | MARYLAND / | DEPAR RTIF | | | | | | REG. NO. | _ | | 07594 |
|---|---|--|---|---------------------------|----------------|--------------------|-----------------|---------------|------------------------------------|------------|----------------|---|
| 1. DECEDENT'S NAME (First, Middle, Lest) | MARY | GOODE | DRUE | Y | | | | MONT | of DEATH DA | | YEAR | 3:00 A. |
| | 5. SEX 1 M 2 F | 8. AGE (In yrs. last | t birthday) YRS. | IF UNDER | 1 YEAR DAYS | HOURS | 24 HRS. MIN. | (Mont | OF BIRTH h, Day, Year) Y 31, | 1894 | Country) | NCE (State or Foreign YLAND |
| 9a. FACILITY NAME (If not institution, give stre | et and number) | | | 9b. CITY | , TOWN (| R LOCATI | ON OF DE | | 1 01, | | TY OF DEAT | |
| St. Mary's | Hospit | al | | I | eona | ardto | own | | | | st. M | ary's |
| 10a. STATE 10b. COUNTY | | | 100 | Y, TOWN C | | | | | | | | d. INSIDE CITY |
| MARYLAND ST. N | IARY'S | | L | EONA | | WN ZIP COD | | | | I | | YES 2 NO |
| RT. #1, BOX 56 | | | | | 10 | 206 | | | | CI. | S.A. | COUNTRY? |
| 11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced | | IT EVER IN U.S. AR YES 2 NA WAR OR DATES | | | If yes, sp | | en, Maxica | an, Puarto | N? (Specify Yes Rican, etc.) | or No— | Specify: | American Indian, hite, atc. |
| 15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12) | ATION ompleted) College (1-4 or 5 | (Gi | CEDENT'S No kind of a Do NOT us HOME | work done se retired.) | during mo | ON est of worki | ng | 168 | . KIND OF BU | SINESS/IND | | |
| 17. FATHER'S NAME (First, Middle, Leet) MARION GOODE | | | | | | | | | Middle, Maiden | - | | |
| 19e. INFORMANT'S NAME (Type/Print) | | | | | | | | | aber, City or Tow | | | |
| JOHN R. DRURY, JE | ₹ | | | | | | EONA | _ | OWN, MA | | | |
| 20a. METHOD OF DISPOSITION 15☐ Burial 2 ☐ Cremation 3 ☐ Remor 4 ☐ Donation 5 ☐ Other (Specify) | val from State | 20b. PLACE of cemetary, OUR | | | | (Name | | DAT | | | OTOWN | |
| 23. PART 1. Enter the diseases, pr | mel |) | eth Do | BR P. | INSI O. I | BOX 2 | FUN 279, | NERAI LEON | HOME | JN. M | D. 20 | 650 |
| shock, or heart fellure. L IMMEDIATE CAUSE (Final | lst only one cer | Lo Ces | h | | | | | | | | | Interval Between Onset and De |
| Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events | Con | OR AS A CONSE | hea | rt? | a | lur | 1 | | tom | | | Tul |
| resulting in death) LAST | | | | | - 10 | | | | | | | |
| PART II. Other significent conditions | contributing to | death but not i | reculting | in the u | nderlyln | g ceuse | given in | Part I. | 24a. WAS AM PERFO 1 TYES | RMED? | AN CC OI | ERE AUTOPSY FINDIN MILABLE PRIOR TO OMPLETION OF CAUS F DEATH? |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | Пес | OTHE | R: | | | heck only o | | | | |
| 27. MANNER OF DEATH 1 Naturel 5 Pending | 28a. DATE OF | | 28b. TIN | | 26c. IN | JURY AT ORK? | | | er (Specify) SCRIBE HOW | INJURY OCC | CURED | |
| 2 Accident Investigation 3 Suicide 6 Could not be detarmined | 28e. PLACE (building | OF INJURY — At he, etc. (Specify) | ome, farm, | atreet, fac | tory, offic | 00 | | | CATION (Street or Town, State | | or Rural Rou | te Number, |
| 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER | | | | | | | | | | | | nd manner as state |
| 29b. SIGNATURE AND TITLE OF CERTIFIER | | 4.5 | | | | | | | | | | |

Leonardtwon,

DHMH-16 Rev 1/89



2

Robert

Dr.

31. DATE FILED (Month, Day, MAR

O COMPLETEO CAUSE OF DEATN (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Julia Savidson-Randalle

311 N.

4th Street

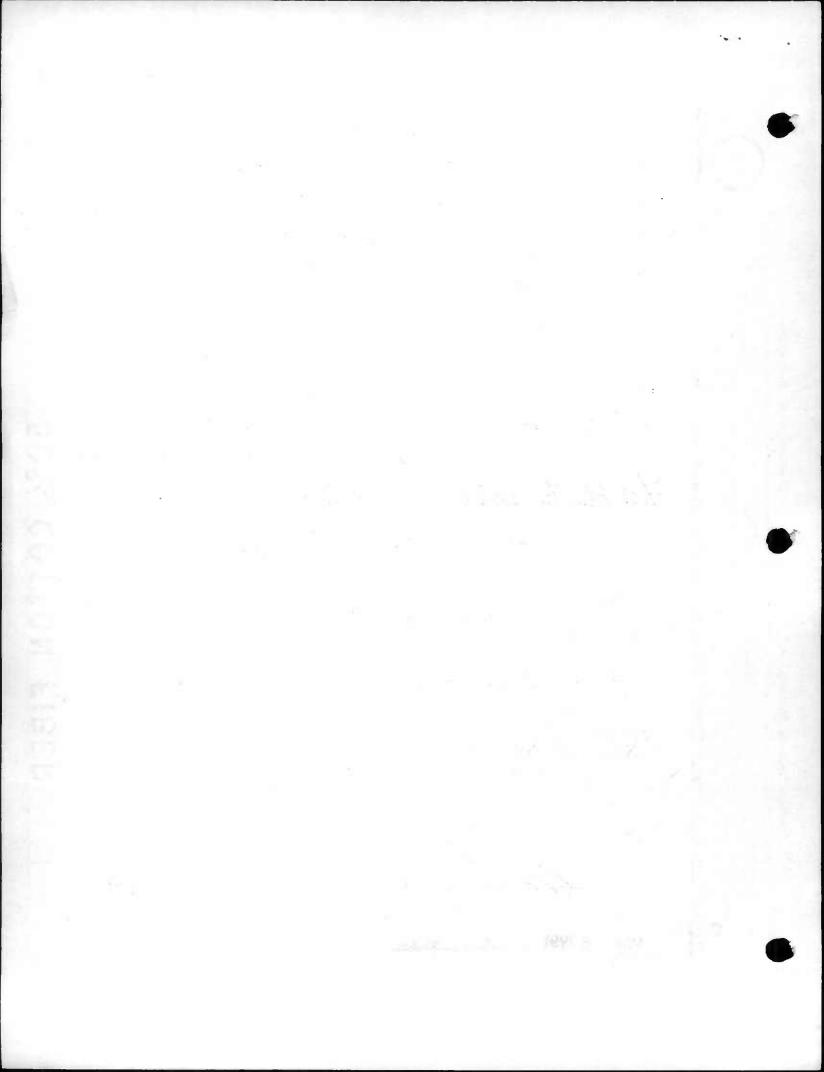
Goralski MD

8 1991

| | 1 - FOR 1 - STATE REGISTRAR | STATE OF MA | | | | | EALTH A | | | IENE NO. | 9 | 1 | 0/595 | |
|-------------------|---|---------------------------------|--------------------------------|-----------------|--------------------------------------|-------------|------------------------|---------------|-------------------|--------------------------|------------|----------------|---|--|
| | 1. DECEDENT'S NAME (First, Middle, Lest) Mae | Evelyn | | | SWORT | | | 2 | DATE OF DEA | TN DAY | YEA | 3. T | TIME OF DEATN | |
| \ | 4. SOCIAL SECURITY NUMBER | | . AGE (In yrs, les | | IF UNDER 1 | | IF UNDER 24 | \rightarrow | arch 4 | , | - | IDT NO. A | CE (State or Foreign | |
|) | 173-12-8431 | 1 🗌 M 2 🗑 F | 72 | YAS. | MONTHS | 21 | | | | | | Country) | | |
| | 9a. FACILITY NAME (If not institution, give | street and number) | | | 9b. CITY, | TOWN 0 | R LOCATION | OF DEAT | N | 9c. COUNTY OF DEATN | | | | |
| TOP | Garrett County N | Memorial H | ospital | | | 0ak | land | | | | Gan | rret | t | |
| DIRECTOR | Maryland (0 | Garrett | | 10c. CIT | v, town or | r Locat | | | | | | | I. INSIDE CITY LIMITS? YES 2 X NO | |
| AL. | 10e. STREET AND NUMBER | | | | | 101 | ZIP CODE | | | 10g. | CITIZEN | | COUNTRY? | |
| FUNERAL | Rt. 2 Box 2 | | | | | | 2155 | 0 | | | USA | | | |
| F | 11. MARITAL STATUS 1 Never Married 2 X Married | 12. WAS DECEDENT I | | | | | | | ORIOIN? (Speci | | - 14. F | RACE A | American Indian, hita, etc. | |
| ВУ | 3 Widowed 4 Divorced | IF YES, OIVE WAF | | | | | 2 🔀 NO | | | , | | Specify: Wh | ite | |
| ED | 15. DECEDENT'S EDU | CATION | 16a, DE | CEDENT'S | USUAL OC | CUPATIO | iN . | | 16b. KIND C | F BUSINESS | /INDUSTR | | | |
| COMPLETED | (Specify only highest grade Elementary/Secondary (0-12) 4th | College (1-4 or 6+) | (Gi | | vork done di e ratired.) OUSEV | | at of working | | Hot | no. | | | | |
| ME | 17, FATHER'S NAME (First, Middle, Last) | | | п | ousev | vile | | | | | | | | |
| BE CC | Offutt | | На | ahn | | | Lula | | (First, Middle, M | | | Unkr | nown | |
| | 19a. INFORMANT'S NAME (Type/Print) | | 191 | . MAILING | ADDRESS | (Street a | nd Number or | Rural Rou | ite Number, City | or Town, State | Zip Code |) | | |
| 5 | Leonard M. Dills | worth | | Rt. | 2 Box | k 23 | 4 0al | klan | d, MD | 21550 | | | | |
| | 20g, METNOD OF DISPOSITION 1 | noval from State | other pla | 100) | | | netery, cremeto | | | c. LOCATION | | | | |
| | 21. SIONATURE OF FUNERAL SERVICE LI | CENSEE A | Unde | rwood | | | ry 3 | | | 0akla | nd | 1 | Maryland | |
| | - Franks | 1/ / 1 | 5. | | | Ste | wart E | Fune | ral Hom | | | | 01550 | |
| | 23. PART I. Enter the diseases, or | complianting that | | ath Do - | | | | | | | | ind, | MD 21550 | |
| | shock, or heart feliure. iMMEDIATE CAUSE (Fine) disease or condition resulting in deeth) | Ano. | on each line | . 0 | | | Dan | | | reapiratory | arrest, | | Approximate Interval Between Onset and Death Sudden | |
| | reading in death) | DUE TO (O | | DUENCE OF | | | / | | | | | | | |
| NO | Sequentially list conditions, | b. Kes | PIV QX | ary | 7 | -91 | lure | 0 | | | | | Sudden | |
| CERTIFICATION | if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury | ٤ ک | 2mp | 11 | sen | 40 | | | | | | | Years | |
| H | that initiated eventa | DUE TO (O | R AS A CONSEC | DUENCE OF | 7: | | | | | | | | | |
| ERI | reaulting in death) LAST | d | | | | | | | | | | | | |
| _ | PART II. Other significant condition | Bronc | eath but not r | esulting I | n the und | derlying | cause giv | ven in Pa | PI | AS AN AUTOF ERFORMED? | | CO | RE AUTOPSY FINDINGS ULABLE PRIOR TO MPLETION OF CAUSE DEATH? | |
| PHYSICIAN: MEDICA | | | | | | | | | | | | | YES 2 NO | |
| AN | 25. WAS CASE REFERRED TO MEDICAL | | | | | | | | | | | | | |
| D C | EXAMINER? 4 | HOSPITAL: | | _ | OTHER | | ACE OF DEA | TN (Check | (only one) | | | | | |
| YS | 1 TYES 2 NO | 1 Department 2 E | | | | | | - | Other (Specif | | | | | |
| ву Рн | 27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation | 26a. DATE OF IN (Month, Day, | Your) | 28b. TIM INJ | E OF URY M | | URY AT RK? 'ES 2 | | ed. DESCRIBE (| IOW INJURY | OCCURE | D | | |
| 8 | 3 Suicide 6 Could not be 4 Nomicide detarmined | 28e. PLACE OF building, at | INJURY — At ho c. (Specify) | me, farm, s | straet, facto | ory, office | | 2 | City or Town, | | mber or Ri | ural Route | Number, | |
| COMPLET | | SICIAN: To the best of m | | | | | | | | | | use(a) an | d menner as stated. | |
| BE CC | 296. SIGNATURE AND TITLE CO CENTIFIE | / | _ | | | | 29c. LICENS | | ER | | | | with, Day, Year) | |

29c. LICENSE NUMBER D 23979

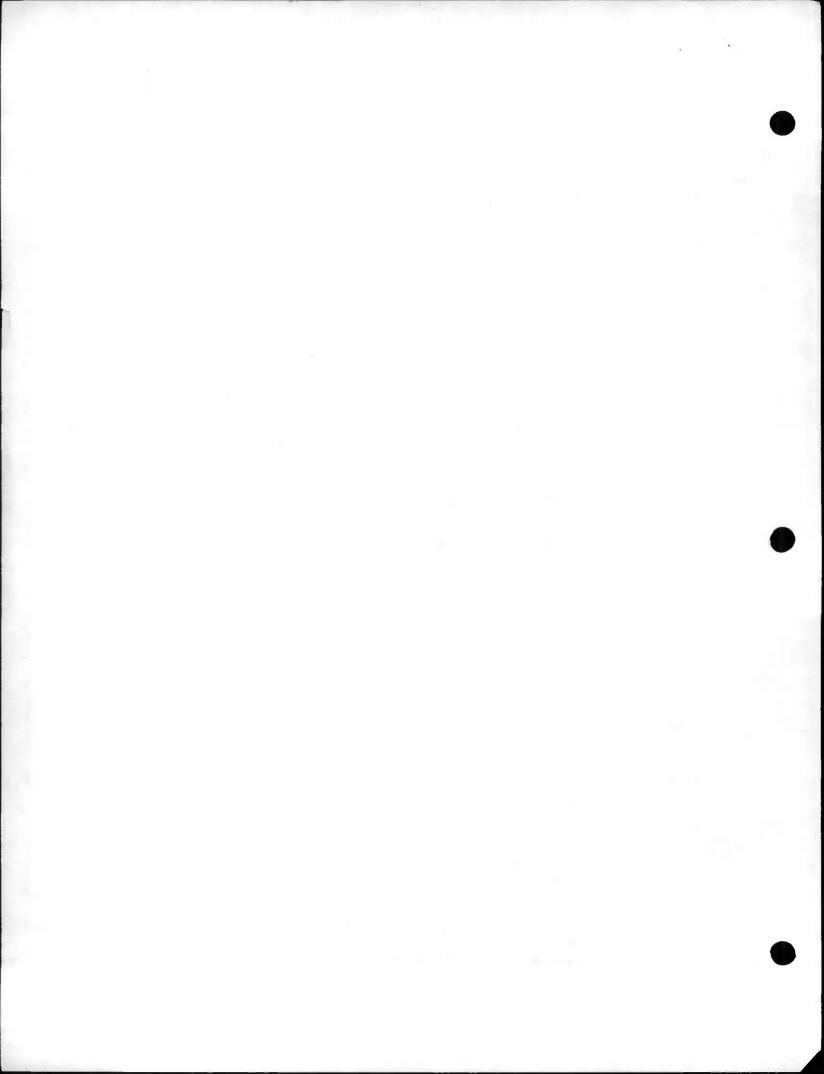
Oakland, MD 21550



| | REGISTRAR | | C | ERTIFI | CATE C | F DEATH | | REG. NO. | | | |
|---------|--|-------------------------------------|-----------------|------------------|---------------------------------|---|-----------------|--------------------------------|-----------------|----------------------|--|
| | 1. DECEDENT'S HAME (First, Middle, Last |) | | | | | 2. DATE O | F DEATH | | EAR 3. | TIME OF DEATH |
| | Daniel Ci | narles | DON | OVAN , | III | | Marc | h 7,1 | 991 " | :An | 12:30 p |
| | 4. SOCIAL SECURITY HUMBER | 5. SEX 6. A | AGE (In yrs. la | est birthday) | IF UNDER 1 YE | | 7. DATE OF | BIRTH | 1.0 | BIRTHPLA Country) | ACE (State or Foreign |
| / | 220 32 3367 | 1 🔀 M 2 🗌 F | 53 | YRS. | MONTHS DAY | A HOURS MIN. | 06-2 | Day, Year) | 7 | M. | D |
| | 9a, FACILITY HAME (If not institution, give | atreet and number) | | | 9b. CITY, TOY | WN OR LOCATION OF | DEATH | | 9c. COUHTY | OF DEAT | Н |
| 5 | Franklin Squar | e Hospital | | | 1 | Rosedale | | | Ralt | timor | ce |
| | RESIDENCE OF DECEDENT | | | | | | | | Daire | | |
| DIRE | 10e. STATE 10b. COUH | | | 10c. CITY | , TOWN OR LO | | | | | 100 | d. INSIGE CITY LIMITS? |
| | | Harford | | | H | avre de (| Grace | | | | YES 2 HO |
| | 10a. STREET AND NUMBER | | | | | 10f. ZIP CODE | | | 10g. CITIZEN | OF WHAT | T COUHTRY? |
| | 117 Anderso | | | | | 21078 | 3 | | U | ISA | |
| | 11. MARITAL STATUS | 12. WAS DECEDENT EV FORCES? 1 X | | | | DECENDENT OF HISP , specify Cuben, Mexi- | | | or Ho— 14. | RACE - | American Indian, /hite, atc. |
| | 1 Never Married 2 X Married 3 Widowed 4 Divorced | IF YES, GIVE WAR | OR DATES | | | YES 2 NO Spec | | , , , , , | | Specify: | 17. 14 - |
| | | Army Nat. | _ | | | | - | | | | hite |
| | 15. DECEDENT'S ED (Specify only highest grad | | 16a. D | Give kind of w | USUAL OCCUP York done during | most of working | 16b. F | CIHD OF BUS | INESS/INDUS | TRY | |
| | Elementary/Secondary (0-12) | College (1-4 or 5+) | | | | | C | amia | al Com | non. | ** |
| | 12 17. FATHER'S HAME (First, Middle, Last) | | | Joinpu | iter O | perator | | | al Com | pan, | у |
| THE CO | | | | | | 18. MOTHER'S F | | | Sumame) | | |
| | Daniel C. Don | ovan | | | | | ginia S | _ | | | |
| 2 | | D | | | | set and Number or Run | | | | | 91070 |
| | Mrs. Janet M. | Donovan | | | | on Ave., | | _ | | | |
| | 20a. METHOD OF DISPOSITIOH 1 M Buriel 2 ☐ Cremetion 3 ☐ Re | movel from State | other | place) | | f cemetery, crematory of | | 100 | CATION — City | | |
| | 4 Donation 5 Other (Specify) 21, SIGHATURE OF FUHERAL SERVICE (| ICENSES | A | ngel | | emetery | 3/11 | Ha | vre de | Gra | ace, MD |
| | 21. SIGNATURE OF FUNERAL SERVICE | 0 | | | | hell-Smit | | eral F | lome. | P.A | |
| | ledillion | D Smits | -15 | | | re de Gr | | | 21078- | | |
| | 23. PART I. Enter the diseases, or | | | | ot anter tha | mode of dying, so | ich as cardi | ac or reapl | ratory srreat | i, | Approximate |
| 1 | shock, or heart failure iMMEDIATE CAUSE (Final | . List only one couse of | on aech iir | 18. | | | | | | | Interval Batween Onset and Deat |
| | disesse or condition | . Diffuse L | vmph | oma | | | | | | | |
| - 1 | resulting in death) | | | EQUENCE OF | F): | | | | | | |
| z | | b | | | | | | | | | |
| CALION | Sequentially list conditions, if any, leading to immediate | DUE TO (OR | AS A CONS | EQUENCE OF | F): | | | | | | |
| 5 | cause. Enter UNDERLYING CAUSE (Disease or Injury | c | | | | | | | | | |
| H | that initiated events | DUE TO (OR | AS A CONS | EOUENCE OF | F): | | | | | | |
| म ा | resulting in death) LAST | d | | | | | | | | | - |
| 2 | PART ii. Other significent conditi | ons contributing to dea | th but not | resulting | in the under | iving cause given | in Part i. | 24a. WAS AN | AUTOPSY | 24b. WI | ERE AUTOPSY FINDINGS |
| 3 | | | | | | | | PERFOR | MED? | AW | MILABLE PRIOR TO OMPLETION OF CAUSE |
| MEDICAL | | | | | | | | 1 TYES 2 | ₩ но | | F DEATH? |
| | | | | | <u>.</u> | | | | | 1 (| YES 2 NO |
| 2 | | | | | | | | | | | |
| SICIAN | 25. WAS CASE REFERRED TO MEDICAL EXAMIHER? | HOSPITAL: | | | OTHER: | 6. PLACE OF DEATH (| Check only one |) | | | |
| 2 | 1 TYES 2 NO | 1 inpatient 2 ER | | _ | | Home 5 - Residence | 7 | | | | |
| М | 27. MAHNER OF DEATH 1 X Natural 5 Pending | 28a. DATE OF JHJI (Month, Day, Y | | 26b. TIM | IURY | NJURY AT WORK? | 28d. 0E\$0 | RIBE HOW I | NJURY OCCUP | REO | |
| | 2 Accident Investigation | | | | | YES 2 NO | - | | | | |
| 2 | 3 Suicide 6 Could not b | 26a. PLACE OF IN building, etc. | (Specify) | home, farm, | street, factory, | office | | TION (Street a Town, State) | and Number or | Aurel Rout | te Number, |
| | | | | - | | | | | | | |
| 7 | CHOCK DINY | SICIAN: To the best of my | knowledge, | death occurr | ed at the time, | date and place, and d | lue to the caus | e(s) end mai | nner as stated. | | |
| COMPLET | one) 2 MEDICAL EXAMI | HER: On the basis of exami | ination and/o | or investigation | on, in my opini | on, death occured at I | he Ilme, data | and place, an | nd due to the o | teuse(a) a | nd manner as stated. |
| ш | 296. SIGNATURE AND TITLE OF CERTIFIE | En . | | | | 29c. LICENSE N | | | | | fonth, Day, Year) |
| 20 | | Miller | | | | ſ | N/A | | ▶ Ma | rch | 7,1991 |
| 2 | 30. NAME AND ADDRESS OF PERSON | WHO COMPLETED CAUSE O | OF DEATH (F | TEM 27) (Type | , Print) | | | | | | |
| | Myo Thant , MD | 9000 Fra | nklin | Soua | re Dri | ve Rali | imoro | MD | 21227 | | |
| - 4 | 31. DATE FILED (Month, Day, Year) | 327 REGISTRAR'S | SIGNATORS | ando DD | <i>U</i> I | ve Bal | - IMULE | , | (1/.)/ | | |
| | MAR 12'91 | Chilla vava | aser-1 | . [0 | | | | | | | |
| _ | TOTAL STATE OF THE | | | | | | | | | | |

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

91 07596



MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

| 1. DECEDENT'S NAME (First, Middle, Last) |) | | ENTIFIC | AIC | OF | DEATH | | REG. NO | | | IME OF OEATH |
|--|---|--|--|----------|---|--|--------------------------------------|---------------------------------------|----------------------------------|----------------------------|--|
| Nathaniel E. D | ICKEY | | | | - 2 | | MAR | | | EAR | 3:50 A |
| 4. SOCIAL SECURITY NUMBER | 5. SEX 8. | AGE (In yrs. les | | IF UNDER | 1 YEAR DAYS | IF UNDER 24 HE HOURS MII | 7. D/ | TE OF BIRTH | s. SI | BIRTHPLA SMPTE | R. S.C |
| 9a. FACILITY NAME (If not institution, give | street and number) | | 8 | b. CITY, | TOWN 0 | R LOCATION O | | | 9c. COUNTY | | |
| OCTORS COMMUNITY | HOSPITAL | | | LAN | HAM | | | | PRINC | E GEO | ORGE |
| 10a. STATE 10b. COUN | | - | 10c. CITY, | | R LOCAT | | | | | 100 | . INSIDE CITY LIMITS? |
| 10e. STREET AND NUMBER | | |] WIII | 11111 | | ZIP CODE | | | 109. CITIZE | | YES 2 NO |
| 3064 STANTON | RD SE #202 | | | | | 20032 | | | UNITE |) STA | TES |
| 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT E FORCES? 1X IF YES, GIVE WAR | | RMED | H | f yes, spi | ENDENT OF HIS ocity Cuban, Me 2 NO S | xican, Pue | IGIN? (Specify Ye rto Ricen, etc.) | s or No— 14 | Black, With Specify: A BLA | American Indian, lita, atc. CK |
| 15. DECEDENT'S ED (Specify only highest grad | UCATION de completed) | 16a. DE | ECEDENT'S US Sive kind of work b. Do NOT use | SUAL OC | CUPATIO | N st of working | | 16b. KIND OF BU | SINESS/INDUS | TRY | |
| Elementary/Secondary (0-12) | College (1-4 or 5+) | | | AYEI | | | | PRINCE | GEORG | E GOV | ERNMENT |
| 17. FATHER'S NAME (First, Middle, Last) | | | | | | 18. MOTHER'S | S NAME (FI | rsi, Middle, Meiden | Surname) | | |
| SHAFTER DICKE | Y | T ₁₀ | h MAII ING A | DDDEEC | (Planet o | | | AE LOWE | | a dal | |
| CARRIE DICKE | Y | | | | | | | LANDOV | | | 5 |
| 20s. METHOD OF DISPOSITION 1 General 2 Cremation 3XX Res 4 Donation 5 Other (Specify) | moval from State | JOB PLACE | S F. H. | of DISPO | osition (ace) S(| (Name) MAIN | ST | 2/0 | PTER S | | Stata |
| 21. SIGNATURE OF FUNERAL SERVICE L | LICENSEE | | | | | | | PE FUNE WASH D | | | |
| 23. PART I. Enter the diseases, or | complications that co. List only one cause | | eeth. Do no | | | | | | 1 | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) | Can | ON BECCHING | ·. d- | + | the mo | de of dying, | such se | cardisc or resp | eratory arres | it, | Interval Betw |
| IMMEDIATE CAUSE (Final disease or condition | a. OUE TO (OF | cler | QUENCE OF): | + | the mo | de of dying, | such ss | cardisc or resp | eratory arres | rt, | Interval Bety |
| immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if ery, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events | a. OUE TO (OF DUE TO (OF d. | R AS A CONSE | QUENCE OF): | + | he | Ja. | lys | I. 24a. WAS AI | Y AUTOPSY RMED? | 24b. WE AMM | Interval Betw Onset and D |
| immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions. | a. OUE TO (OF DUE TO (OF d. | R AS A CONSE | QUENCE OF): | + | Ce | Ja. | n in Part | i. 24a. WAS AI PERFO | Y AUTOPSY RMED? | 24b. WE AMM | Interval Betw Onset and D RE AUTOPSY FIND ILLABLE PRIOR TO MPLETION OF CAU DEATH? |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions. 28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO | a. OUE TO (OF DUE TO (OF d. | R AS A CONSE | EQUENCE OF): | the un | Cre Pinderlying | g cause give | n in Part | i. 24a. WAS AI PERFO 1 UYES | Y AUTOPSY RMED? | 24b. WE AMM | MPLETION OF CAU DEATH? |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions. 2s. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending | a. OUE TO (OF b. DUE TO (OF c. DUE TO (OF d. One contributing to de | R AS A CONSE | EQUENCE OF): | other | 26. PI | g cause give | n in Part | i. 24a. WAS AI PERFO 1 UYES | N AUTOPSY RMED? 2 □ NO | 24b. WE AMIC CO OF | Interval Bety Onset and D RE AUTOPSY FIND ILLABLE PRIOR TO MPLETION OF CAU DEATH? |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions are sufficient conditions. The conditions are sufficient conditions are sufficient conditions. The conditions are sufficient conditions. The conditions are sufficient conditions are sufficient conditions. The conditions are sufficient conditions are sufficient conditions. The conditions are sufficient conditions are sufficient conditions. The conditions are sufficient conditions are sufficient conditions. The conditions are sufficient conditions are sufficient conditions. The conditions are sufficient conditions are sufficient conditions. The conditions are sufficient conditions are sufficient conditions. The conditions are sufficient conditions are sufficient conditions. The conditions are sufficient conditions are sufficient conditions. The conditions are sufficient conditions are sufficient conditions. The conditions are sufficient conditions are sufficient conditions. The conditions are sufficient conditions are sufficient condit | a. OUE TO (OF b. DUE TO (OF c. DUE TO (OF d. One contributing to de HOSPITAL: 1 Impatient 2 = E 28a. DATE OF IN. (Month, Day. | R AS A CONSE R AS A CONSE R AS A CONSE R AS A CONSE RA | GUENCE OF): GUENCE OF): GUENCE OF): GUENCE OF): 13 □ DOA | OTHER | 26. Pl R: sing Horr 28c. INJ 1 | g cause give | n in Part H (Check on once 6 1 28d. | i. 24a. WAS AI PERFO 1 | N AUTOPSY RMED? 2 NO INJURY OCCU | 24b. WE AMM COOO OF 1 [| RE AUTOPSY FIND ILLABLE PRIOR TO MPLETION OF CAL DEATH? YES 2 NO |

20784

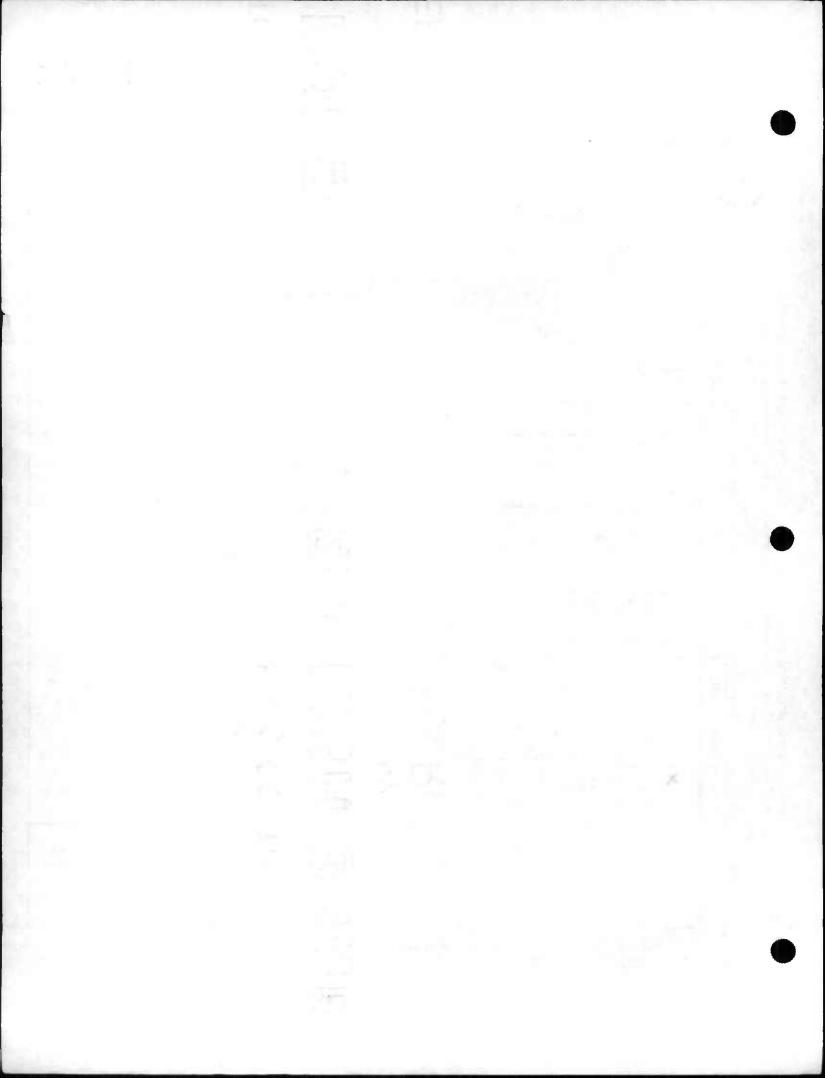
| 25. WAS CASE REFERRED TO MEDICAL | | 26. PLACE OF OEATH (Check only one) | | | | | | | | | | |
|---|---|-------------------------------------|------------------------------------|---|--|--|--|--|--|--|--|--|
| EXAMINER? 1 YES 2 NO | HOSPITAL: 1 Inpatient 2 ER/Outpatient | | IER: Nursing Home 5 - Residence | ● 6 □ Other (Specify) | | | | | | | | |
| 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation | 28s. DATE OF INJURY (Month, Dey, Year) | 28b. TIME OF INJURY | 28c. INJURY AT WORK? 1 YES 2 NO | 28d. DESCRIBE HOW INJURY OCCURED | | | | | | | | |
| 3 Suicide 8 Could not i | | nome, farm, street, | factory, office | 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | | | | | | | |

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ROBERT GEREIGE M.D. 4410 74th AV, LANDOVER HILLS MD

31. DATE FILED (Month, Day, Year)
MAR 08 '91

32 REGISTRAR'S SIGNATURE



DHMH-16 Rev 1/89

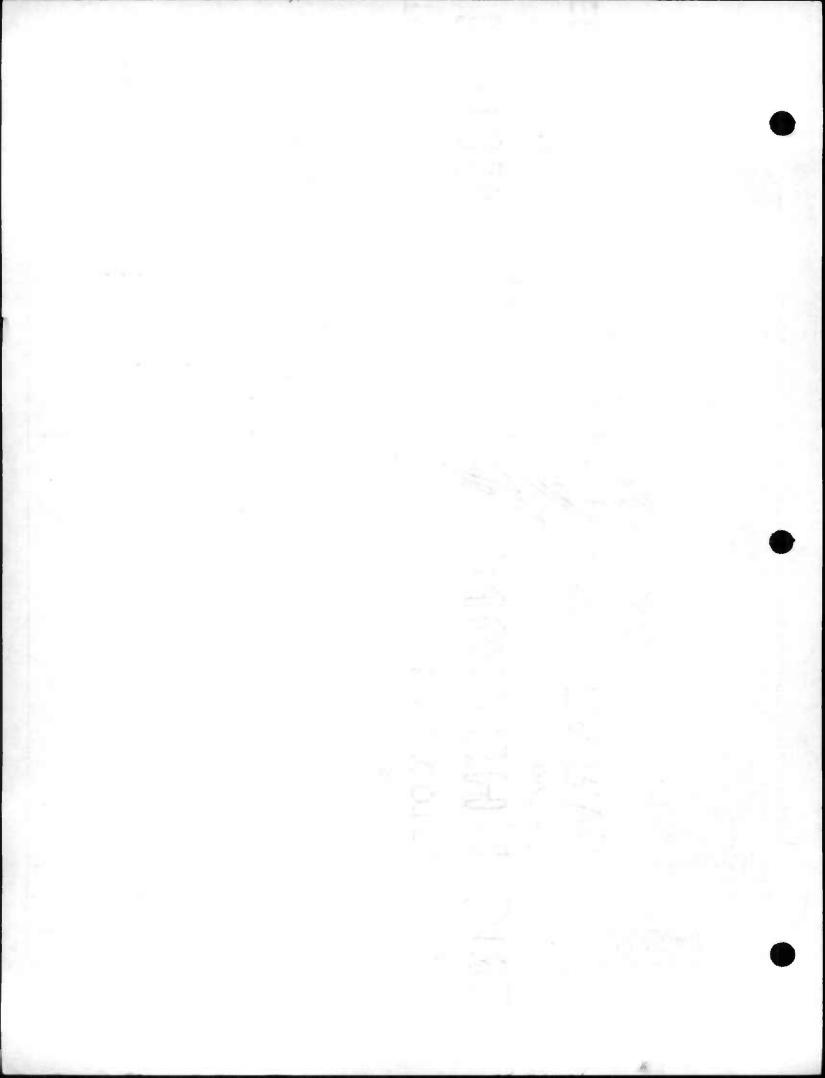
| - | - Comment | 1. 2 Temorals | CAN | |
|--------------------------------|---|--|-------|--|
| BALTIMORE, MARYLAND 21215-0020 | ter death. Page 6 may be retained by the hospital or attending physician. | the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 | oval. | of averaginar money has notified at some |

THE HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend TD THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

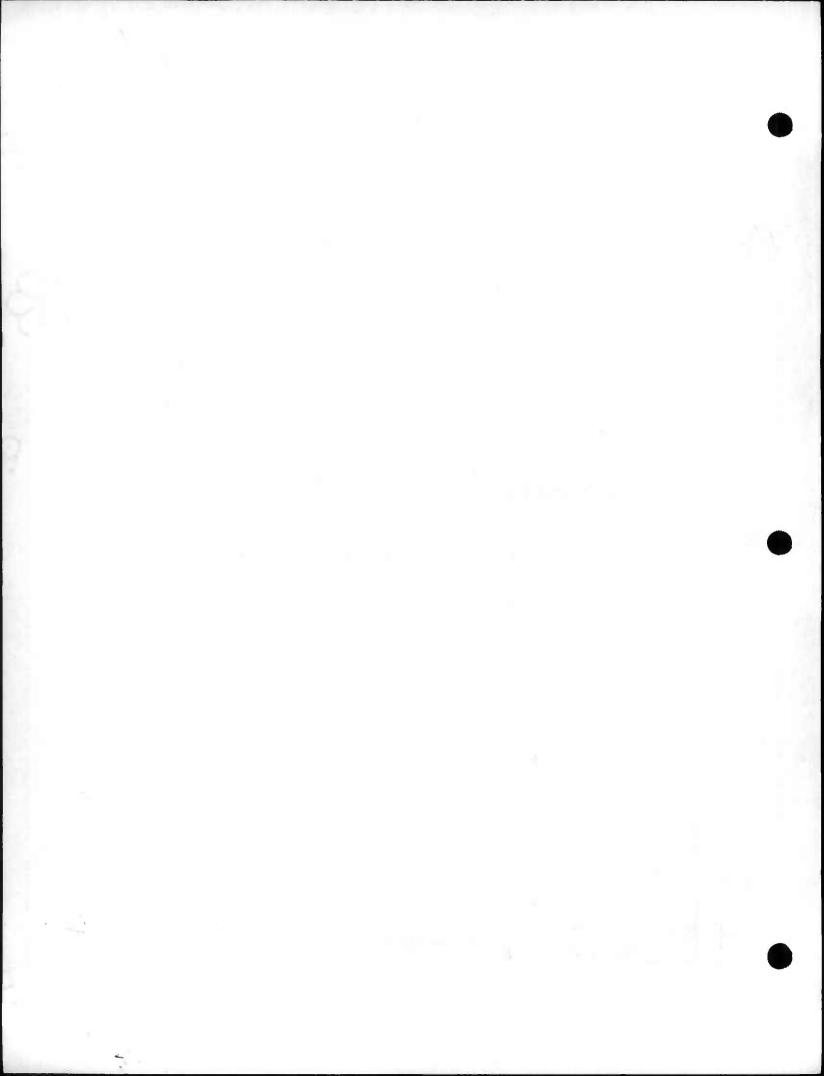
| REGISTRAR | | CERTIFIC | ATE OF DEATH | REG. NO. | | | | | |
|--|--|---|---|--|---------------------|--|--|--|--|
| 1. DECEDENT'S NAME (First, Middle, Last) | | | | 2. DATE OF DEATH | v ve | 3. TIME OF DEATH | | | |
| Margaret | M, Donnelly | | | 03705/91° | | 6:10p w | | | |
| 4. SOCIAL SECURITY NUMBER 001-14-8240 | 6. SEX 8. AGE | | F UNDER 1 YEAR IF UNDER 24 HRE OHTHS DAYS HOURS MIN | (Month Day Mar) | 22 Ne | BIRTHPLACE (State or Foreign Country) eW Hampshire | | | |
| 90. FACILITY NAME (If not institution, give Southern Mary | street and number) land Hospita | 1 8 | Clinton | DEATH | 9c. COUNTY Princ | of DEATH Ce George | | | |
| RESIDENCE OF DECEDENT | | | | | 1 | | | | |
| Maryland Prin | ce George's | | nton | | | | | | |
| 100. STREET AND NUMBER 6702 Springbr | ook Lane | | 10f. ZIP CODE 2073 | 5 | 10g. CITIZEN OF WI | | | | |
| 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER FORCES? 1 YES | 2 XNO | 13. WAS DECENDENT OF HIS If yes, specify Cuban, Mer 1 TES 2 NO Sp | xican, Puerto Rican, etc.) | n or No.— 14. | RACE — American Indian, Black, White, atc. Specify: Caucasian | | | |
| 15, DECEDENT'S ED | UCATION | 16a. DECEDENT'S US | | 16b, KIND OF BUS | SINESS/INDUST | TRY | | | |
| (Specify only highest grade Elementary/Secondary (0-12) | College (1-4 or 8+) | Iffe. Do NOT use n | e kind of work done during most of working Do NOT use retired.) rvisor Naval Sea Systems Comm. Fed. Governm | | | | | | |
| 17. FATHER'S NAME (First, Middle, Last) | | - | | NAME (First, Middle, Maiden | | | | | |
| John F. Donnel | ly | | Susa | n B. Grimes | | | | | |
| 19a. INFORMANT'S NAME (Type/Print) | | 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) | | | | | | | |
| Bertha Kirouac | | 64 Ma | ple Street Go | nic, New Har | mpshire | e 03878 | | | |
| 20a, METHOD OF DISPOSITION 1 X Jurial 2 Cremation 3 Rei 4 Donation 6 Other (Specify) | moval from Stata 2 | ob. PLACE ANO DATE Of cemetary, crematory or St. Mary S | ACE AND DATE OF DISPOSITION (Name of the place) Nary's Cemetery 3 11 91 Dover NewHampshir | | | | | | |
| 21. SIGNATURE OF PUMERAL SERVICE L | | 9 | 22. NAME AND ADDRESS OF | FACILITY Lee | Funera: | l Home, Inc. Clinton, Md 2 | | | |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST | b. Malne DUE TO (OR AS | A CONSEQUENCE OF): A CONSEQUENCE OF): | y failing | nonen | | Onset and Death | | | |
| PART II. Other algnificant condition | _ \ | uls | the underlying cause given Or of the famely to par | PERFO | | 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | | |
| 25. WAS CASE REFERRED TO MEDICAL | | | / / | | | | | | |
| EXAMINER? | HOSPITAL: | | 26. PLACE OF OEATH OTHER: | | | | | | |
| 1 YES 2 NO 27. MANNER OF DEATH 1 Retural 6 Pending | 1 Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) | 28b. TIME | OF 28c. INJURY AT WORK? M 1 YES 2 NO | 28d. OESCRIBE HOW | INJURY OCCUR | iEO | | | |
| 2 Accident Investigation 3 Suicide 6 Could not b. 4 Homicide determined | 28e. PLACE OF INJUS | RY — At home, farm, strinectly) | - 10 100 10 10 | 261. LOCATION (Street City or Town, State | | Rural Route Number, | | | |
| anal | | | at the time, data and place, and in my opinion, death occured at | | | | | | |
| 296. SIGNATURE AND THIS OF CERTIFIC | en v | 2 | 29c. LICENSE | NUMBER 352 | 29d. DATE 8 | IGNED (Month, Day, Year) | | | |
| 30. NAME AND ADDRESS OF PURSON V | -1 OV. | ye | 01. (1) | 9 TA Way | RI | CHINTON | | | |
| MAR U7 '91 | Luke Davidon B | nds 82 | و و و و و و و و و و و و و و و و و و و | | | | | | |



BALTIMORE, MARYLAND 21203-3146

| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 viburs after death. Page 6 may be retained | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should | | IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified |
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| PHY | this | THE STATE OF | rke |
| ING | ther | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | E |
| END | W | ter d | 80 |
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| • | FOR STATE REGISTRAR | STATE OF MAR | YLAND / DEPAR CERTIF | | | | | | YGIENE EG. NO. | | | , , 0 , 0 |
|----------------|---|-------------------------------------|---|---|-------------------|--------------|------------|------------------------|----------------------------|-------------------------------------|---------------|---|
| 51 | 1. DECEDENT'S NAME (First, Middle, | Last) Doris Mae | | | | | | 2. DATE OF | | | | 3. TIME OF DEATH |
| | Donis | M. DAYHO | FF | | | | | MONTH | 13 | 2 | CEAR | 543 /19 M |
| | 4. SOCIAL SECURITY NUMBER | | GE (In yrs. last birthday) | IF UNDER 1 | | IF UNDER | | 7. DATE OF E | | , | 8. BIRTHP | LACE (State or Foreign |
| | 219-41-217 | 1 0 M 2 XF | 42 YRS. | MONTHS | DAYS | HOURS | MIN. | (Month, De | 7/4 | 2 | Mary | |
| | 9s. FACILITY NAME (If not institution, | give street and number) | | 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA | | | | | | | | |
| 8 | Washington Co | unty Hospital | | Hagerstown Washir | | | | | | | ashin | gton |
| DIRECTOR | RESIDENCE OF DECEDEN | NT TV | | | | | | | | | | |
| 2 | | COUNTY | | 10c. CITY, TOWN OR LOCATION | | | | | LIMITS | | | 10d. INSIDE CITY LIMITS? |
| | Maryland W | Vashington | | Hager | | | | | 10g. CITIZEN OF WHAT O | | | YES 2 NO |
| RAI | | | | | 101. | ZIP CODE | | | | iog. Citi | | |
| FUNERAL | 487 Mitchell | Avenue | TO IN ILE ADVICE | 10.11 | no 0505 | | 1740 | IC ORIGIN? (S | anathi Yan | ar No | US | A American Indian, |
| | 1 Never Married 2 K Married | EORGEGO 4 1 N | ES 2 NO | H | yes, spe | cify Cube | n, Mexicen | , Puerto Rica | | or No- | Black, | White, etc. |
| B | 3 Widowed 4 Divorced | H DATES | ' | ☐ YES | 24. NO | Specify: | | | | Spec//y Wh | ite | |
| | 15. DECEDENT' | 16a. OECEDENT'S | USUAL OC | CUPATIO | N Left resolde | - | 16b. KIN | OF BUS | INESS/INC | DUSTRY | - | |
| | (Specify only highes Elementary/Secondary (0-12) | College (1-4 or 5+) | (Give kind of life. Do NOT u | se retired.) | uring mos | i or worair. | ·V | | | | | |
| 를 | 10 | 0 | wai | tress | 3 | 1.0 | | | | | | |
| COMPLETED | 17. FATHER'S NAME (First, Middle, La | | | | | | | AE (First, Midd | | Sumame) | | |
| BE | Harold J. Sis | | | | | | | s V. S | | | | |
| 0 | 19a. INFORMANT'S NAME (Type/Prim | | 111111111111111111111111111111111111111 | | | | | loute Number, | , | | | |
| - | Richard E. Da | ayhoff | | | | | | Hagers | · | | | |
| | 20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 | Removal from State | 20b. PLACE OF DISPO | | | | natory or | | - | | City or Tow | |
| | 4 Donation 5 Other (Specify | | Rest Ha | | | | SS OF FAC | has seems | На | gers | town, | Maryland |
| 1 | 21, SIGNATURE OF FUNERAL SERV | 1CE LICENSEE | ~ | | | | | RAL HO | ME | | | - 1 |
| | COC | 00000 | enel | / 4 | 15 1 | E. W | ilson | n Blvd | ., H | ager | stown | , Md. 21740 |
| CERTIFICATION | 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) A DEVO CATE (DUMA OF PAWORAS) BUE TO (OR AS A PONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | Interval Between Onset and Death | | |
| | PART ii. Other aignificant cor | nditions contributing to des | th but not resulting | in the un | deriying | ceuse | given in | Part i. 24 | a. WAS AN | | 24b. | WERE AUTOPSY FINDINGS |
| CAL | | | | | | | | _ , | PERFOR | | | MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| PHYSICIAN: MED | | | | | | | | | | | | 1 YES 2 NO |
| 2 | | | | | | | | | | | | |
| ¥ | 25. WAS CASE REFERRED TO MED | | | | | ACE OF 0 | DEATH (Che | eck only one) | | | | |
| SIC | 1 YES 2 NO | HOSPITAL: | /Outpatient 3 DOA | 4 Nun | | • 5 🗆 R | esidence | 6 Other (S | Specify) | | | |
| Ť | 27. MANNER OF DEATH | 28a. DATE OF INJI (Month, Day, Y | | ME OF | 28c. INJ WO | URY AT | | 28d. DESCR | IBE HOW I | NJURY O | CCURED | |
| ВУ | 1 Natural 5 Pendin 2 Accident Investig | 19 | | М | | rES 2 [| NO | | | | | |
| ED E | 3 Suicide 8 Could | not be building, etc. | JURY — At home, farm (Specify) | street, fact | tory, offic | • | | 28f. LOCATE City or | ON (Street of Town, State) | and Numbe | er or Rural R | loute Number, |
| | 4 Homicide determ | Nined | | | | | | | | | | |
| COMPLET | 29a. CERTIFIER (Check only | PHYSICIAN: To the best of my | knowledge, death occu | rred at the t | ilme, dete | and plac | e, end due | to the cause | (e) and mai | nner as st | ated. | |
| O. | one) 2 MEDICAL E | XAMINER: On the basis of exami | nation and/or investigat | ion, in my o | opinion, d | eath occu | red at the | time, date an | d place, er | nd due to | the cause(s |) and menner as stated. |
| ш | 2016 SHOW COUNTY AND STITLE OF CO | entaries | \sim | | | 29c. LJC | ENSE NUN | MBER | | 29d. DA | TE SIGNEO | (Month, Day, Year) |
| 0 8 | 11/2/11/2 | 1 tom | C7 /144 | YUK | ~ | |)() | 106 |) | | 3/16 | 14 |
| 5 | ~ / N | IETZVEL L | F DEATH (ITEM 27) (Ty) | 1825 | 5 F | l cew | tul | 24 | HAG | SONS | Tleav | v. mo |
| | 31. DATE FILED (MONth, Day, Year) MAR 19 | 32. REGISTRAR'S | Davidson- Man | delle | | | | | | | | |
| | MAR 19 | 31 | | | | | | | | | | |



| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within $4-r$ wours after death. Page 6 may be retained by the hospital or attending physician. | TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlai-transit per | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. | IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. |
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SI. DATE FILED (Month, Day, Year)
MAR 18 '91

| | FOR 1 - STATE REGISTRAR | STATE OF M | /ARYLAND / | DEPAR ERTIF | TMENT | OF H | EALTH DEAT | AND I | MENTAL | HYGIENI REG. NO. | E . | 91 | 07600 | |
|---------------|--|--|------------------------------------|-----------------------|--------------|----------------------------|---------------|-----------------|---------------------------------|---------------------------------------|-----------|--------------------------------|---|--|
| | 1. OECEDENT'S NAME (First, Middle, Last) | s L. | Du | RS | T | | | | 3. DATE OF DEATH BAY 19 YEAR 3. | | | LOSOO M | | |
| | 4. SOCIAL SECURITY NUMBER 189-16-2445 | 6. SEX | 6. AGE (In yrs. les | t birthday) YRS. | IF UNDER | DAYS | IF UNDER | 24 HRS. MIN. | 7. DATE (Month | of BIRTH 1. Day, Year) 19 3, 19 | 15 | 8. BIRTHPL Country) Mary | ACE (State or Foreign Land | |
| OR | 90. FACILITY NAME (If not institution, give st 14 E. Washington | | | | наде | | | ON DF DE | EATH | | DC. COU | ASHI | V6TON | |
| DIRECTOR | RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Washi | | | | ry, town o | | | | - | | | - 1 | Od. INSIDE CITY LIMITS? XYES 2 NO | |
| FUNERAL | 100. STREET AND NUMBER 14 E. Washington | St. | | | | 101 | ZIP COD | | | | 100 | ISA | AT COUNTRY? | |
| BY FUN | 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | Never Married 2 ☐ Married FORCES? XX YES 2 ☐ NO | | | | f yes, sp | city Cubi | | an, Puarto I | i? (Specify Yes Rican, atc.) | or No— | | | |
| COMPLETED | 15. OECEDENT'S EOUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5 +) | | | | work done (| | at of work | ing | | Army D | | | | |
| BE COM | 17. FATHER'S NAME (First, Middle, Lest) Urban L. Durst | | | | | | | | AME (First, 1 | Middle, Malden | Surname) | | | |
| TO B | 1902. INFORMANT'S NAME (Type/Print) Arthur Durst 1905. MAILING ADDRESS (Street and Number or Fairet Route Number, City or Town, State, Zip Code) 15 W. Magnolia Ave. Hagerstown, MD 21740 | | | | | | | | | | ny Sti | | | |
| | 20a. METHOD OF DISPOSITION 1 | oval from Stata | 20b. PLACE Smuth | of dispo | ig Cr | emat | ory | | | | | urg, MD | | |
| | 21. SIGNATURE OF FUNCTIAL SERVICE LIN | 1 | Day | rec | | Davi | s Fu | | al Ho | me thsbur | o MT | 217 | 83 | |
| | 23. PART i. Enter the diseases, Dr shock, or heert fellure. | complications th | st caused the duse on each lin | eeth. Do e. eLE | not enter | the mo | de of d | ying, suc | ch ss can | diec or resp | Iratory a | errest, | Approximata interval Between Onset and Death | |
| CERTIFICATION | Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury | Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING | | | | | | | | | | | | |
| ERTIF | that initiated events resulting in death) LAST | d | O (OR AS A CONSE | OUENCE | OF): | | | | | | | | | |
| MEDICAL | PART II. Other significant condition CYSTIC FILE REWAL | 3ROSI. | death but not | 4B | in the u | S | g cause | given ir | n Part i. | 24a. WAS AN PERFO | RMED? | | WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES OF NO | |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? VES 2 NO 27. MANNER OF GEATH | 28a. DATE C | ER/Outpetient F INJURY Day, Year) | 26b. T | OTHE 4 Nu | R: rsing Hor 28c. IN | | | 6 Oth | | INJURY O | OCCURED | | |
| TED BY P | 1 Natural 6 Pending Investigation 2 Accident 5 Could not be determined | 26a. PLACE | OF INJURY — At to | | М | 1 🗆 | YES 2 | □ NO | 281. LO C/h | CATION (Street y or Town, State | and Numb | ber or Rural Ri | oute Number, | |
| COMPLET | (Check only | BICIAN: To the best ER: On the basis of | | | | | | | | | | | and manner as stated. | |
| TO BE C | 29b. SIGNATURE AND TITLE OF CERTIFIE | um | WILL USE OF DEATH (IT | M | 4. | | 29c. LI |) 7 (| OMBER | 5 | 29d. D. | 3/1 | (Month, Pay, Year) | |

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BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transly be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

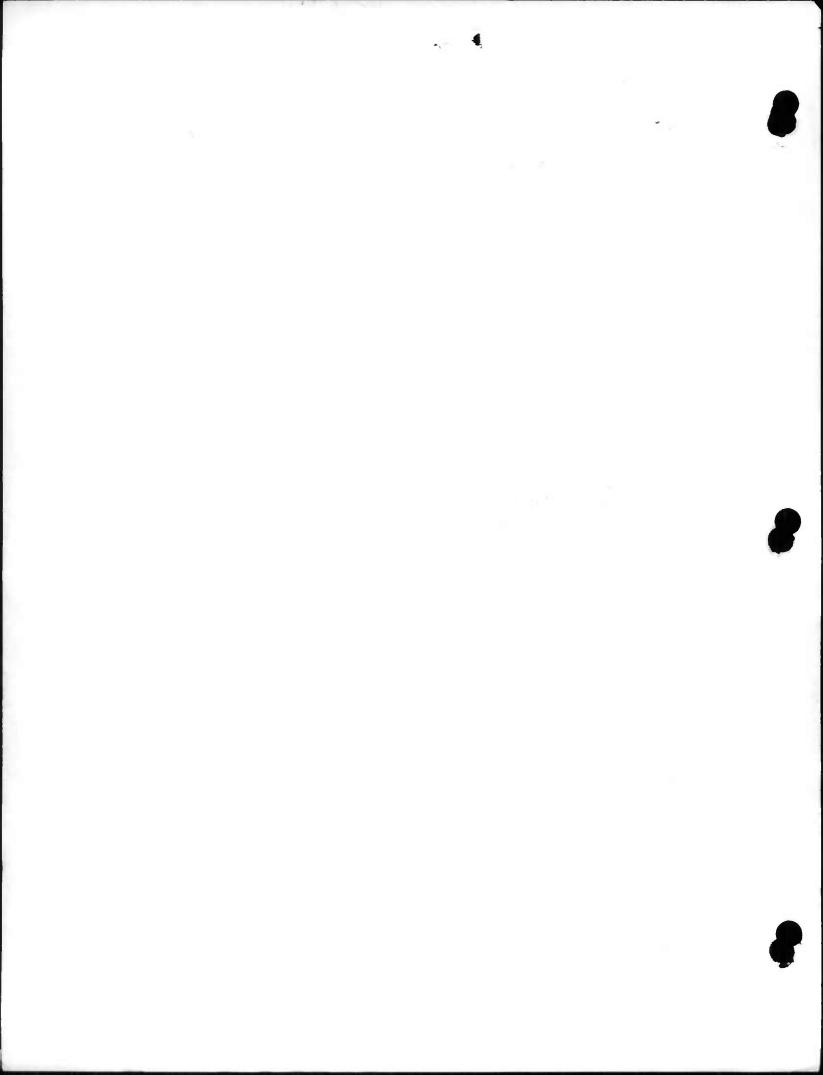
| | REGISTRAR | | CERTIF | ICALE | OF DEATH | | REG. NO. | | | | |
|----------------------|--|---|-----------------------------------|------------------|---|--------------------------|--|---------------------------------------|---------------|---|--|
| | 1. DECEDENT'S NAME (First, Middle, Lest) Janet Fra | nces | Dal | 2. DATE MONT | of DEATH 03/12/ | 91 | YEAR 3 | 1:55p M | | | |
| | 4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M | | in yrs. lest birthday) 64 YRS. | IF UNDER 1 YE | | | OF BIRTH | 8. BIRTHPLACE (State or Foreign MASS | | | |
| | 9s. FACILITY NAME (If not institution, give street end n | umber) | | 96. CITY, TO | WN OR LOCATION | OF DEATH | | 9c. COU | NTY OF DEA | тн | |
| TOR | 612 Oakland Hills D | r. Apt. : | 202 | Arno | 1d | | Anne Arundel | | | undel | |
| DIRECTOR | 10a. STATE 10b. COUNTY Anne Ar | undel | 10c CIT | y, TOWNLOR L | OCATION | | | 10d. INSIDE CITY LIMITS? 1 YES 2 VAO | | | |
| FUNERAL | 100. STREET AND NUMBER 612 Oakland Hills D | 202 | | 10f. ZIP CODE 2 | 1012 | 10g. GTIZEN OF WHAT COUN | | | AT COUNTRY? | | |
| BY FUN | FOR | DECEDENT EVER IN CES? 1 SKYES IS GIVE WAR OR DA | 2 NO | If ye | 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specific yes, specify Cuben, Mexican, Puerto Rican, atc 1 YES 2 SPNO Specify: | | | or No— | Black, 1 | - American Indian, White, atc. White | |
| | 15. DECEDENT'S EDUCATION (Specify only highest grade completed | | 16s. DECEDENT'S | USUAL OCCU | PATION g most of working | 16 | b. KINO OF BUS | INESS/IND | | | |
| COMPLETED | Elementery/Secondary (0-12) College | (1-4 or 5+) | | tered | | | US Mil | itar | y Hos | pital | |
| 0 | 17. FATHER'S NAME (First, Middle, Last) | | | • | 16. MOTHER | 'S NAME (First, | Middle, Meiden | Surneme) | | | |
| | Norman Holman | | | | Agne | s Kell | Ley | | | | |
| BE | 19a. INFORMANT'S NAME (Type/Print) | | 19b. MAILING | ADDRESS (St | reet and Number or I | Rural Route Nun | nber, City or Town | . State, Zip | Code) | | |
| 2 | Mr. James P. Daley | | 612 0 | akland | Hills D | or. Apa | Arnold | | MD | 21012 | |
| | 20s. METHOD OF DISPOSITION 1 | | other place) | | | | | atonsville, MD | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE | | | | E AND ADDRESS | OF FACILITY | 495 R | | | | |
| | · Kolus | Barranco Funeral Home Severna Park MD 2 | | | | | | | | k MD 21146 | |
| | 23. PART I. Enter the disease, or complice shock, or heart failure. List only IMMEDIATE CAUSE (Finel disease or condition resulting in death) | one dayse on e | ach lina. | Con | | such as cer | rdiec or respi | ratory an | reat, | Approximate Interval Batween Onset and Desth | |
| EDICAL CERTIFICATION | Sequentially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d. | | | | | | | | | | |
| 10 | PART II. Other significant conditions contri | buting to deeth b | out not resulting | in the unde | fying ceuse give | en in Part I. | 24s. WAS AN | | | WERE AUTOPSY FINDINGS | |
| | | | | | | | PERFOR | | | NATURE PHIOR TO COMPLETION OF CAUSE OF DEATH? | |
| 2 | | | | | | | | | | | |
| IA | 25. WAS CASE REFERRED TO MEDICAL | | | | 6. PLACE OF OEAT | 'H (Check only o | one) | | | | |
| SIC | EXAMINER? HOSE 1 YES 2 NO 1 Inp | ITAL: atlant 2 - ER/Outs | patient 3 🗆 DOA | OTHER: | Homs 5 - Resid | ence 6 🗆 Oth | her (Specify) | | | | |
| BY PHYSICIAN: M | 1 Natural 5 Pending | (Month, Day, Year) | 28b. TIR | JURY | WORK? | 10.0000 | EŞCRIBE HOW II | NJURY OC | CUREO | | |
| | 2 Accident | building, etc. (Spe | f — At home, farm, cify) | street, factory. | offics | | OCATION (Street of ty or Town, State) | and Numbe | r or Rural Ro | ute Number, | |
| COMPLETED | 29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To MEDICAL EXAMINER: On the | | | | | | | | | and manner se stated. | |
| BE | 29b, SIGNATURE AND TITLE OF CERTIFIER | مكدر | St | | D 2 | 830 | 3 | 29d, DAT | S 13 | Month, Day, Year) | |
| 0 | 30. NAME AND ADDRESS OF PERSON WHO COMPI | ETED CAUSE OF DE | AVNO | 1 |) Mar | cA. | Getk | ía, | M.D | | |
| | 31. DATE FILED (Month, Day, Year) 32 | REGISTRAR'SISIGN | | | 1 007 | | | | | | |
| | MAR 1 5 1991 Julia D | avidson-Adr | polable | | | | | | | | |

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| 岩 | 岩 | filed | 8 |
| TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a second man and exact. Page 6 may be retained by the hosp | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal. | IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
| | | | |

91 07602 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | FOR STATE REGISTRAR | STATE OF MARYL | | | OF HEALTH AND I | MENTAL HYGIENI REG. NO. | 5 7 1 | 07602 | | | |
|----------------------|--|--|--|--|---------------------------------------|--|--|--|--|--|--|
| , | 1. DECEDENT'S NAME (First Miricha, Last) CALVIN WOO | | | | | 2. DATE OF DEATH MONTH | - 91 | | | | |
| | | M 2 1F | 57 YRS. | | YEAR IF UNDER 24 HRS. DAYS HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) | IN CO | RTHPLACE (State or Foreign Suntry) St Virginia | | | |
| CTOR | Harbour Hospita | • | | Bal | timore | | Baltimore | | | | |
| DIRECTOR | | Arundel | | OWNS | ville | | 10d. INSID LIMIT 1 _ YES | | | | |
| FUNERAL | 1190 St. Stephe: | | | | 21032 | | 10g. CITIZEN OF WH USA | | | | |
| ΒÝ | 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divarced | N U.S. ARMEO 2 X NO ATES | it : | AS OECENDENT OF HISPAN yea, specify Cuban, Mexice YES NO Specify | n, Puerto Rican, etc.) | - 6 | RACE — American Indien, Black, White, etc. White | | | | |
| COMPLETED | 15. OECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12) | | 16a. DECEDENT'S (Give kind of life. Do NOT u | work done du se retired.) | CUPATION ring most of working | 16b. KIND OF BUS | | | | | |
| BE COM | 17. FATHER'S NAME (First, Middle, Lest) 16. MO | | | | | ME (First, Middle, Melden e Mae Cut | | t | | | |
| 10 | 19a. INFORMANT'S NAME (Type/Print) Elva Mae Daff 19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 1190 St. Stephens Church Road | | | | | | | | | | |
| | 20e, METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify) | E] | other place) Olphany | Epi | scopal Ce | metery Od | | , MD | | | |
| | 21. SIGNATURE OF FONERAL SERVICE LICEN | Wh. | | | desty Fur 1 Annapol | | | | | | |
| | 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (OR AS A CONSEQUENCE OF): | | | | | | | | | | |
| CERTIFICATION | cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events | Sequentially list conditione, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events LIVER FAILURE DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | |
| PHYSICIAN: MEDICAL C | PART II. Other significent conditions | contributing to death b | out not resulting | in the und | ariying causa given in | Part I. 24s. WAS AN PERFOR | MED? | 24b. WERE AUTOPBY FINDINGS AMPLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | | |
| SICIA | | HOSPITAL: | patient 3 DOA | OTHER: | 26. PLACE OF DEATH (Ch | | | | | | |
| Y PHY | 27. MANNER OF CEATH 1 Metural 6 Pending | 26e. DATE OF INJURY (Month, Day, Year) | 26b. TH | | 28c. INJURY AT WORK? 1 YES 2 NO | 26d. DESCRIBE HOW I | NJURY OCCURE | ED | | | |
| TED BY | 2 Accident investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Stele) 28t. LOCATION (Street end Number or Rural Rise) City or Town, Stele) | | | | | | | | | | |
| COMPLETED | (Original Original rigina Origina Origina Origina Origina Origina Origina O | AN: To the best of my know | | | | | | use(e) end manner ee stated. | | | |
| TO BE C | 29b. SIGNATURE AND TITLE OF CENTIFIER | Small | MD | | 29c. LICENSE NU | MBER | 29d. DATE SIG | 3/11/90 | | | |
| - | | A// 30 | 2 100 | | VOVER S | T BAL | TM | d 21236 | | | |
| | NOR/1/2/1991 Julia | May asstrate | altine | | | | | - | | | |





1997

9c. COUNTY OF DEATH

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

Specify: Black

1 YES 3 NO

DHMH-16 Rev 1/89

8. BIRTHPLACE (State or Foreign

Virginia

Caroline

10g. CITIZEN OF WHAT COUNTRY?

U.S.A.

10a. STATE

DIRECTOR

FUNERAL

BY

4. SOCIAL SECURITY NUMBER

217-03-3563

Maryland

10e. STREET AND NUMBER

1 Never Married 2 Married

3 Widowed 4 Divorced

11. MARITAL STATUS

Rt. 1, Box 69

9a. FACILITY NAME (If not institution, give street and number)

Rt. 1, American Corner Road

Caroline

10b. COUNTY

ROBERT

1 X M 2 - F

LEE DOWNES

12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THO IF YES, GIVE WAR OR DATES

8. AGE (In yrs. last birthday)

72 YRS.

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

Federalsburg

10f. ZIP COOE

21632

13. WAS OECENOENT OF HISPANIC ORIOIN? (Specify Yea or No—
If yea, specify Cuban, Maxican, Puarto Rican, atc.)
1 YES 2 X NO Specify:

Federalsburg

2. DATE OF DEATH

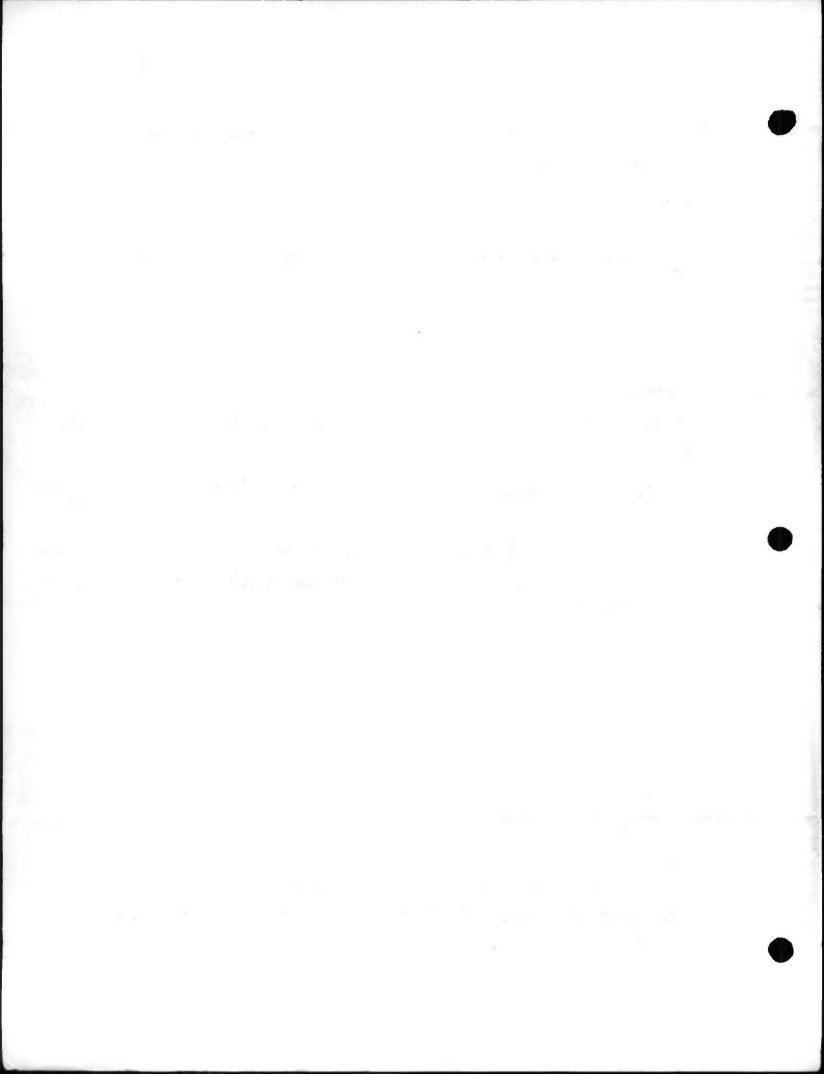
7. DATE OF BIRTH (MONTH, Day Mear) 18

Feb.

BALTIMORE, MARYLAND 21203-3146

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely that which 72 hours after death with the Stras Bank of Masath and Manal Munison prior in burds remains DIVISION OF VITAL RECORDS, P.O. BOX 13146,

| USe | ETE | (Specify only highest grade | completed) | (Give kind of work done during mo life. Do NOT use retired.) | | 16b. KIND OF BUSIN | | | | | | |
|---|------------|--|---|---|------------------------------|---|----------------------------------|--|--|--|--|--|
| detached for u | | Elementary/Secondary (0-12) 8 t h | College (1-4 or 5+) | Farm Laborer | | Agricu | ulture | | | | | |
| detached | COMP | 17. FATHER'S NAME (First, Middle, Lest) | | | | ME (First, Middle, Maiden Su | urname) | | | | | |
| a de ma | C | Unknown | | | Unkn | | | | | | | |
| 5 should be | 8 | 19s, INFORMANT'S NAME (Type/Print) | | 19b. MAILINO ADDRESS (Street | | | State, Zip Code) | | | | | |
| pe fetamed by ge 5 should be notified at | 2 | Diane Palmer | | | | ., Cambri | | 21613 | | | | |
| I director, page | | 20s. METHOD OF DISPOSITION 1 1 Burisl 2 Cremation 3 Rem 4 Donation 6 Other (Specify) | oval from State 20b, PL | ACE OF DISPOSITION (Name of contemplace) Federal H | ill Cem | letery Fed | tion — city or Town, deralsbu | rg, MD | | | | |
| e funerall. | | 21. SIONATURE OF FUNERAL SERVICE LIC | | 22. NAME A | nd address of fac ptom-Ha | | cow Fune | ral Home | | | | |
| POOE | | IMMEDIATE CAUSE (Final disease or condition | List only one cause on each | a death. Do not enter the mo | oda of dying, suci | h as cardiac or respira | atory arrest, | Approximate interval Between Onset and Death | | | | |
| ompletely al, crema event, | ŀ | resulting in death) | DUE TO (OR AS A CO | INSEQUENCE OF): | | | 000E | 4-3 1000 | | | | |
| at print | Z | disease or condition a. Acute heart fairure a. Due to (or as a consequence of): Chronic Obstruct or ple ry discrete: Due to (or as a consequence of): Due to (or as a consequence of): | | | | | | | | | | |
| ician a ior to raum | CATION | if any, leading to immediate cause. Enter UNDERLYING | DUE TO (OR AS A CO | DNSEQUENCE OF): | | J , | | | | | | |
| at the deam certhicate be executed by the attending physician and cand Mental Hygiene prior to buriary injury, or other traumatic | TIF | CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | |
| ss that the deal gned by the att att and Menta atth and Injury, | MEDICAL CE | PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 0F DE | | | | | | | | | | |
| has been signed to Dept. of Health a | | | | | | - | , | YES 2 NO | | | | |
| has b Dept. | A | 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) | | | | | | | | | | |
| certificate h the State [, or item | SICIAN: | EXAMINER? 1 YES 2 NO | HOSPITAL: 1 Inpetient 2 ER/Outpetie | OTHER: | na 5 🗆 Raaldanca | | | | | | | |
| is the second | PHY | 27. MANNER OF OEATH | 26a. DATE OF INJURY (Month, Day, Year) | 28b. TIME OF 2Sc. IN INJURY | JURY AT | 28d. OESCRIBE HOW IN. | JURY OCCURED | | | | | |
| After death | D BY | 2 Accident Investigation 3 Suicide 6 Could not be | 286. PLACE OF INJURY — | M 1 TES 2 NO Y — At home, farm, street, factory, office | | 281. LOCATION (Street and Number or Rural Route Number, | | | | | | |
| 28 at 50 28 | ETEC | 4 Homicide determined | building, etc. (Specify) | | | City or Town, State) | | | | | | |
| 로 크리 두 | COMPLE | (Orack Only | | ge, death occurred at the time, dat and/or investigation, in my opinion, | | | | nd manner as stated. | | | | |
| TO THE HOSPITA TO THE FUNERA De filed within 7 IMPORTANT: I | TO BE (| 29b. SIGNATURE AND TITLE OF CERTIFIE | alka- | | 29c. LICENSE NUI | MBER | 29d. DATE SIGNED (N | Torith, Day, Year) | | | | |
| | F | | troso MD | . 317 5 Mai | u St. 411 | UMOCIE 141 | D 2164 | 3 | | | | |
| | | 31. DATE FILEO (MONTH, Day, Year) FEB 20 '91 | Julia Davidson | | | | | | | | | |



| | 1 - STATE REGISTRAR | CERTIFICA | TE OF DEATH | REG. NO. | | | | | | | |
|---------------|--|---------------------------------------|---|--|---|------------------------------|--|--|--|--|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | ~ / | 1 | 2. DATE OF DEATH MONTH DAY | YEAR 3. TIME OF DEATH | | | | | | |
| | Evelyn Oneida | Edwar | 45 | 3 6 | 91 15201 | М | | | | | |
| | 4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 X F | E (In yrs. last birthday) IF U | NOER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN. | 7. DATE OF BIRTH (Morith, Day, Year) | 8. BIRTHPLACE (State or Foreign Country) | | | | | | |
| | 9e. FACILITY NAME (If not institution, give street end number) | | CITY, TOWN OR LOCATION OF D | 4 //4//3 | COUNTY OF DEATH | | | | | | |
| TOR | Frederick Menorial Hospital Frederick MD Frederick | | | | | | | | | | |
| DIRECTOR | 106. STATE 106. COUNTY MD Washington | | WN OR LOCATION | | 10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☒ NO | | | | | | |
| FUNERAL | 19331 Garrets Mill Rd. | | 101. ZIP COOE 21758 | 10- | USA | | | | | | |
| BY FUN | 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR | S 2 XNO | 13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic I YES 2 NO Spec | an, Puerto Rican, etc.) | Black, White, etc. Specify: | Black, White, etc. Specify: | | | | | |
| | 15. DECEDENT'S EDUCATION | 16e. DECEDENT'S USU. | AL OCCUPATION | 16b. KIND OF BUSINE | White | _ | | | | | |
| | Capecity only highest grade completed Give kind of work done during most of working | | | | | | | | | | |
| 鱼 | 2 | House | ewife | Home ma | ker | | | | | | |
| COMPLETED | 17. FATHER'S NAME (First, Middle, Last) | | | AME (First, Middle, Melden Surn | | | | | | | |
| H | Frank Cleveland Badger, Sr. | | | lle McGoleri | | | | | | | |
| 2 | 19a. INFORMANT'S NAME (Type/Print) Vonnoth R Edwards Sr | | Garretts Mill | | | | | | | | |
| | Kenneth B. Edwards, Sr. | | N (Name of cometery, cremetory or | | ON — City or Town, State | _ | | | | | |
| | I Donation 5 Other (Specify) | | | | | | | | | | |
| | Brownsville Heights Cemetery Brownsville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Eackles-Spencer Funeral Home Box C. Harpers Ferry, WV 25425 23. PART I. Enter the diseases, of complications that caused the death. Do not anter the mode of dying, such as cardisc or respiratory street, App | | | | | | | | | | |
| \vdash | JOM 6 Ap | | Box C. Harr | ers Ferry. W | vy 25425 | _ | | | | | |
| | shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | |
| NO | | | | | | | | | | | |
| ATI | if sny, leading to immediate cause. Enter UNDERLYING | A CONSEQUENCE OF): | | | | | | | | | |
| CERTIFICATION | CAUSE (Disease or injury that initiated events resulting in death) LAST | A CONSEQUENCE OF): | | | | | | | | | |
| | | | | | | | | | | | |
| CAL | PART II. Other significant conditions contributing to death | but not resulting in th | a underlying cause given i | n Part I. 24a. WAS AN AUT PERFORMED | 27 AMAILABLE PRIOR TO | | | | | | |
| i i | | | | 1 🗆 YES 2 🔼 | | : | | | | | |
| M | | | | _ | 1 TYES 2 NO | | | | | | |
| SICIAN: | 25. WAS CASE REFERRED TO MEDICAL | | 26. PLACE OF DEATH (C | theck only one) | | | | | | | |
| Sic | EXAMINER? 1 YES 2 NO HOSPITAL: 1 Impatient 2 ER/O | | HER: Nursing Home 5 - Residence | 6 Other (Specify) | | | | | | | |
| Y PHY | 27. MANNER OF OEATH 1. Netural 5 Pending (Month, Day, Year Investigation | 28b. TIME OF INJURY | 28c. INJURY AT WORK? M 1 YES 2 NO | 28d. DESCRIBE HOW INJU | RY OCCUREO | | | | | | |
| TED BY | 2 Modition it | IRY — At home, farm, stree pecify) | t, factory, office | 281. LOCATION (Street end in City or Town, State) | Number or Rural Route Number, | | | | | | |
| COMPLET | 29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my kn | | | | | | | | | | |
| | 2 MEDICAL EXAMINER; On the basic of examina 29b. SIGNATURE AND TITLE OF CERTIFIER | nion endor investigation, in | 29c LICENSE N | | d. DATE SIGNED (Month, Day, Year) | | | | | | |
| TO BE | 30. NAMI AND APPRESS OF PERSON WHO COMPLETED CAUSE OF | DEATH (ITFM 27) (Tune Date | D353 | 53 1 | 3/7/9/ | | | | | | |
| | TL Vasiers Wa 946 | Ave | Bruswick | MD 217 | 7/6. | | | | | | |
| | 31. DATE FILEO (MONTH, Day, Year) MAR 0 8 1991 S2. REGISTRAR'S SA | Mandelle | | | | | | | | | |

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4- hours after death. Page may be the interest of the page of the standard of the standard of the attending physician and completely filled in by the funeral direct page 5 and to describe filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

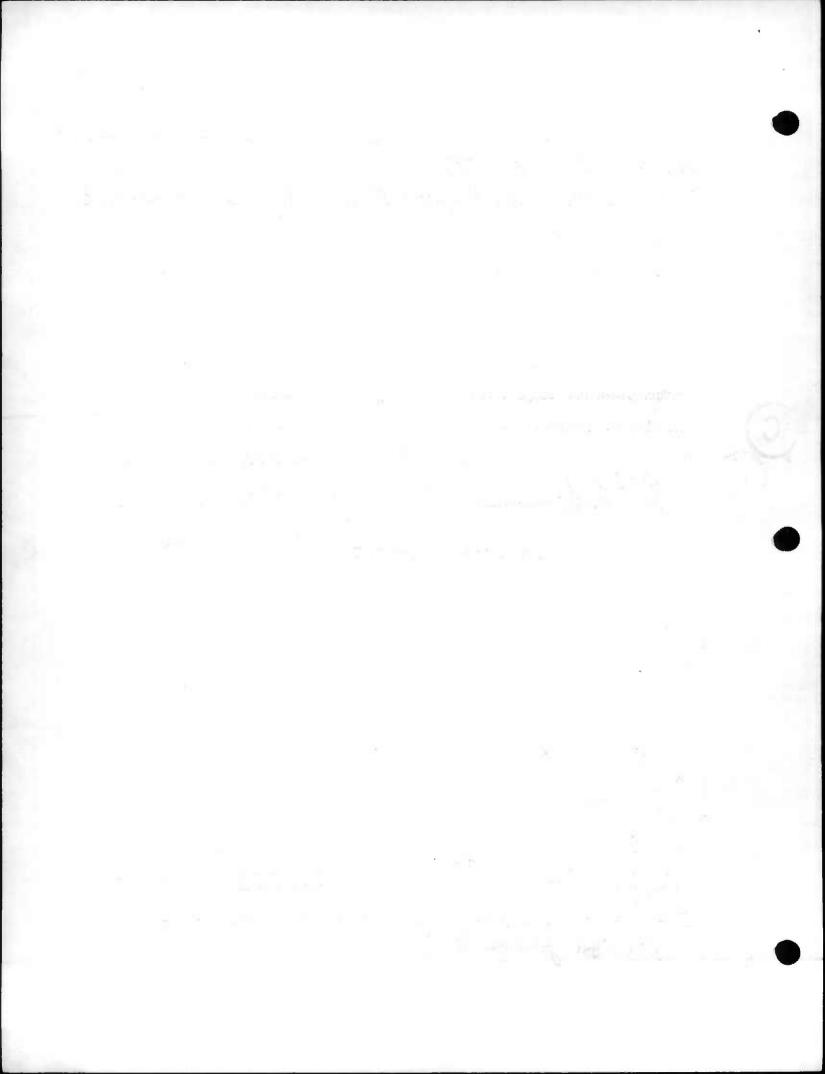
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

be detached for use as the burial-transit permit. Pages 1, 2, 3 should

by the hospital or attending physician.

BALTIMONE, MARYLAND 21203-3146

DHMH-15 Rev 1/89



use as the burial-transit permit, Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ar attending physician. 21203-3146

BALTIMORE, MAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REGISTRAR | | C | ERTIF | ICATE | OF | DEA | TH | | REG. NO. | | | |
|---|--|--------------------|----------------|--------------|----------------------|--------------------|-----------|------------------|----------------------|---------------|------------|--|
| 1. DECEDENT'S NAME (First, Middle, Last) | | | | | | | | | OF DEATH | and . | MEAN | 3. TIME OF DEATH |
| CARROLL EDGAR | EVI.ER | | | | | | | MAD(| | 1991 | YEAR | 6:00 p |
| 4. SOCIAL SECURITY NUMBER | 5. SEX | 6. AGE (In yrs. Is | est histholou) | IF UNDER | 1 VEAR | IF UNDER | D 24 HBS | | OF BIRTH | 1991 | a BIST | HPLACE (State or Foreign |
| 213-16-0243 | | | 9 YRS. | | DAYS | HOURS | SAIN. | (Mont | h, Day, Year) | 1921 | Coun | |
| 9a. FACILITY NAME (If not institution, give | Se. FACILITY NAME (If not institution, give street and number) | | | | | OR LOCATI | ON OF O | EATH | | 9c. COU | NTY OF | DEATH |
| 8 EYLER RD. | | | | THU | RMON | JT_ | · | | | FRI | EDER | ICK |
| | | | | | | | - | | | | | 10d. INSIDE CITY |
| MARYLAND FREDE | ERICK | | | THURMONT | | | | | | | | 1 X YES 2 NO |
| 10e. STREET AND NUMBER | | | | | 101 | . ZIP COD | E | | | 10g. CIT | IZEN OF | WHAT COUNTRY? |
| 8 EYLER RD. | | | | 217 | 788 | | | | U.S | .A. | | |
| 11, MARITAL STATUS | 12. WAS DECEOEN | TEVER IN U.S. A | RMEO | 13. | WAS OEC | ENGENT | OF HISPA | NIC ORIGI | 17 (Specify Ye | e or No- | 14. RAC | E — American Indian, |
| 1 Never Merried 2 Married 3 Widowed 4 Divorced | IF YES, GIVE W | AR OR DATES | INO | | ir yes, sp 1 YES | 2 X NO | Speci | en, Puerto // | Rican, etc.) | | Spe | , |
| 15. DECEDENT'S EDI (Specify only highest grad | JCATION | 16a, D | ECEDENT'S | work done | CCUPATIO | ON ost of worki | Ina | 166 | . KINO OF BU | SINESS/IN | DUSTRY | WHITE |
| Elementary/Secondary (0-12) | College (1-4 or 5 + | | le. Do NOT u | se retired.) | | , | | | | | | |
| 7 | | 1 | MAINT | ENAN | CE | | | I | YLER'S | S HOF | RSE S | STABLES |
| 17. FATHER'S NAME (First, Middle, Last) | | | | | | 18. MOT | HER'S N | | Middle, Malden | | | |
| FRANK M. EYLER | | | | | | F | A.L.T. | E.] | LER | | | |
| 19e. INFORMANT'S NAME (Type/Print) | | 1 | 9b. MAILING | ADDRESS | S (Street a | - | | | ber, City or Tox | vn, State, Zi | p Code) | |
| JEAN E. LAUDON (| SISTER) | 1. | 4622 | PENN | ERSV | /TT.T.F | RD. | . CZ | SCADE | MD | 21' | 719 |
| 20s. METHOD OF DISPOSITION | DIDIDI() | | E OF DISPO | - | | | _ | _ | | CATION - | | |
| 1 X Burial 2 Cremation 3 Rer 4 Donation 5 Other (Specify) | noval from State | other | BLUE | | | | | | | RMONT | | |
| 21. SIGNATURE OF FUNERAL SERVICE L | ICENSEE | | | 22. | NAME A | ND ADDRE | SS OF F | ACILITY | | | | |
| 1 | - | - | | | | | | | % SOI | | | |
| 23. PART I. Enter the diseases, or | | | | | | | | | | | | 21788 |
| Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury | e | (OR AS A CONS | | | | | | | | | | |
| that initiated events resulting in death) LAST | d | (on As A cons | EGOENCE | n- y. | | | | | | | | |
| PART II. Other eignificent condition | ne contribution to | death but not | | In the co | n el a els sla | | -luss la | Deat 1 | Lac. una a | | | |
| | ema | Geatti Dut Hot | resulting | in the u | nderiyin | ig cause | Given ii | 1 Pairt I. | 24a. WAS AF PERFO | RMED? | 24 | b. WERE AUTOPSY FINDING MAILABLE PRIOR TO |
| | Cyroac | | | | | | | | 1 🗆 YES | 2 NO | | COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| 25. WAS CASE REFERRED TO MEDICAL | | | | | 26. P | LACE OF | DEATH (C | heck only o | ne) | | 1 | |
| EXAMINER? | HOSPITAL: | ER/Outpetient | 3 DOA | OTHE: | | ne 5 ∏ F | tesidence | S □ Oth | er (Specify) | | | |
| 27. MANNER OF DEATH | 28a. DATE OF (Month, D | INJURY | 28b. TII | 1 | 28c. IN. | JURY AT DRK? | | _ | SCRIBE HOW | INJURY O | CCURED | |
| 1 Natural 5 Pending 2 Accident investigation 3 Suicide 6 Could not be | 26e. PLACE C | F INJURY — At I | home, ferm, | street, fac | | YES 2 | ∐ NO | | | | er or Rura | I Route Number, |
| 4 Homicide determined | building, | etc. (Specify) | | | | | | Cit | or Town, State | " | | |
| cont only | SICIAN: To the best of e | | | | | | | | | | | o(e) and manner as stated |
| 296. SIGNATURE AND TITLE OF CERTIFI | ER // | in | | | | 29c. L/0 | CENSE N | MBER | | 29d, DA | 3/4 | D (Month, Day, Year) |
| 30. NAME AND ADDRESS OF PERSON W | HO COMPLETED CAU | SE OF DEATH (F) | TEM 27) (Typ | e, Print) | | | _ | 3 | _ | | _ | |
| WILLIAM E HAPP | FP M D | 100 8 | CENTE | | P. | מו ובויף | MONIT | MID | 2170 | 20 | | |
| 31. DATE FILED (Morith, Day, Year) | Javidson | TOO D. | 2 | DIV D | . , | INUK | LIOIAI | للالا م | • 41/6 | 00 | | |
| MAR 0 8 1991 | Julia Davidson | Markath | gas. | | | | | | | | | |

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OHMH-16 Rev 1/89

WLAND 21203-3146

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|--|--|--|---|
| DALI IMORE, | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.3 nours after death. From 6 may be my | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral denoting many after being after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be well |
| | thin 2~ nours after | etely filled in by the emovement or remove | nt, the medical |
| DIVISION OF VITAL RECORDS, P.O. BOA 13148, | ate be executed wi | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the is the fled within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal. | r traumatic ever |
| 75, 7.0. 0 | the death certifical | the attending phy d Mental Hygiene | injury, or other |
| L MECORI | law requires that | as been signed by Dept. of Health an | 23 shows any |
| ALIV TO | 3 PHYSICIAN: The | or this certificate the with the State | arked, or item |
| | AL OR ATTENDING | AL DIRECTOR: Afte | If Item 28 is m |
| | TO THE HOSPIT | TO THE FUNER | IMPORTANT |

| | 1 - FOR STATE OF MAR | | NT OF HEALTH AND | MENTAL HYGIENE REG. NO. | | 07000 | | | |
|------------------|---|--|--|---|-------------------|--|--|--|--|
| | 1. DECEDENT'S NAME (First, Middle, Lest) | Violet Lucil | le Edwards | 2. DATE OF DEATH DAY | | 3. TIME OF DEATH | | | |
| | 4. SOCIAL SECURITY NUMBER 5. SEX 6. / | (March Day Mart) Country | | | | | | | |
| R. | 9e. FACILITY NAME (If not institution, give street end number) | CILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY DF DEATH | | | | | | | |
| DIRECTOR | 10a. STATE 10b. COUNTY | 10c. CITY, TOV | WN OR LOCATION | | | 10d. INSIDE CITY | | | |
| - 1 | 10s. STREET AND NUMBER | Lanh | 10f. ZIP CODE | | | 1 VES 2 INO | | | |
| FUNERAL | 5034 Riverdale Road Apt. 102 11. MARITAL STATUS 12. WAS DECEDENT BY FORCES? 1 A | ER IN U.S. ARMED | 20706 13. WAS DECENDENT OF HISP, If yes, specify Guben, Mexic | ANIC ORIGIN? (Specify Yee of | | CE — Amarican Indian, | | | |
| B⊀ | 3 Widowed 4 Divorced IF YES, GIVE WAR | DR DATES | 1 TYES 2 THO Spec | tty: | Spe | "Hhite | | | |
| COMPLETED | 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) (} | 16a. DECEDENT'S USUA (Give kind of work d life. Do NOT use retir Reception | lone during most of working ed.) | 16b. KIND DF BUSI | | | | | |
| COM | 17. FATHER'S NAME (First, Middle, Lest) John Maurice Shith | Reception | 16. MOTHER'S N | AME (First, Middle, Melden S Play Chamber | | | | | |
| 10 BE | 100. INFORMANT'S NAME (Type/Print) 2resa L. Fiorgan | | RESS (Street and Number or Rure Peer Creek Cou | I Route Number, City or Town, | State, Zip Code) | nd 20707 | | | |
| | 20e. METHOD GR.DISPOSITION 1 | 20b. PLACE OF DISPOSITION | N (Name of comotory, cromatory or shington Cre | 20c. LOC | ATION - City or 1 | Town, State | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE | / | 22. NAME AND ADDRESS OF | Fleck F | uneral | Home, Inc. | | | |
| | 23. PART I. Enter the diseases, or complications that ca shock, or heart failure. List only one cause | uned the death. Do not e | 7601 Sandy Sp nter the mode of dying, se | | | D 20707 Approximata | | | |
| | IMMEDIATE CAUSE (Final | AS A CONSEQUENCE OF: | and Faele | | | Onset and Death | | | |
| N | | AS A CONSEQUENCE OF): AS A CONSEDUENCE OF): | | mí | | Fuels | | | |
| CERTIFICATION | cause. Enter UNDERLYING CAUSE (Disease or Injury | AS A CONSEDUENCE OF): | 7 Disea | ~ | | Surele | | | |
| CERTIF | that initiated events resulting in desth) LAST | | | | | | | | |
| AL | PART II. Other significent conditions contributing to de | ath but not resulting in th | e undarlying cause given | PERFOR | MED? | No. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE | | | |
| PHYSICIAN: MEDIC | Diabetes malle | tu | | 1 YES } | | OF GEATH? | | | |
| ICIAN | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | | 26. PLACE OF DEATH (| | | | | | |
| PHYS | 27. MANNER OF DEATH 1 Natural 5 Pending 28e. DATE OF IN. (Month, Dey.) | JURY 28b. TIME OF | Nursing Home 5 Residence 28c, INJURY AT WORK? M 1 YES 2 NO | 28d. DESCRIBE HOW IN | LJURY OCCURED | | | | |
| ED BY | 2 Accident Investigation 3 Suicide 8 Could not be determined Determined | JURY — At home, farm, atreet, (Specify) | | 281. LOCATION (Street e City or Town, State) | nd Number or Rura | if Route Number, | | | |
| COMPLETED | 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of exam | | | | | e(s) and manner as stated. | | | |
| BE CO | 29b. SIGNATURE AND TITLE OF CERTIFIER | | 29c. LICENSE P | | | ED (Month, Day, Year) | | | |
| 10 | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE | | | 0 7966 | 2/ | 27/9) | | | |
| | Keith M. Lindgren 31. DATE FILED MAYIND DOSCORD 32 REGISTRANS | SIGNATURE | 600 Carro | 11 Aug To | Komit | k mD 20912 | | | |
| | THE TOTAL | doon-Andelle | | | | DHMH-18 Rev 1/89 | | | |

TO BE COMPLETED BY FUNERAL DIRECTOR

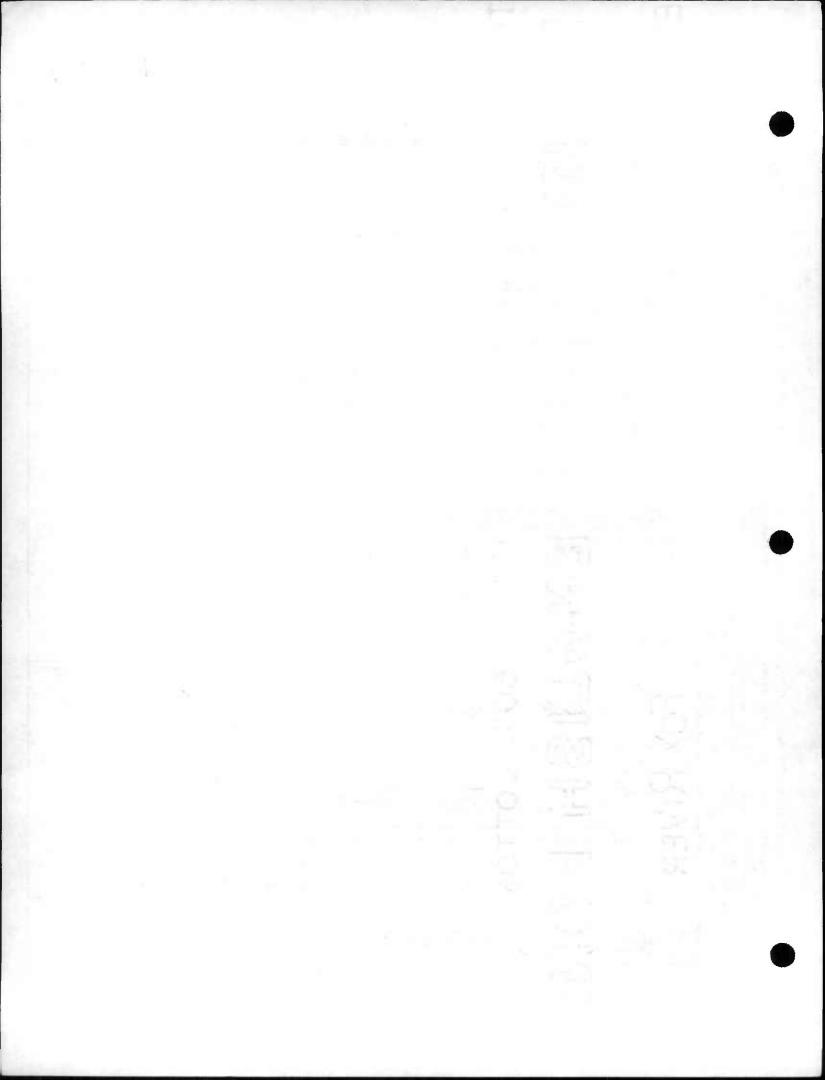
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

| 1 | - | FOR STATE REGISTRAR |
|---|---|---------------------------|
| | | |

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| - STATE REGISTRAR | | | CI | | | OF DEATH | | REG. NO. | _ | | |
|---|--------------------------------|---|------------------------------|--------------------------------|---|--|---------------------|------------------------------|----------------|----------------------------|---|
| 1. DECEDENT'S NAME (First, Mi | | - | | C | 0 | 1 | 2. DATE OF MONTH | OEATH DA | Υ | YEAR | 3. TIME OF DEATH |
| Danie. | | | | che | lan | d- | 03 | 1 | 7 1 | 991 | |
| 216-09-3222 | | | AGE (In yrs. les | | F UNDER 1 YE | | Dec. 4 | BIRTH 190: | 9 1 | 6. BIRTHI Country Md | PLACE (State or Foreign |
| Caroline I | Nursi | | , Inc | | | MN OR LOCATION OF DI NTON | EATH | | 9c. COUN Ca | rol: | |
| GA, STATE 10 | b. COUNTY | oline | | | town on Li | DCATION | | | | | 10d. INSIDE CITY LIMITS? 1 X YES 2 NO |
| 00. STREET AND NUMBER P.O. Box 7 | | | | 111112 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 101. ZIP COOE 21641 | | | 10g. CITIZ | | HAT COUNTRY? |
| 11. MARITAL STATUS Never Married 2 | nrrled | 12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR | YES 2 X | | If yes | DECENDENT OF HISPA s, specify Cuben, Mexico YES 2 NO Specifi | in, Puerto Rica | | | 14. RACE Black | - American Indian, , white, etc. |
| 15. OECED (Specify only hi Elementary/Secondary (0-12 9th | ENT'S EDUCA ighest grade co | | (G | gineer | rk done durin retired.) | PATION g most of working | 1.55 | | annei | | o. |
| 7. FATHER'S NAME (First, Middle John C. Eve | | | | | | 18. MOTHER'S NA Cordia | | | | | |
| Jeanette Rei | hl Ev | eland | 19 | | | neet and Number or Rural , Hillsbord | | | | Code) | |
| 0a METHOD OF DISPOSITION Burial 2 Cremation Donation 5 Other (Se | 3 L Remov | al from State | | and date of cremilery of mplev | | emetery | 3-20 | 1 | mplev | | • |
| 1. SIGNATURE OF FUNERAL S | SERVICE LICE | The l | 2) | | 22. NAW | egle-Helfe | CILITY | Gree | nsbor | ro, N | MD 21639 |
| MMEDIATE CAUSE (Finel disease or condition esuiting in death) Sequentially list condition f any, leading to immediaceuse. Enter UNDERLYING CAUSE (Disease or injury hat initieted events esuiting in death) LAST | ote 3 | DUE TO (O | F AS A CONSE | OUENCE OF): | | thmia | * | | | | Onset end Dec |
| PART II. Other significant | COPI | contributing to de | | | | dying ceuse given in | | E. WAS AN PERFOR | MED? | 2 4b. | WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| S. WAS CASE REFERRED TO I | | HOSBITAL | | | | 86. PLACE OF DEATH (C | heck only one) | | | | |
| 1 TYES 2 NO | | HOSPITAL: | | | OTHER: | Homa 5 - Residence | e 🗆 Other (S | Specify) | | | |
| 7. MANNER OF DEATH 1. Netural 5 Pe | nding | 28s. DATE OF IN (Month, Day, | | 28b. TIME INJU | RY | WORK? | 28d. DESCR | HBE HOW I | NJURY OCC | CURED | |
| 3 Suicide 8 Co | ould not be termined | 28e. PLACE OF I building, et | NJURY — AI h c. (Specify) | ome, farm, str | oo | office | | ON (Street : Town, State) | | or Rural F | Route Number, |
| one) | | _ | | | | , date and place, and du | | | | | i) and manner as stated. |
| 96. SIGNATURE AND TITLE O | F CERTIFIER | An | ess | | | 29c, LICENSE NU | | | 29d, DATI | | (Month, Day, Near) |
| 30. NAME AND ADDRESS OF P | 91 | hica 32.580 MITBAN | Agre | em 27) (Type, 1) | | | | | | | |



TO BE COMPLETED BY FUNERAL DIRECTOR

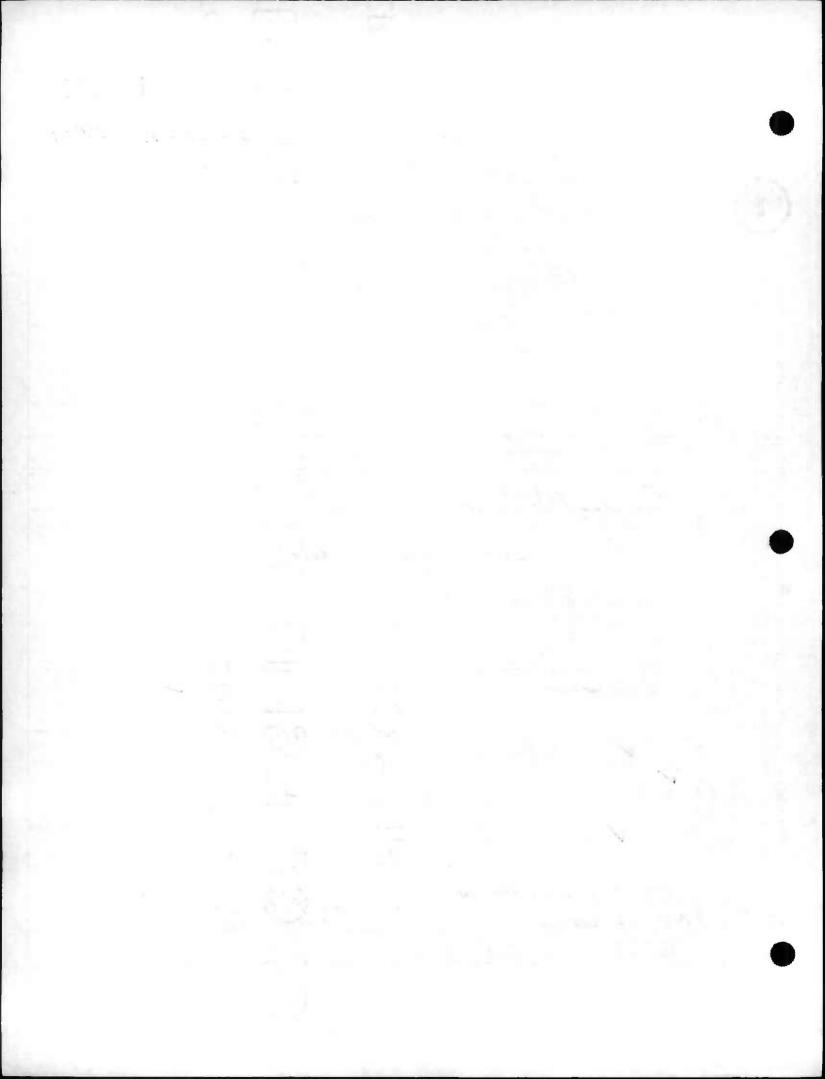
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| DIVISION |
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| an. | UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, with 72 hours after death with the State Debt, of Health and Mental Hypiene prior to burial, cremation, or removal. | |
|---|--|--|
| OSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Nours after death. Page 6 may be retained by the hospital or attending physician. | burial | |
| tending | as the | |
| al or at | for use | |
| hospita | lached | |
| by the | pe del | 90 |
| stained | should | ballind. |
| y be re | sage 5 | 40.00 |
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| ertificat | ng phy giene p | - |
| leath c | attendi ntal Hy | |
| rt the d | by the | and and |
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| w requ | been st. of P | S allen |
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| ENDING | R: Afte er deat | to the second and the modified of another and the second and an additional and the modified of another and the modified of another and the second and another and the second and an additional and another and the second and the secon |
| R ATT | IRECTO urs aft | |
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

| STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. | 91 | 0760 |
|---|----|------|
| | | |

| 1 - STATE REGISTRAR | STATE OF MAR | RYLAND / DEPART | | | MENTAL HYGIEN | | 1 07608 |
|--|----------------------------------|--|--------------------------------|--|---|----------------|---|
| 1. DECEDENT'S NAME (First, Middle, Last) | E | FAST | | 7 | | 3 - 9 | YEAR 3. TIME OF DEATH 9.50 P M |
| 4. SOCIAL SECURITY NUMBER | 5. SEX 6. / | AGE (In yrs. lest birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF BIRTH | | 6. BIRTHPLACE (State or Foreign |
| 578-18-3659 9e. FACILITY NAME (If not institution, give s | 1 XX M 2 □ F | 69 YRS. | ONTHS DAYS | HOURS MIN. | | _ | Villiamsport, PA |
| MANOR CARE REHAE | | | | MARYLAN | | | GOMERY |
| RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT | Υ | | TOWN OR LOCAT | | | | 10d. INSIDE CITY |
| N/A N/A | | WASH | INGTON, | | | | 1 1 YES 2 NO |
| 100. STREET AND NUMBER 1719 FRANKFORT S | ST., SE | | 101 | 20020 | | U.S.A | EN OF WHAT COUNTRY? |
| 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT BY | YER IN U.S. ARMED YES 2 NO OR DATES 10/26/46 | If yes, sp | | IIC ORIGIN? (Specify Yen, Puerto Rican, stc.) | | 14. RACE — American Indian, Black, White, etc. Specify: |
| 15. DECEDENT'S EDU | | 16a. DECEDENT'S U | SUAL OCCUPATION | ON | 16b, KIND OF BU | JSINESS/INDU | Black |
| (Specify only highest grade Elementary/Secondary (0-12) 12th | completed) College (1-4 or 5+) | | rk done during mo retired.) | | | | • |
| 17. FATHER'S NAME (First, Middle, Last) HARRY EAST | | | | The state of the s | ME (First, Middle, Maide R MOORE | n Sumame) | |
| 19a. INFORMANT'S NAME (Type/Print) MINNIE B. EAST | | | | | WASH., D | | |
| 20e_METHOD OF DISPOSITION 1 | noval from State | FORT LINCO | | | 2/28/91 | | Sity or Town, State NTWOOD, MA |
| 21. SIGNATURE OF FUNERAL SERVICE LI | OENSEE Colo | | | | ason Fune | | ome sh, DC 20020 |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | DUE TO (OR DUE TO (OR C. | A AS A CONSEQUENCE OF: | : | Leut | - Tan | | Onset and Daeth |
| PART II. Other algnificent condition | u | oth but not moulding in | the underlyin | a causa aluus la | Boot I no was a | N AUTOPSY | 24b. WERE AUTOPSY FINDINGS |
| pullemonia | | y | | | PERFO | PRMED? | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES & NO | HOSPITAL: | | | LACE OF DEATH (Ch | 6 C Other (Specify) | | |
| 27. MANNER OF DEATH 1 Natural 5 Pending | 28a. DATE OF INJ (Month, Day, | JURY 26b. TIME | OF 28c. IN. | JURY AT DRK? YES 2 NO | 8 U Other (Specify) 28d. DESCRIBE HOW | INJURY OCC | URED |
| 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined | 28a, PLACE OF IN | NJURY — At home, farm, st. (Specify) | reet, factory, offic | te . | 281. LOCATION (Stree City or Town, Stat | t and Number (| or Rural Route Number, |
| onel only | | knowledge, death occurred | | | | | ed, e cause(a) and menner as stated. |
| 296. SIGNATURE AND TITLE OF CERTIFIED TO SERVICE OF CE | Lenkar | MO | | 29c. LICENSE NUI | 74 | 29d. DATE | SIGNED (Month, Day, Year) |
| MYRON L. LEN | / | OF DEATH (ITEM 27) (Type, I | Print) 2 | 309 St. | DREFIELD | o No | <i>'</i> |
| FEB 0 1 '91 | 32. REGISTRAR'S | | | | | | |



TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

| - STATE REGISTRAR | | | C | ERTIF | | | | | MENIAL HYG REG. | | | |
|---|--------------------------|--|--|--------------|--------------|---|--------------------|-----------------|-----------------------------------|-------------------------------------|-------------------|--|
| 1. DECEDENT'S NAME (First, | Middle, Last) | | | | | | | | 2. DATE OF DEAT | Н | | 3. TIME OF OEATH |
| Grace M | Fwing | | | | | | | | MONTH 3 | 7 | YEAR Q1 | 12.17n M |
| 4. SOCIAL SECURITY NUMB | | 5. SEX | 6. AGE (In yrs. la | st birthday) | IF UNDER | *************************************** | IF UNDER | | 7. DATE OF BIRTI | | 0. BIRT | HPLACE (State or Foreign |
| 214 74 177 | 7 | 1 □ M 2 X F | 91 | YRS. | MONTHS | DAYS | HOURS | MIN. | 2 06 | 1900 | Cour | Pa. |
| 9a. FACILITY NAME (If not in: | | reet and number) | | | 9b, CITY | , TOWN C | R LOCATIO | N OF O | | | COUNTY OF | |
| Frostburg | Commu | nity Hos | pital | | Fros | thu | rg, M | Ы | | | llega | nv |
| RESIDENCE OF DEC | EDENT | | p , ou ! | T | | | | <u> </u> | | | ureya | |
| 10a. STATE | 10b. COUNTY | | | 10c. CIT | Y, TOWN | | | | | | | 10d. INSIDE CITY |
| Ma. | - 24 | llegany | | | Fros | _ | - | | | | | 1 YES 2 NO |
| 10e. STREET AND NUMBER | | • | | | | 101 | ZIP CODE | | | 1 | | WHAT COUNTRY? |
| 100 Hone | rsucki | | | | | | | 532 | | | U.S.A | |
| 11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Ofvoor | | 12. WAS OECEDEN FORCES? 1 IF YES, GIVE W | YES 2 | | | If yes, spi | | , Mexica | NIC ORIGIN? (Specifican, etc.) y: | | Bie | CE — American Indian, ck, White, etc. city: White |
| | EOENT'S EDUC | | 16a. D | ECEDENT'S | USUAL O | CCUPATIO | W at of working | | 16b. KINO O | F BUSINES | S/INDUSTRY | |
| Elementary/Secondary (0 | | College (1-4 or 5 | 105 | . Do NOT u | se retired.) | ourng mo | at or working | , | | | | |
| 12 | | | | Homen | naker | • | | | Own | Home | | |
| 17. FATHER'S NAME (First, MI | | | | | | | 1931 | | ME (First, Middle, M. | alden Sumar | ne) | |
| Charles He | ochard | | | | | | I | da I | lay | | | |
| Idabelle E | | son | 11 | 68 W | ood | St., | Mumber Fro | or Rural stb | Route Number, City of | 2153 | a, Zip Code) 2 | |
| 20 METHOD OF DISPOSITI | ON Dam | numl from State | 20b. PLACE | OF OISPO | SITION (N | ame of cen | netery, crem | atory or | | | N — City or | |
| 4 Donation 5 Other | (Specify) | oval from State | Fros | tburg | Men | oris | ul Pa | rk | F | rostb | urg, | Md. |
| 21. SIGNATURE OF FUNERAL | SERVICE LIC | ENSEE | | | 22. | NAME AP | D ADDRES | S OF FA | CILITY | | | |
| > tolan | - 1. | Xles | - | | D | urst | Fun | era | Home, | Frost | burg. | Md. |
| disease or condition resulting in death) Sequentially list conditi if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or Inju | diete NG | bute to | (OR AS A CONSE | QUENCE O | Ci | The | and in | ny | Harl opar Great | try | | |
| that initiated events resulting in death) LAS | • | Chri | nico | Oki | eti | MCT | tive | to | alama | sy. | Disa | use |
| PART II. Other significa | in condition | s contributing to | death but not | resulting | in the u | паепуін | g cause g | iven in | PE | AS AN AUTO ERFORMED? ES 2 D N | | NAME AND PROPERTY PROPERTY OF CAUSE OF DEATH? 1 YES 2 NO |
| 25. WAS CASE REFERRED TO | MEDICAL | | | | | | ACE OF D | EATH (C/ | neck only one) | | | |
| EXAMINER? | | HOSPITAL: | ER/Outpatient | 3 🗆 DOA | 4 Nu | | e 5 🗆 Re | sidence | 6 Other (Specif) | 1) | | |
| 27. MANNER OF DEATH | | 28e. DATE DF (Month, D | | 28b. TR | ME OF | 28c. INJ | URY AT | | 26d. DESCRIBE | | OCCURED | |
| | Pending Investigation | (MORTH, L | ey, rour) | " | JURY | | YES 2 | NO | | | | |
| 3 Suicide 6 | Could not be determined | 28e. PLACE Obuilding. | of Injury — Al h etc. (Specify) | ome, farm, | street, fac | tory, offic | • | | 28t. LOCATION (S City or Town, | | imber or Rura | I Route Number, |
| CONSTRUCTION . | | CIAN: To the best of | | | | | | | | | | o(e) and menner as stated. |
| 200. SIGNATURE AND TITLE | West | ym, | K | / | | | 29c, LICE D2 | 495 | | 290 | DATE SIGNI | ED (Month, Day, Year) |
| 30. NAME AND ADDRESS OF Cha | ng Oh | 48 Tari | SE OF DEATH (IT) Terra AR'S SIGNATURE Son-Fanda | ce, F | | burg | , Md | 215 | 32 | 1 | | |

TO THE HOSPITAL, DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s mours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FINEFALL DIRECTIOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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| N | A A | 60 |
| ETE | 200 | 28 |
| 8 | E E | E |
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be re | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 has flud within 70 hours after health with the State Dent, of Health and Mental Horisen prior to burial, cremation, or removal. | IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be no |
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| | 1 - REGISTRAR | | CERTIF | FICATE O | F DEATH | REG. NO |). | | | |
|---------------|--|--|----------------------------------|---|--|--|----------------|--------------------------------|--|-------|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | 2. DATE OF DEATH | MY | YEAR 3 | . TIME OF DEATH | 1 |
| | BYDEA B. 1 | ESTICK | | | | | 1991 | TEAR | 12:20 | Ам |
| | 4. SOCIAL SECURITY NUMBER 577-66-4680 | | BE (In yrs. lest birthday) YRS. | IF UNDER 1 YEAR | | 7. DATE OF BIRTH (Month, Day, Year) April 14 | | B. BIRTHPL Country) Flor | ACE (State or Fore | nign |
| | 9e. FACILITY NAME (If not institution, give s | treet and number) | | 9b. CITY, TOW | N OR LOCATION OF D | 1 * | | ITY OF DEA | TH | |
| TOR | Cuppett-Weeks Nurs | sing Home | | 0akl | and | | G | arret | t | |
| DIRECTOR | D. C. | Y | 1 | TY, TOWN OR LO Washing | | | | | Od. INSIDE CITY LIMITS? | NO. |
| | 10e. STREET AND NUMBER | | | washing | 10f. ZIP CODE | | 10g. CITI | | AT COUNTRY? | |
| FUNERAL | 19th Street & Ma | | | | | | USA | | | |
| BY | 11. MARITAL STATUS 1 Never Married 2 Merried 3 TWIRTOWN Divorced | 12. WAS DECEDENT EVE FORCES? 1 Y Y IF YES, GIVE WAR OF | ES 2 NO | If yes, | DECENDENT OF HISPA specify Cuban, Maxico (ES 2 X NO Specif | | e or No— | | - American Indian White, etc. Black | |
| E | 15. DECEDENT'S EDU (Specify only highest grade | CATION completed) | 16a. DECEDENT' | S USUAL OCCUP! I work done during use retired.) | ATION most of working | 16b. KIND OF BL | SINESS/IND | USTRY | | |
| COMPLETED | Elementary/Secondary (0-12) Unknown | College (1-4 or 5+) | | keeper | | Dom | estic | | | |
| OM | 17. FATNER'S NAME (First, Middle, Last) | | | | 18. MOTNER'S NA | AME (First, Middle, Maide | Sumeme) | | | |
| BE C | Unknown | | | -1 | Unknow | wn | | | | |
| TO B | 19a. INFORMANT'S NAME (Type/Print) | | 19b. MAILIN | IG ADDRESS (Stre | et and Number or Rural | Route Number, City or To | wn, State, Zip | Code) | | |
| F | Cuppett-Weeks Nur | sing Home | 7th | & Alder | Streets | Oakland, | Mary | land | 21550 | |
| | 20a METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Rem | oval from State | other place) | | cemetery, crematory or | | DCATION - | | | |
| | 4 Donation 5 Other (Specify) | | Oak | land Ce | | | aklar | id, Ma | aryland | |
| 100 | 21. SIGNATURE OF THE ERAL SERVICE LI | Dust | M00167 | | AND ADDRESS OF FA | P 1 Home - 0 | .O. B | | - | |
| | 23. PART I. Enter the diseeses, or | complications that cau | | | | | * | | Approximate | |
| | shock, or haert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) | | n aach line. | | | | | | interval Ba Onset and | tween |
| CERTIFICATION | Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | · Atheres | | S _{r):} card | | lar disea | ise | | | |
| | PART II. Other significant condition | ns contributing to deat | h but not resulting | in the underly | ying cause given in | | N AUTOPSY | | VERE AUTOPSY FIN | |
| : MEDICAL | Organic Bra | in Syndro | me | | | 1 TYES | PRMED? | 0 | MAILABLE PRIOR TO COMPLETION OF CA OF DEATH? | AUSE |
| AN | 25. WAS CASE REFERRED TO MEDICAL | | | 26 | PLACE OF DEATH (C | heck only one) | | | | |
| SIC | EXAMINER? 1 YES 2 X NO | HOSPITAL: | Outpatient 3 DOA | OTHER: | fome 8 - Residence | | | | | |
| Y PHYSICIAN: | 27. MANNER OF DEATH TYPE Natural 5 Pending | 28a. DATE OF INJU (Month, Day, Ye | RY 28b. T | ME OF 28c. | INJURY AT WORK? YES 2 NO | 28d. DESCRIBE HOW | INJURY OC | CURED | | |
| TED BY | 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined | 28s. PLACE OF INJ building, etc. (| URY — At home, farm Specify) | , street, factory, o | office | 281. LOCATION (Stree City or Town, State | and Number | or Rural Roo | ute Number, | |
| COMPLETED | one) | ICIAN: To the best of my k | | | | | | | and manner as at | ated. |
| ш | BIR SIGNATURE AND TITLE OF CERTIFIE | R D. L | <i>a</i> | | 29c. LICENSE NU | MOER | | | Month, Day, Year) | |
| TO B | 30. NAME AND ADDRESS OF PERSON WI | O COMPLETEO CAUSE OF | DEATH (ITEM 27) (To | pe, Print\ | D3003 | 35 | ▶03 | 3-11- | -91 | |
| | Donald R. Rich | ter, M.D. | 0akla | | ryland 215 | 550 | | | | |
| 2 | 31. DATE FILED (Month, Day, Year) MAR 1 1 1991 | 32. REGISTRAR'S S | | | | | | | | |

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Jan Maria

| STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL | HYGIENE |
|---|---------|
| CERTIFICATE OF DEATH | REG NO |

| | 1 - FOR STATE REGISTRAR | STATE OF MARYLAN | D / DEPARTME | | | MENTAL | HYGIENE REG. NO. | | | 07011 |
|------------------|--|--|---|----------------------|-----------------------------|----------------------|------------------------------------|------------------------|-----------------------|---|
| | 1. DECEDENT'S NAME (First, Middle, Last) | e E | Vans | | | 2. DATE O | OF DEATH | - ¿ | 3. T | 100 DM |
| 1 | 111 | SEX 6. AGE (In yr. | S. lest birthday) IF UNI YRS. MONTH | DER 1 YEAR | IF UNDER 24 HRS. HOURS MIN. | 7. DATE O (Month, | Day, Year) | | BIRTHPLAC Country) | E (State or Foreign |
| Б | 9a. FACILITY NAME (If not institution, give street MANOKIM | MANOR | 9b. C | Prince | LOCATION OF OE | | | 9c. COUNTY | OF DEATH | ET |
| FUNERAL DIRECTOR | 10a. STATE 10b. COUNTY | | 10c. CITY, TOW | 2 | ON | s 1 | | | 10d. | INSIDE CITY LIMITS? |
| JAL D | 10o. STREET AND NUMBER | MERSEI | <u></u> | 15 F/ | ZIP CODE | <u> 14</u> | | 10g. CITIZEI | _ | YES 2 NO |
| UNE | | 2. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 | S. ARMED | 13. WAS DECE | NOENT OF HISPAN | IIC ORIGIN? | (Specify Yealcan, etc.) | or No.— 14 | RACE - A Black, Wh | merican Indian, |
| B | 1 Never Married 2 Married 3 Widowed 4 Divorced | IF YES, GIVE WAR OR DATES | 30 | 1 TES | 2 XNO Specify | c | | | Specify: | Plack/ |
| COMPLETED | 15. OECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12) | riON mpleted) College (1-4 or 5+) | a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire | ne during mos d.) | N t of working | 16b. | KIND OF BUS | iness/indus 4 Fo oc | , | 1 |
| COME | 17. FATHER'S NAME (First, Middle, Last) | -1/ | MADO | re.r | 18. MOTHER'S NAI | ME (First, M | | | | |
| TO BE | 19a. INFORMANT'S NAME (Typo/Print) | MCA 1 | 19b. MAILING ADDR | ESS (Street ar | d Number or Rural F | | 1 | , State, Zip Co | ode) | |
| | 20a,METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remove | TOLPHAY TOLPH | ACE OF DISPOSITION | (Name of cem | 27 M | Ari | 20c, LO | CATION - CH | 1838 y or Town, S | State |
| | 4 Donation 5 Other (Specify) | -9-91 | Asbur | Y B | DADDRESS OF FA | M TTY | LAU | 150nin | Me | l, |
| | Hallon Enl | land | | 314 C | BUE Sto | Cri | SFIEL | d m | 121 | 817 |
| | 23. PART I. Enter the diseases, or con ehock, or heart fallure. Lis | | | iter the mod | le of dying, sucl | h as cardi | iac or respi | ratory arres | t, | Approximate interval Between Onset end Death |
| | iMMEDIATE CAUSE (Final disease or condition resulting in death) | | Cordin | arrest | | | | | | Oriset end Death |
| z | | DUE TO (OR AS A CO | | | | | | | | |
| ATIO | Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING | DUE TO (OR AS A CO | NISEQUENCE OF): | | | | | | | |
| CERTIFICATION | CAUSE (Disease or injury that initiated events resulting in deeth) LAST | DUE TO (OR AS A CO | INSEQUENCE OF): | | | | | | | |
| | PART II. Other significant conditions | contributing to death but | not resulting in the | underlying | cause given in | Part i. | 24a. WAS AN | | | NE AUTOPSY FINDINGS |
| DICAL | | | | 1 | | _ | PERFOR | _ | CON | ILABLE PRIOR TO IPLETION OF CAUSE DEATH? |
| PHYSICIAN: MEDIC | | | | | | - | | | 1 [| YES 2 MNO |
| CIA | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | ОТН | 28. PL | ACE OF DEATH (Ch | eck only one |) | | | |
| HAS | 1 VES 2 NO 1 | ☐ Inpatient 2 ☐ ER/Outpatie 26a. DATE OF INJURY | | | 5 Rasidence | | (Specify) CRIBE HOW II | AJURY OCCU | RED | |
| ВУ Р | 1 Natural 5 Pending 2 Accident Investigation | (Month, Day, Year) | INJURY | WO | RK? ES 2 NO | | | | | |
| | 3 Suicide 6 Could not be determined | 28e. PLACE OF INJURY — building, etc. (Specify) | At home, farm, street, | factory, office | | 26f. LOCA City o | ATION (Street a or Town, State) | nd Number or | Rural Route | Number, |
| COMPLETED | (Original Original rigina Origina Origina Origina Origina Origina Origina O | AN: To the best of my knowledg | | | | | | | | menner as stated. |
| | 29b. SIGNATURE AND TITLE OF CERTIFIER | | | | 29c. LICENSE NUI | MBER | | 29d. DATE S | SIGNEO (Mos | nth, Day, Year) |
| TO BE | ET Clud | el mo | | | 71 | 8051 | | • | 1-5- | 91 |
| F | 30. NAME AND ADDRESS OF PERSON WHO | COMPLETED CAUSE OF OEATH | | | en ha | MD |) | | | |
| | 31. DATE FILED (Month, Day, Year) 91 | M mot and 32. REGISTRAPIS SIGNATU | IRE Bon Prince | | | | | | | |

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TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 may be retained by the intending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cramation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

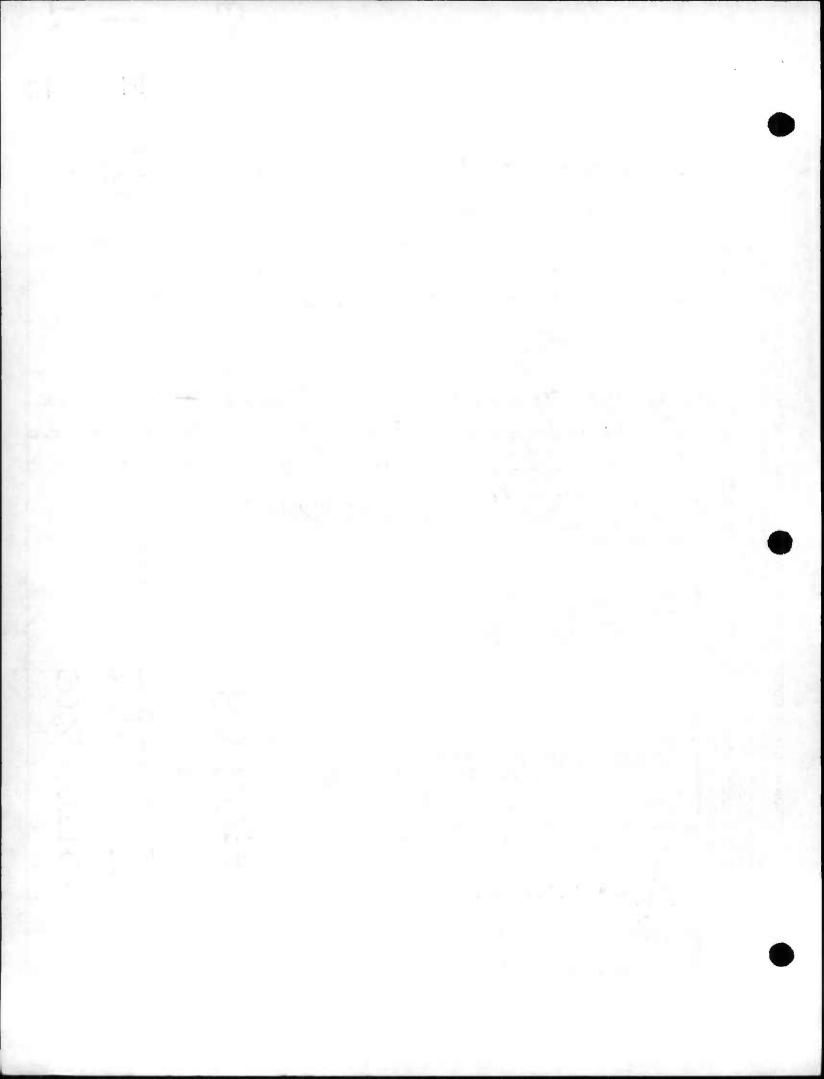
FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| _ STATE REGISTRAR | | C | | | | | | | | | |
|--|--|--|--|--|--|---|---|--|---|--|--|
| DECEDENT'S NAME (First, Middle, Last) | | | | | | 2. DATE O | F DEATH | AY | YEAR | 3. TIME OF DEATH | |
| L | ee | V. | | Ennals | | 1-3 | 22 - 91 | | | 12:40PM | |
| SOCIAL SECURITY NUMBER | 5. SEX | 6. AGE (In yrs. In: | st birthday) | IF UNDER 1 YEAR | | 7. DATE O | F BIRTH Day, Ybar) | | 6. BIRTH Count | IPLACE (State or For | sign |
| 19-70-5419 | 1 M 2 F | 30 | YRS. | MONTHS DAYS | HOURS MIN. | | 14, | 1960 | Court | "Md. | |
| a. FACILITY NAME (If not institution, give | street and number) | | | 9b. CITY. TOW | N OR LOCATION OF D | - | - () | | NTY OF D | | |
| Peninsula Genera | | .al | | | lisbury | | | | | County | |
| RESIDENCE OF DECEDENT 10b. COUNT | v | | T son CITY | , TOWN OR LO | CATION | | _ | | | 10d. INSIDE CITY | - |
| | aches Te. | | 102.011 | 7 | LATION / | | | | | LIMITS? | |
| | ~CMPS /C | L | | amb | nidge | par. | | , | | 1 -YES 2 - | 10 |
| De. STREET AND NUMBER | + | | | | 10f. ZIP CODE | 3 | | 10g. CIT | IZEN OF V | WHAT COUNTRY? | |
| 101 14. gh). | 1 4 | | | | 2-161 | 0 | | 6 | 1,3 | 1. 172 | |
| MARITAL STATUS Never Married 2 Married | 12. WAS DECEDEN FORCES? 1 | YES 2 | | 13. WAS D | ECENDENT OF HISPA specify Cuben, Mexic | NIC ORIGIN? | (Specify Yea | or No- | 14. RACI Blac | E — American India k, White, atc. | ٦, |
| Widowed 4 Divorced | IF YES, GIVE W | | | | ES 2 TO Spec | | ,, | | Spec | | 7 |
| - Widowed 4 Divorced | | | | | | | | | | place | |
| 15. DECEOENT'S EDI (Specify only highest grad | | 16a. D | ECEDENT'B | USUAL OCCUPA | ATION most of working | 16b. 1 | KIND OF BU | SINESS/INI | DUSTRY | | |
| Elementary/Secondary (0-12) | College (1-4 or 5 + | +) | e. Do NOT us | e retired.) | most of working | | | | | | |
| | | | | | | 1 | | | | | |
| . FATHER'S NAME (First, Middle, Last) | | | | | 18. MOTHER'S N | AME (First, Mi | iddle, Maiden | Surname) | | | - |
| 11/1/// | 40.1. | Neal | / | | RI | -0/ | - | 1 / | 7 | - /-/ | |
| Wille ! | Tedry | | | | 1)101 | vene | _ 7 | 1 | + 1 | ildn wa | 1 |
| De. INFORMANT'S NAME (Type/Print) | +11/ | 19 | 9b. MAILING | ADDRESS (Stre | et end Number or Rural | 12 1 | . / | n, State, Zi | p Code) | , | _ |
| Dlanche A. | / dahma | aN | 409 | FINE | 2) Ti | Camb | o ride | 94/ | 11/0 | 3.2161 | 3 |
| . METHOD OF DISPOSITION | | | | OF OISPOSITI | ON (Name | DATE | 20c. LO | CATION - | City or To | own, State | |
| ☐ Buriel 2 ☐ Cremation 3 ☐ Rer ☐ Donation 6 ☐ Other (Specify) | noval from State | of cemetar | | or other place) | Ceme | | (| ant | | 100.M | 1. |
| 1. SIGNATURE OF FUNERAL SERVICE L | CENSEE | 1 | 00 | angh | AND ADDRESS OF F | ACH ITY | | 4 - 4- 142 | 10 | 1921/ K | 3/ / |
| | | | | | | | | | | | |
| 200 | C 2 | 0 | | ar, NAME | AND ADDRESS OF F | | 0 | 1 | 1 | 211 | |
| 23. PART Lenter the diseases, or shock, or heart fellure MMEDIATE CAUSE (Final disease or condition esulting in death) | complications the Liet only one ceu | LE INFA | RCIS | not enter the | PAL V | - H. | | | dg | Approxime Interval Be Onset and | twe |
| 23. PART Lenter the diseases, or shock, or heert fellure MMEDIATE CAUSE (Final disease or condition esuiting in death) | complications the Liet only one ceus. MULTIP DUE TO | TE INFA | RCTS (| complication in the compli | PAL V | ch as cerdi | | | reat, | Interval Bo | twee |
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| 23. PART. Enter the diseases, or shock, or heart feilure MMEDIATE CAUSE (Final disease or condition esuiting in death) Sequentielly list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | complications the Liet only one ceus. MULTIP DUE TO b. DUE TO | TE INFA | RCTS (EQUENCE OF | COMPLIC | PAL V | ch as cerdi | | | reat, | Interval Bo | twe |
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| 23. PART. Lenter the diseases, or shock, or heart fellure MMEDIATE CAUSE (Final disease or condition esuiting in death) Sequentielly list conditions, f any, leading to immediate cause. Enter UNDERLYING AUSE (Disease or injury that initiated events resulting in death) LAST | complications the Liet only one ceu. s. MULTIP DUE TO b. DUE TO c. DUE TO d. | IE INFA: O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE | RCTS EQUENCE OF | COMPLIC | PAN DE PROPERTIES CO | ch as cerdi | ABUSE | A AUTOPSY RMED? | | b. WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF CO | Dea |
| 3. PART. Enter the diseases, or shock, or heert fellure MMEDIATE CAUSE (Final disease or condition esuiting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING AUSE (Disease or injury hat initiated events esuiting in death) LAST | complications the Liet only one ceu. s. MULTIP DUE TO b. DUE TO c. DUE TO d. | IE INFA: O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE | RCTS EQUENCE OF | COMPLIC | PAN DE PROPERTIES CO | ch as cerdi | ABUSI | A AUTOPSY RMED? | | b. WERE AUTOPSY FF AMAILABLE PRIOR COMPLETION OF C | Dea |
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TO BE COMPLETED BY FUNERAL DIRECTOR

| FOR STATE REGISTRAR | STATE OF MARYLAND | / DEPARTM | | | IENTAL HYGI | | 1 07613 |
|--|--|---|---------------------------|---|---|-----------------------------|--|
| 1. DECEDENT'S NAME (First, Middle, Last) DOSEPH | oseph Engelb | ert End | | s, Jr. | 2. DATE OF DEATH MONTH | | 3. TIME OF DEATH |
| 578-12-8645 L | SEX 6. AGE (In yrs. 777 | YRS. MON | UNDER 1 YEAR | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year 3 - 19 | 13 W | BIRTHPLACE (State or Foreign Country) ashington DC |
| 9a. FACILITY NAME (If not institution, give street 7911 MANDAN RESIDENCE OF DECEDENT | | 101 | SREE! | NBELT | ATH | PRINC | CE LEORGE |
| 10a. STATE 10b. COUNTY PRINCE | E GEORGE | 10c. CITY, TO | WN OR LOCATI | ON | | | 10d. INSIDE CITY LIMITS? 1 YES 2 NO |
| 7911 MANDAN A | ROAD NOT 1 | | | ZIP CODE | | U.: | S.A. |
| 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | . WAS DECEDENT EVER IN U.S. FORCES? YES 2 IF YES, GIVE WAR OR DATES WW- | □NO | If yes, spe | ENDENT OF HISPANI city Cuban, Mexican 2 NO Specify: | , Puerto Rican, etc. | | RACE — American Indian, Black, White, etc. Sogcity: hite |
| 40.1 | college (1-4 or 5+) | DECEDENT'S USU (Give kind of work life. Do NOT use ref Omputer | done during mos ired.) | t of working | | Govit. | TRY |
| 17. FATHER'S NAME (First, Middle, Last) Joseph William Endr | es: | | | | e Muir | den Surname) | |
| 19a. INFORMANT'S NAME (Type/Print) Celeste Endres Du | Shane | | | Number or Rural A | | | |
| 20a METHOD OF DISPOSITION 1 (ABurial 2 Gremation S Ramova 4 Donation /5 Other (Specify) | 20b. PLA | CE AND DATE OF | DISPOSITION | (Name | DATE 20c | LOCATION — CITY ashingto | |
| M. SHOATURE OF FUNEAU SERVICE CENT | | | 22. NAME AN | O ADDRESS OF FAC | CH'S SO | NS FUN | ERAL HOME |
| 23. PART I. Enter the diseases, or corr | plications that caused the | death. Do not | enter the mod | de of dyling, such | as cardlec or re | apiratory arrea | t, Approximate Interval Between |
| immediate cause (Finel disease or condition resulting in death) | Pulmonam DUE TO (OR AS A COM | y En | phy | sema | | | Onset and Death Years |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING | DUE TO (OR AS A CON | ISEOUENCE OF): | | | | | |
| cause (Disease or injury that initieted events resulting in death) LAST | DUE TO (OR AS A COM | ISEOUENCE OF): | | | | | |
| PART II. Other eignificant conditions of | ontributing to death but n | ot resulting in ti | ne underlying | cause given in | PEF | S AN AUTOPSY FORMED? | 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| | | | | | | | 1 TES 2 NO |
| | OSPITAL: | | THER: | S Healdence | | | |
| 27. MANNER OF DEATH 1. Natural 5 Pending 2 Accident Investigation | 28e. DATE OF INJURY (Month, Day, Year) | 28b. TIME OF | M 1 Y | RK? 'ES 2 NO | 28d. DESCRIBE H | W INJURY OCCUP | RED |
| 3 Suicide 8 Could not be determined | 28e. PLACE OF INJURY — A building, etc. (Specify) | t home, farm, stree | t, factory, office | | 28f. LOCATION (St. City or Town, S | eet end Number or tate) | Rural Route Number, |
| one) h- | N: To the best of my knowledge On the basis of examination and | | | | | | |
| 296. SIGNATURE AND TITLE OF CERTIFIER Paul and and the signature of the s | Deputy/ Exa | | | _ | 52 | ▶3- | HONED (Morth, Day, Year) 4 - G/ |
| PAUL A. DEVORE | MI) 42030 | ICEPS. | bury | Red Hy | attsvil | He MI) | 20781 |

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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BALTIMORE, MARYLAND 21215-0020

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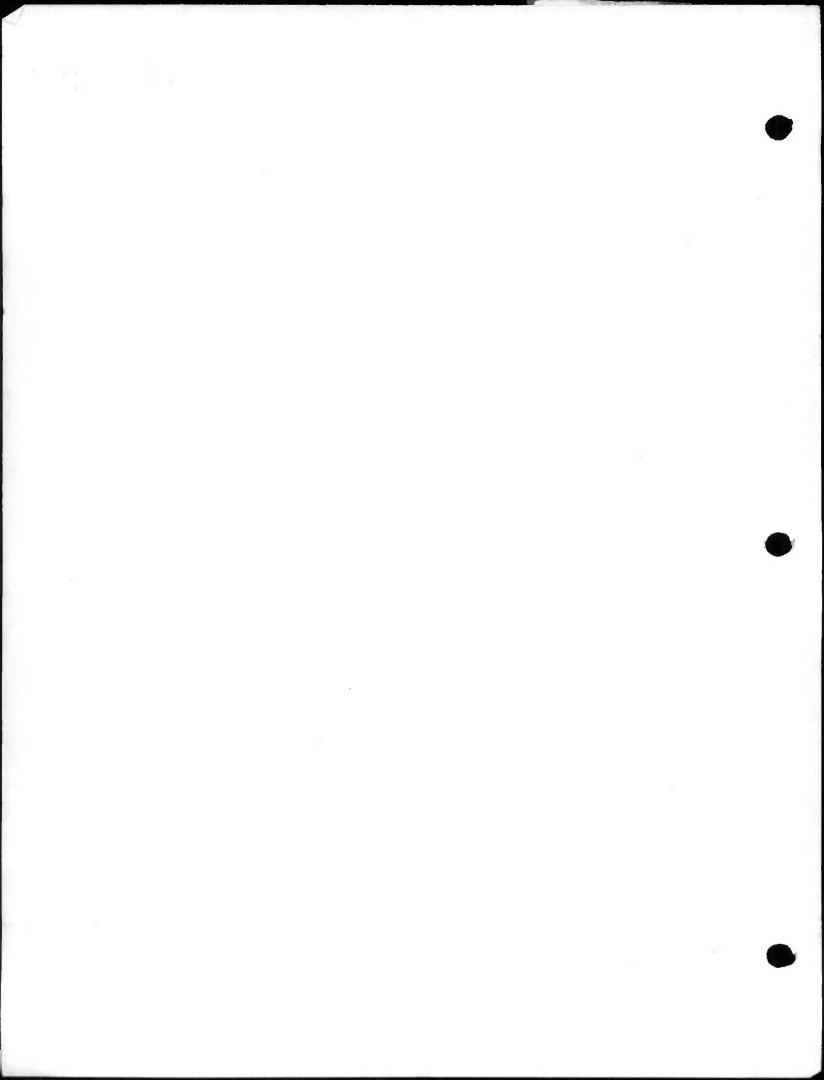


DNMN-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

| 1. OECEDENT'S NAME (Pirst, | , Middle, Last) | | | | | | MONTH | OF UEATN | Y Y | EAR 3. | IME OF DEATH |
|---|--------------------------|----------------------------|----------------------|-------------------------------|------------------|--|--------------|-----------------|----------------|-----------------------|--|
| PATRIC | E | VicolE | Ed W | and | 2 | | art s | | 27 19 | | 3m2 " |
| 4. SOCIAL SECURITY NUME | | | 8. AGE (In yrs. last | birthday) II | F UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE | OF BIRTH | 8. | BIRTHPLA | CE (State or Foreign |
| C/0- 20 0/ | 011 | 1 🗆 M 2 💢 F | W ==0.210.00 | YRS. | ONTHS DAYS | HOURS MIN. | A 2000 | , Day, Year) | 200 | Country) | , , |
| 900-20-20 | 7 | 17.1 | | E(1) | | 12 132 | | ruary - | | 7 7 64 | ryland |
| 9e. FACILITY NAME (If not in | istitution, give et | reet end number) | | 9 | b. CITY, TOWN | OR LOCATION OF DE | EATH | / | 9c. COUNTY | OF OEATH | 1/ |
| PENINSULA | GENERA | I. HOSPITA | AT. | | SALISB | IIDV | | | WICO | VIT CO | |
| RESIDENCE OF DEC | EDENT | D MOOT III | | | DALLLOID | UKI | | | WILLE | HILL. | |
| 10e, STATE | 10b. COUNTY | r | | 10c. CITY, 1 | TOWN OR LOC | ATION | | | | 10d | LIMITS? |
| Maryland | lilic | omico | | Sa | lisbur | V | | | | 1 1 6 | YES 2 NO |
| 10e. STREET AND NUMBER | | 51110 | | Out | | Of, ZIP CODE | - | | 10g. CITIZER | | |
| | | 1 2 | A | 10 | , [| | | | | | COUNTRY |
| 1012 Fai | rarou | ind Dri | ve, H | st. 7 | | 2180 | / | | U.S. | H | |
| 11. MARITAL STATUS | 9 | 12. WAS DECEDENT | | | | CENDENT OF HISPAN | | | or No- 14 | RACE - | American Indian, |
| 1 Never Merried 2 | Merried | FORCES? 1 | YES 2 N | 0 | | pecify Cuben, Mexice S 2 V NO Specifi | | Pican, etc.) | | Black, Wi Specify: | 777 |
| 3 Widowed 4 Dive | orced | | ar on bare | | | A 100 0 | ,. | | | opening. | Black |
| 15. DEC | CEDENT'S EDUC | CATION | 16a, DEC | EDENT'S US | SUAL OCCUPAT | TION | 16h | . KIND OF BUS | INESS/INDUS | TRY | |
| | ly highest grade | | (Gh | e kind of wor Do NOT use i | k done during r | nost of working | 1.55 | | | | |
| Elementary/Secondary (I | | College (1-4 or 5+) |) | DO 1401 Bao 1 | 4 | | | 4 | lone | | |
| | NON | 2 | | | None | | | / | erie. | | |
| 17. FATHER'S NAME (First, M | fiddle, Last) | | | | | 18. MOTNER'S NA | ME (First, A | Middle, Maiden | Surname) | | |
| Nathan | iel | Ed | wards | | | Lisa | Roa | in Edu | unrda | 5 | |
| 190, INFORMANT'S NAME | Top of Polenti | | | | DDDEGG (Dr | end Number or Rural | | | | | |
| | | Edwards | | OZ F | airgre | | | t. 9, | Sa/156 | ury, | Md 21801 |
| 20a. METHOO OF DISPOSIT | TION | | 20b. PLACE (| OF DISPOSIT | ION (Name of c | semetery, cremetory or | | 20c, LO | CATION - CIT | y or Town, | State |
| 1 Buriel 2 Cremetic | on 3 🗆 Reme | oval from State | Oother ple | cula ge | eneval F | basital Ma | drat | CAV | SALK | bure | nd, |
| 21. SIONATURE OF FUNERU | AL SERVICE LIC | SEMBEE | | , | 22-NAME | AND ADDRESS OF FA | CILITY | 1 4 | 1 111.1- | 5 | and have |
| Karen | 00 | Justiere | Sexton | | tening Suli | and address of fa scla gene sbury, 1 | rai h Ud. | DSPHA! |) wear | cal G | e li der |
| 23. PART I. Enter the d | diseees, or o | complications that | ceused the dea | ath. Do not | | | | | | it. | Approximata |
| | | List only one caus | | | | , , , , , , | | | | , | Interval Between |
| IMMEDIATE CAUSE (FI | nsi | 2001 | 4 | 101 | 111 | | | | | | Onset and Death |
| disease or condition | \rightarrow | . Preti | erm | ae (| iver | 1 | | | | | 215 |
| resulting in death, | | DUE TO | OR AS A CONSEC | UENCE OF): | | (| | | | | |
| | _ | 14150 | silde | MARI | moo | tent | 00 | CVIV | • | | |
| Sequentially list condi- | tions, | b. Bue TO | OR AS A CONSEC | LIENCE OF | The | 1 | | | | | |
| If any, leading to imme | | Parce | A la la | A OP - | Long | . /1 | 12-1 | | | | |
| ceuse. Enter UNDERLY CAUSE (Disesse or injury) | | c. 1085 | nare | HOI | CVVV | LOU | vrus | | | | |
| that initiated events | , | DUE TO | OR AS A CONSE | UENCE OF): | | | | | | | |
| resulting in death) LAS | ST | 4 | | | | | | | | | |
| | | | | | | | | | | | |
| PART II. Other significa | ant condition | s contributing to | death but not n | euiting in | the underly | ing ceuse given in | Part I. | 24a, WAS AN | | | RE AUTOPSY FINDINGS |
| | | | | | | | | PERFOR | | | AILABLE PRIOR TO IMPLETION OF CAUSE |
| | | | | | | | - 1 | 1 - YES 2 | NO | | DEATH? |
| | | | | | | | | | | 1[| YES 2 NO |
| | | | | | | | | | | | |
| 25. WAS CASE REFERRED | TO MEDICAL | | | | 26. | PLACE OF DEATH (C) | heck only o | ne) | | _ | |
| EXAMINER? | | HOSPITAL: | 1 ==== | | OTHER: | | | | | | |
| 1 - YES 2 NO | | | ER/Outpatient 3 | | | ome 5 - Reeldence | T | | | | |
| 27. MANNER OF DEATN | | 28e. DATE OF (Month, De | | 28b. TIME INJUI | OF 28c. | NJURY AT WORK? | 28d. DE | SCRIBE NOW I | NJURY OCCU | REO | |
| 77 | Pending investigation | | | | | YES 2 NO | | | | | |
| 2 Accident 3 Suicide | | 28e. PLACE O | F INJURY - At ho | me, ferm, str | ent, tectory, of | fice | 26t. LOC | CATION (Street | end Number or | Rural Route | a Number, |
| 4 Homicide | Could not be determined | building, | etc. (Specify) | | | | City | or Town, State) | | | |
| | | | | | | | 1 | | | - | |
| 290. CERTIFIER 1 CER | TIFYING PHYS | ICIAN: To the best of | my knowledge, de | ath occurred | at the time, d | ate end plece, end du | e to the ce | use(e) end me | nner ee stated | ı. | |
| amai . | OICAL EXAMINE | ER: On the basis of e | camination end/or i | nvestigation, | In my opinion | , death occured at the | e time, date | e end place, en | d due to the | ceuse(e) en | d manner ee stated. |
| 4 | | - | | | | | | 100 | | | |
| 296. SIGNATURE AND TITL | E OF CERTIFIE | 200 | 4 0 | 1 | . 2 | 29c LICENSE NU | MBER | , | 29d. DATE | SIGNED (M | onth, Dayl Year) |
| | 110 | 1001 | 7. | (W | 1-1). / | 1 19412 | 141 | | P 3 | 4/2 | 7/91 |
| 30. NAME AND ADDRESS C | OF PERSON WI | 10 COMPLETED CAUS | SE OF DEATH (ITE | M 27) (Type, F | Print) | | - | | | - | |
| 1//0 | HOSEPH | D. WET | TEVR, N | 1-1. | 31 | 4 W. | CAVO | DURL | ST | , 5 | Azi Sizup |
| 31. OATE FILED (Month, Day | r, Year) | 32. REGISTRA | R'S SIGNATURE | | | | | | | | |
| 1 / | | 0 | | | | | | | | | |



DIRECTOR

FUNERAL

BY

COMPLETED

BE

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

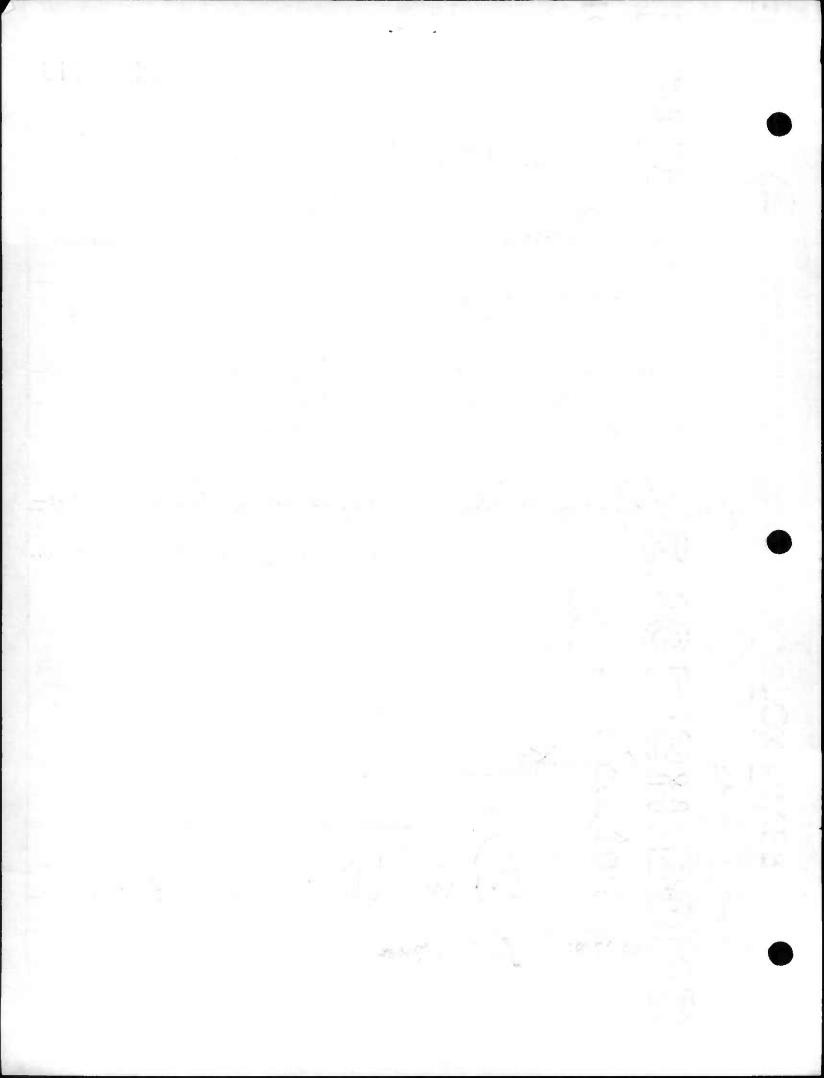
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| DIVISION OF VITAL RECORDS, P.O. BOX 68760, | R | DIR | 1000 | Te l |
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| | 포 | 포 | 8 | OR OR |
| | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, o | -UNPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the m |
| | - | - | ۵ | 7 |

2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 9 T 10:45 pм Matthew John Evans. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 06/16/17 DAYS HOURS 220-01-8454 1 🕅 M 2 🗌 F 73 YRS. Maryland Sa. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Memorial Hospital Talbot Easton RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10h COUNTY 10d. INSIDE CITY Caroline Maryland Federalsburg 1 X YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 704 Fairhaven Manor 21632 U.S.A. 11. MARITAL STATUS
1 Never Married
2 Married
1 Representation of the property 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: Specify: Specify: Black 3 Widowed 4 Divorced WW II -Korea 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Food Processing Food Processor 12th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George Evans Helen Spence Evans 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2702 Keyworth Ave., Baltimore, MD 21215 Andrew F. Evans 20a. METHOD OF DISPOSITION
1 Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 216Nomms 15/632 23. PART I. Enter ha diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition suggest une 3-5 mo o Carinonia Sus resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 YES 2 NO OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 4 🗌 Nun ng Home 5 - Residence 6 - Other (Specify) 28b. TIME OF INJURY 2Z MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED Netural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide 29a, CERTIFIER CERTIFYING PHYSICIAN: To the Company knowledge, death occurred at the time, data and place, and due to the cause(a) and marrier as stated. 2 MEDICAL EXAMINER: On the bit 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) > Z . L 30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, P 31. DATE FILED (Month, Day, Year)
MAR 0 7 91 32. REGISTRAR'S SIGNATURE

relia levidon



BALTIMORE, MAR

or attending physician. 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 ships to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BE 5

S.

James

Grissom,

Year) 1991 MD

| | FOR 1 - STATE REGISTRAR | STATE OF I | | | | F HEALTH A | | NTAL HYGIEN | E | | | |
|---------------|---|---|--|-------------------|----------------------|-------------------------------|------------|---|-------------|-----------------------|---------------------------------|---------|
| | 1. DECEDENT'S NAME (First, Middle, | Last) | | | | | - | DATE OF DEATH DA | v | YEAR | 3. TIME OF DEATI | н |
| | | Fleury E | dwin Fos | ster | | | | 2 26 | | 91 | 0600 | М |
| | 4. SOCIAL SECURITY NUMBER | 5. SEX | 8. AGE (In yrs. las | | IF UNDER 1 Y | | MIN. | (Month, Day, Year) | - 1 | 8. BIRTHP Country) | LACE (State or For | reign |
| | 476-40-2935 | 1 M 2 F | 80 | YRS. | | | 0 | ct. 9, 19 | | | ginia | |
| nr. | 9a. FACILITY NAME (ti not institution, | | -1 | 123 | | OWN OR LOCATION | OF OEATI | н | | TY OF DE | | |
| <u>E</u> | | rederick Memorial Hospital Frederick, | | | | | | | Fre | <u>eder</u> | ick | |
| DIRECTOR | 10a. STATE 10b. C | OUNTY | 10c. CITY, | TOWN OR | OCATION | | | | | 10d. INSIDE CITY | | |
| 1 | | ederick | | Ij | amsv | ille, | | | | | 1 YES 2 | NO |
| FUNERAL | 100. STREET AND NUMBER | daddllann D | المما | | | 10f. ZIP CODE | | | | | HAT COUNTRY? | |
| NE | 3614A Price D | | | | | 21754 | | | US | | | |
| | 11. MARITAL STATUS 1 🕅 Never Married 2 🗌 Married | FORCES? 1 | T EVER IN U.S. AR | | If y | s, specify Cuban, | Maxican, F | ORIGIN? (Specify Yea Puarto Rican, atc.) | or No— | | — American India White, etc. | n, |
| BY | 3 Widowed 4 Divorced | IF YES, GIVE | MAR OR DATES | | י' | YES 2 🕅 NO | Specify: | | | Specify | White | |
| 8 | 15. OECEOENT' (Specify only highes | 'S EDUCATION t grade completed) | 16a, DE | CEOENT'S U | SUAL OCCU | JPATION na most of working | | 16b. KIND OF BUS | SINESS/INDI | USTRY | | |
| <u> </u> | Elementary/Secondary (0-12) | College (1-4 or 5 | | | | t Emplo | | Feder | - 1 C | | | |
| COMPLETED | | | 110 | cired | dov | | | | | overi | ıment | |
| | 17. FATHER'S NAME (First, Middle, La | | A | | | | | (First, Middle, Maiden Claig | Sumame) | | | |
| BE | 19a. INFORMANT'S NAME (Type/Print | <u>ranklin Fos</u> | | b. MAILING A | ODRESS (S | | | te Number, City or Town | n Statu Zio | Code) | | |
| 임 | Mrs. Ronald Woo | | | | | | | Road, I | | | Md 21 | 75/ |
| | 20g, METHOD OF DISPOSITION | | 20b. PLACE | OF DISPOSIT | | of cometery, cremat | | | CATION - C | | | 7,54 |
| | 1 N Burial 2 Cremation 3 C 4 C Donation 5 C Other (Specify | | Rest | | Memo | orial Ga | rden | s Fr | reder | ick. | Marylar | nd |
| | 21. SIGNATURE OF FUNERAL SERV | ICE LICENSEE | | | 22. NA | ME AND ADDRESS | OF FACIL | R. E. Da | ilev | & S. | n D / | ٨ |
| | * Keht | C4/2 | 0111 | | 121 | 01 N. Ma | rket | Street, | Frede | eric | <. Md. | 217 |
| | 23. PART I. Enter the disease | a, or complications the | | | | | | | | | Approxima | eta |
| | IMMEDIATE CAUSE (Final | iliura. List only ona ca | ase on alich line | | | | 0 | | | | Onset and | |
| | disease or condition reaulting in death) | " R:19 | tend | Lo | ME | Lobe | 1 | buron | * | | | |
| | | OUE TO | (OR AS A CONSE | OUENCE OF) | | 0. 1 | | + . | | | | |
| NO | Sequentially list conditions, | b Hou | O (OR AS A CONSE | VLOV | المال | フィー | سعي | me | | | | |
| CERTIFICATION | If any, leading to immediate cause. Enter UNDERLYING | CC | PV | OULHOL OF | • | | | | | | | |
| E I | CAUSE (Disease or Injury that initiated events | DUE TO | OR AS A CONSE | QUENCE OF) | : | | | | | | | |
| IR | resulting in desth) LAST | " CH | F | | | | | | | | | |
| LCE | PART ii. Othar aignificant cor | nditiona contributing te | Adeath but not | resulting in | tha unda | riving cause of | ven in Pa | irt i. 24a. WAS AN | AUTOPSY | 24b. | WERE AUTOPSY FI | INDINGS |
| . 8 | Atrial | | men | | | | | PERFOR | RMED? | | AMAILABLE PRIOR COMPLETION OF C | TO |
| MEDIC | Valvulas | 0.0 | hear | Aug | 1. 3 | Mita | 1 | _ 1 _ YES 2 | M NO | | OF OEATH? | NO. |
| | | 11 | T. Carre | 7 101 | (10 | Inth | Liene | N . | | | 1 123 2 1 | •• |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDI EXAMINER? | | | | | 26. PLACE OF DE | | | | | | |
| SIC | 1 YES 2 NO | HOSPITAL: | ☐ ER/Outpatient 3 | DOA | OTHER: 4 Nursin | g Home 5 🗆 Resi | idence 6 | Other (Specify) | | | | |
| E | 27. MANNER OF DEATH | 28a. DATE O (Month, | F INJURY Day, Year) | 28b. TIME INJU | OF 2 | Sc. INJURY AT WORK? | 2 | 8d. DESCRIBE HOW I | NJURY OCC | CURED | | |
| B√ | 1 Natural 5 Pendin 2 Accident Investig | pation | | | | 1 YES 2 | _ | | | | | |
| | 3 Suicide 6 Could 1 | not be building | OF INJURY — At he i, atc. (Specify) | ome, farm, st | reet, factory | , offica | 2 | 6t. LOCATION (Street of City or Town, State) | | or Rural R | oute Number, | |
| COMPLETED | no centicien L | | | 71 | | | | | | | | |
| MPI | (Check only | PHYSICIAN: To the bast of XAMINER: On the basis of | | | | | | | | | and manner as a | hatad |
| 8 | | | | veeligeti0fi | , at my opn | | | | | | | |
| BE | 29b. SIGNATURE AND TITLE OF CA | from M | 4 | | | D J | 196 | र्ग ५ | ▶ 7 | 120 | (Month, Day, Year) | |

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

10 1475 Taney Avenue Frederick Md 32 Decistrate's SIGNATURE Junia Davidson Andrea

21702

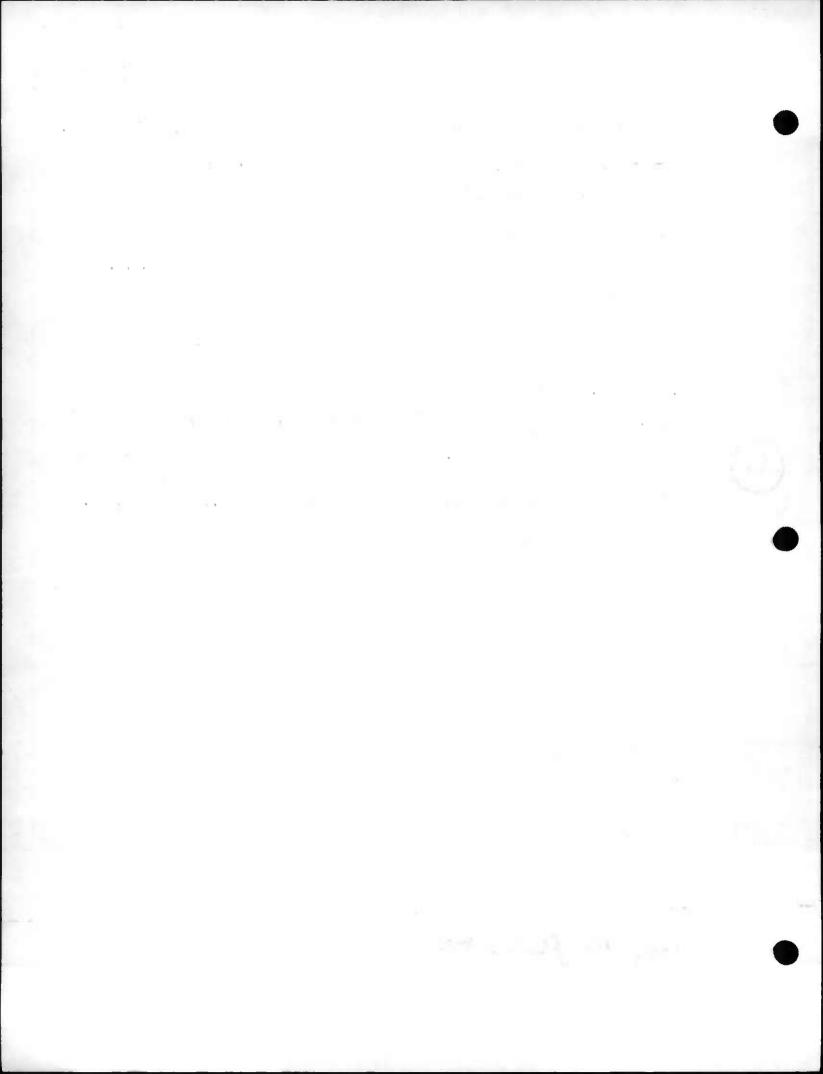
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DHMH-16 Rev 1/89

| | 1 | REGISTRAR | | CERTIF | ICATE OF | DEATH | REG. NO | D. | |
|--|---------|--|--|------------------------------------|-----------------------------|-------------------------------------|---|-------------------------------|--|
| | | . DECEDENT'S NAME (First, Middle, Last) Virginia | Saylo | r | FEAGA | | 2. DATE OF DEATH FEDILLARY | 25, 195 | 3. TIME OF DEATH 8:45 A. |
| 9 | | 215-26-8803 | 1 🗆 M 2 💢 F | (In yrs. lest birthday) 74 vrs. | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN, | 7. DATE OF BIRTH OCT a 27, | 1916 | SHITHPLACE (State or Foreign Country) |
| 2. 3 should | - 10 | Frederick Memor Frederick Memor | | Me . | | erick | EATH | 9c. COUNTY Fred | of DEATH lerick |
| it. Pages 1, 2, 3 s | | IOA STATE 10h COUNT | rederick | | rederick | TION | | | 10d. INSIDE CITY LIMITS? 1 YES 2 ANO |
| ysician. Intal-transit permit. | | 5515 Jefferson I | rike | | 101 | 2170 | 1 | | OF WHAT COUNTRY? |
| the by | | II. MARITAL STATUS Never Married 2 Married Divorced | 12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D | 2 X NO | If yes, sp | ecity Cuben, Mexico 2 ANO Specif | NIC ORIGIN? (Specify Yon, Puerto Rican, etc.) y: | ne or No 14. | RACE — American Indian, Black, White, etc. Specify: White |
| To a or | | 15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12) | CATION completed) College (1-4 or 5 +) | | - | | 16b. KIND OF B | USINESS/INDUST | RY |
| 5 2 m | | 7. FATHER'S NAME (First, Middle, Lest) Dr. Edward R. Say | rlor | | | 18. MOTHER'S NA Nel: | ME (First, Middle, Meide lie Carsor | n Surneme) | |
| be retained by ge 5 should be e notified at | | emes H. Feaga | | 195 MAILIN | Jeffers | on Pike, | Route Number City or To Frederick | wn. State Zip Co. Mary. | Land 21701 |
| 3 | | Donetton 5 Other (Specify) | oval from State | St. PLACE OF DISPO | s Luther | an Cemet | ery Fe | ocation - city eagavil | or Town, State Le, Maryland |
| in controls after the sity filled in by the ration, or removal. The medical early t | | 23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) | complications that couse List only one cause on a Conges hu | ech line. | not enter the mo | East Chrode of dying, suc | Basford Fi | Freder | ick Md. |
| beam cernicate be executed writing attending physician and completely intal Hygiene prior to burial, cremary, or other traumatic event, ceptication | | Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | bDUE TO (OR AS A | A CONSEQUENCE (| OF): | | | | |
| been signed by the xt. of Health and Me is shows any injure. | MEDICAL | PART II. Other algorificant condition CVA & Selt Drabetles | me contributing to death ture disortions mellitus | | | | | N AUTOPSY DRMED? 2 ☑ NO | 24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO |
| certificate has be the State Dept. | | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO | HOSPITAL: | patient 3 DOA | OTHER: | LACE OF DEATH (C | 6 Other (Specify) | | |
| this certif with the | | 27. MANNER OF DEATH 1 Natural 5 Pending | 28a. DATE OF INJURY (Month, Day, Year) | 26b. Ti | ME OF 28c. IN. | JURY AT DRK? YES 2 NO | 28d. OESCRIBE HOW | INJURY OCCUR | EO |
| DRECTOR. After this certificate hours after death with the State Claim arked, or Item. | 3 | 2 Accident Investigation 3 Suicide 6 Could not be determined | 28e. PLACE OF INJUR building, etc. (Spe | Y — At home, farm, rolly) | | | 281. LOCATION (Stree City or Town, Sta | | Rural Route Number, |
| HOSPITAL DR AT UNERAL DIRECT WITHIN 72 hours a ANT: If Nom 2 | | contact only | ICIAN: To the best of my know ER: On the basic of examination | | | | | | euse(a) end manner es state |
| Post Here | 1 | 296. SIGNATURE AND TITLE OF CERTIFIE | | 10 4 | 0 | 29c. LICENSE NU | IMBER | AL CAULT I | GNED (Month, Day, Year) |
| P P 2 E | 2 | 30. NAME AND ADDRESS OF PERSON W | HO COMPLETED CAUSE OF D | | | | | 717 | |
| | | 31. DATE FILED (Month, Day, Year) | GIO NINT | NATURE | DEU | VS WICE | -, 140, | 41/ | Ψ |

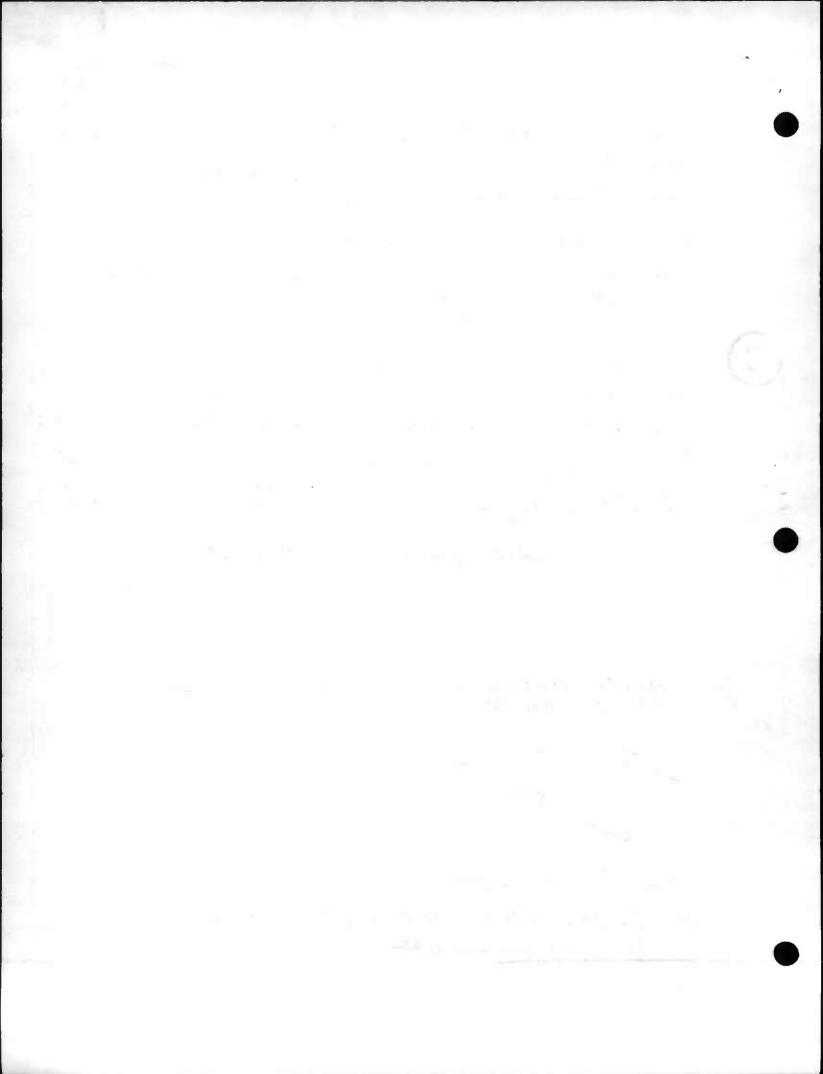
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BALTIMORE, MARYLAND 21203-3146

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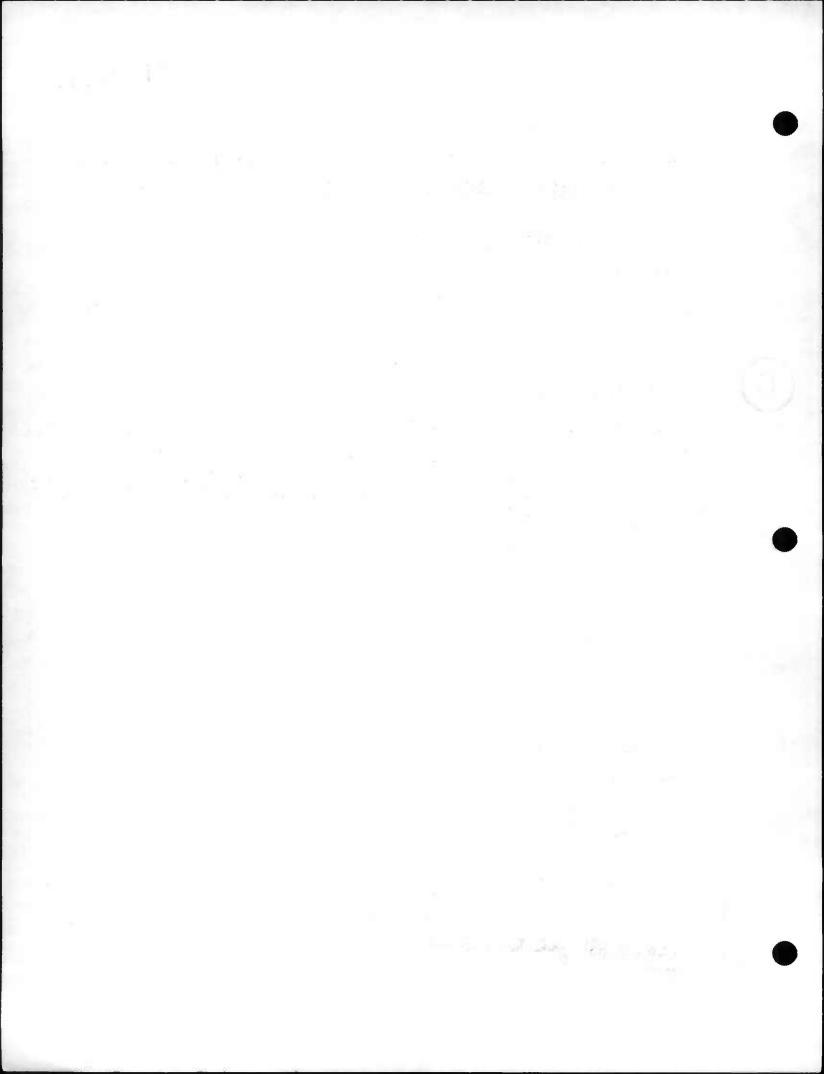
| | FOR 1 - STATE REGISTRAR | STATE OF MARYLA | ND / DEPAR | | | | MENTAL HYGIE | | U | 1432 |
|--------------------|---|--|--|-------------------------------|------------------------------|---------------------------|---|------------------------|----------------------|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | IDA DOROTHY | | WORTH | , | 4 | 2. DATE OF DEATH MONTH | 2/24/9 | VEAR | 3. TIME OF DEATH 2:32PM |
| | 4. SOCIAL SECURITY NUMBER 5 | | yrs. last birthday) | IF UNDER 1 Y | YEAR IF | UNDER 24 HRS. URS MIN. | 7. DATE OF BIRTH (Month, Day, Year) May 18, | | 8. BIRTHP Country | PLACE (State or Foreign |
| OR | 98. FACILITY NAME (If not institution, give stree FREDERICK MEMORIAL | HOSPITAL | | 96. CITY, TO | | OCATION OF DE | | 9c. COUN | TY OF DE | ATH |
| DIRECTOR | RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY | | | Y, TOWN OR | LOCATION | | | | Т | 10d. INSIDE CITY |
| | | ERICK | F | REDER | | | | | | LIMITS? |
| FUNERAL | 100. STREET AND NUMBER 618 MILITARY RO | AD | | | 10f. ZIP | 1702 | | | J.S. | HAT COUNTRY? |
| UNE | 11. MARITAL STATUS | 2. WAS DECEDENT EVER IN I | U.S. ARMED | | S DECEND | ENT OF HISPAN | IC ORIGIN? (Specify | | 14. RACE | - American Indian, White, atc. |
| В | 1 Never Merried 2 Merried 3 Widowed 4 Divorced | IF YES, GIVE WAR OR DAT | ES | 10 | YES 2 [| NO Specify | | | Specify | |
| COMPLETED | 15. DECEDENT'S EDUCAT (Specify only highest grade col Elementery/Secondary (0-12) | rion mpleted) College (1-4 or 5 +) | 16e. DECEDENT'S (Give kind of life. Do NOT u | WORK done dun se retired.) | CUPATION ring most of | working | 18b. KINO OF I | BUSINESS/INOL | JSTRY | |
| MPL | 11 | obility (I-V of 34) | REAL ES | TATE | SEC' | Υ | | | | |
| BÉ CO! | 17. FATHER'S NAME (First, Middle, Last) DUDLEY STRASBERG | ER | | | 18. | | ME (First, Middle, Maid RETTA FLE | , | | |
| TOB | 190. INFORMANT'S NAME (Type/Print) DOROTHY M. WOOD | | 1301 | ROCKY | SPR | INGS RO | AD, FRED | FOWN, State, ZIP | MAR | YLAND 21702 |
| | 20s, METHOD OF DISPOSITION 1 X Burial 2 □ Cremation 3 □ Remove 4 □ Donation 5 □ Other (Specify) | al from State | PLACE OF OISPO other place) 10 UNT OL | SITION (Name | | | | REDERI | | vn, State MARYLAND |
| | 21. SIGNATURE OF FUNERAL SERVICE LICEN | | 100111 | | | | EY & SON | | | |
| | KoltE.Y | 0111 | | 120 | 1 NO | RTH MAF | RKET STRE | ET, FR | ED,, | MD. 21701 |
| | 23. PART I. Enter the disesses, or cor shock, or heart feliure. Lis | | | not antar th | ha moda | of dying, suci | h ss cardiac or re | spiratory arre | est, | Approximeta Interval Between |
| | IMMEDIATE CAUSE (Final disease or condition resulting in death) | Cardin | nuln | 1000 | r.1 | A | rrest | | | Onset and Deeth |
| | resulting in death) > s., | DUE TO (OR AS | CONSEQUENCE O | PF): | 17 | // | 1 (3) | | | |
| NOIL | Sequentially list conditions, If any, isading to immediate | DUE TO (OR AS A | CONSEQUENCE O | OF): | | | | | | |
| CERTIFICATION | cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events | DUE TO (OR AS A | CONSEQUENCE C | OF): | | | | | | <u> </u> |
| IFI | resulting in death) LAST | | | | | | | | _ | |
| | PART II. Other significent conditions | | _ | in the unde | eriying ce | ouse given in | | AN AUTOPSY | 24b. | WERE AUTOPSY FINDINGS |
| PHYSICIAN: MEDICAL | | nFusion | n | | | | | PORMED? | + | AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| ME | Renal Ca | ancer | | | | | _ | | | 1 TES 2 NO |
| IAN | 25. WAS CASE REFERRED TO MEDICAL | | | | 26. PLACE | OF DEATH (Ch | eck only one) | | | |
| rsic | | HOSPITAL: Impatient 2 ER/Outpa | itient 3 🗆 DOA | OTHER: | | 5 ☐ Residence | 6 Other (Specify) | | | |
| | 27. MANNER OF DEATH 1 Netural 5 Pending Investigation | 28a. DATE OF INJURY (Month, Day, Year) | 26b. TII | ME OF 2 | 8c. INJURY WORK? 1 YES | 2 NO | 28d. DEŞCRIBE HO | W INJURY OCC | URED | |
| тер ву | 2 Accident investigation 3 Suicide 8 Could not be determined | 28e. PLACE OF INJURY - building, etc. (Specif | — At home, farm, | street, factor | ry, office | | 28f. LOCATION (Str. City or Town, St | eet end Number ate) | or Rural R | oute Number, |
| COMPLETED | | AN: To the best of my knowle | edge, death occur | red at the tim | ne, dete end | place, end due | to the ceuse(e) end | menner ee stat | ed. | |
| CON | | On the basis of examination | end/or Investigati | ion, in my opi | | | | 10,450,000 | | |
| 3 BE | 296. BIGMATYME AND TITLES OF CENTIESEN | workle | Xm | 10 | 29 | D35 | MBER /83 | 29d. DATE | SIGNED | (Month, Day, Year) |
| 7 | A TO THE TO | COMPLETED, CAUSE OF OEA | 300 | e, Print) W, | 9th | 5t. | Frede | rick | /- | 1021761 |
| | FEB 26 1991 | 32. REGISTRAR'S SIGNA Julia Davidso | TURE Randel | | | | | | | |



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| HO | E | with | TAN |
| 포 | 뿟 | P | DR |
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within L-, wours after death. Page 6 may be returned from the first air | TO | e fil | IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
| - | - | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | - |
| | | | |
| | | | |

| | 1 - STATE REGISTRAR | CE | RTIFICAT | E OF | DEATH | REC | G. NO. | | | |
|---------------|--|--|-----------------------------------|------------|---|---------------------------------|------------|----------------|-----------|-------------------------------------|
| | 1. DECEDENT'S NAME (First, Middle 1850) | EARNSWORT | WORTH | | | 2. DATE OF DE | 260AY | 971 | | ME OF DEATH |
| | 4. SOCIAL SECURITY NUMBER 219-29-2452451 | EX 8. AGE (In yrs. last | VRS. WONTHS | DAYS | IF UNDER 24 HRS. HOURIE MIN. | 7. DATE OF BIR (Month, Dey.) | 09/2 | 7./119 00 | THPLAC | E (State or Foreign |
| DIRECTOR | 98. FACILITY NAME II not institution, give storet a frederick Memoria. | | 12 % CIT | TOWN O | PEALC | | - 1 | Ereder | COLATH | |
| 딥 | RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY | | 10c. CITY, TOWN | OR LOCAT | TON | | | | 10d. | INSIDE CITY |
| H | Maryland Frederi | ck | Freder | ick | | | | | 1 🗓 | LIMITS? YES 2 NO |
| FUNERAL | 10e. STREET AND NUMBER | | | 10f | . ZIP COOE | | | log. CITIZEN D | F WHAT | COUNTRY? |
| E I | 618 Military Road | | | | 21702 | | | US | Α | |
| B | 1 Never Merried 2 Married | WAS DECEDENT EVER IN U.S. ARI FORCES? 1 ☐ YES 2 [X]N FYES, GIVE WAR OR DATES | MED 13 | If yes, sp | ENDENT OF HISPAN ecity Cuban, Mexica 2 X NO Specify | n, Puerto Rican, e | | В | ack, Whi | merican Indien, ite, etc. |
| ED | 16. DECEDENT'S EDUCATIO (Specify only highest grade comp. | | CEDENT'S USUAL | | | 16b. KIND | OF BUSIN | ESS/INDUSTR | | |
| COMPLET | | llege (1-4 or 5+) | altor |) | at or working | Real | Est | ate | | |
| ő | 17. FATHER'S NAME (First, Middle, Last) | | | | 18. MOTHER'S NA | ME (First, Middle, | Maiden Su | mame) | | |
| BE | Charles L. Farnswor | | | | | Demerr | | | | |
| 0 | 19e. INFORMANT'S NAME (Type/Print) | | | | and Number or Rural I | | | | | |
| | Mrs. Dorothy M. Woo | | | | rings Ro | | | k. Mar | | nd 21702 |
| | 1 Buriel 2 Cremation 3 Removal f | and the same of th | Dlivet | | | | | erick, | | |
| | 21. SIGNATURE OF PURIDAY SERVICE LICENSE | | 2: | . NAME A | ND ADDRESS OF FA | CILITIO DO N | + E | Daile | e | Son, P.A. |
| | XXXXXX | Hilos 14 | 7 | 1201 | N Mark | et Stre | L E. | Freder | y a | Md. 21701 |
| - | 23. PART I. Enter the disasses, or comp | limited that collect the de | eth. Do not ente | | | | | | ICK | Approximata |
| | IMMEDIATE CAUSE (Final | only one cause on each line | | ar the mo | or dynig, suc | ii sa cardiac o | i ieapiia | tory arreat, | | Interval Between Onset and Death |
| | resulting in death) a | PNEUMON | | | | | | | | SUMIS |
| 7 | | | | | | | | | Î | |
| 9 | Sequentially list conditions, if any, leading to immediate | DUE TO (OR AS A CONSEC | DUENCE OF): | | | | | | | |
| CERTIFICATION | CAUSE (Disease or Injury | | | | | | | | | |
| F | that initiated events resulting in death) LAST | DUE TO (DR AS A CONSEC | QUENCE OF): | | | | | | ı | |
| 띩 | d | | | | | | | | - | |
| Y. | PART II. Other significant conditions co | | esulting in the | underlyin | g cause given in | | WAS AN AL | | | E AUTOPSY FINDINGS |
| DICAL | CORONARY ARTER | 1 DISEASE | | | | | YES 2 | | COM | IPLETION OF CAUSE DEATH? |
| ME | CEREBRO VASCULAR | DISEASE | | | | | / | _ | | YES 2 NO |
| ä | | | | | | | | | | |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | SPITAL: | ОТН | | LACE OF DEATH (Ch | neck only one) | | | | |
| ΥS | 1 YES 2 DANO 1 DE | Lapetient 2 ER/Outpetient 3 28e. DATE OF INJURY | DOA 4 N | | ne 5 🗆 Residence | 8 Other (Spec | | | | |
| | Matural 5 Pending | (Month, Day, Year) | INJURY M | WC | JURY AT DRK? YES 2 NO | 28d. DESCRIBE | : NOW ING | OHY OCCORE | , | |
| ВУ | 2 Accident Investigation 3 Suicide & Could not be | 28e. PLACE OF INJURY — At ho | me, farm, street, fr | | | 28f. LOCATION | (Street en | d Number or Ru | ral Route | Number, |
| COMPLETED | 4 Homicide 6 Could not be determined | building, etc. (Specify) | | | | City or Town | n, State) | | | |
| LE | 29a. CERTIFIER | : To the best of my knowledge, de | eath occurred at the | time, data | and place, and due | to the cause(s) | and mann | er as stated. | | |
| N C | and a | the basis of examination and/or | | | | | | | se(a) and | I manner as stated. |
| E CC | 296. SIGNATURE AND TITUE OF CERTIFIER | | | | 29c. LICENSE NU | | | 29d. DATE SIG | | |
| 0 | S laka | en MD | Kahan | MD | | | | | | |
| 10 | 30. NAME AND ADDRESS OF PERSON WHO CO | MPLETED CAUSE OF DEATH (ITE | M 27) (Type, Print) To 1/12hou | W LAV | E. ME | FR | 202 | CRICK | 2 | 912/26/91 |
| | 31. DATE FILED (Month, Day, Year) FFB 2. 8. 1991 July | 32. REGISTRAR'S SIGNATURE | _ | | | | | | | |
| | FFD (() 1915) 9040 | NAME OF THE PARTY | | | | | | | | |

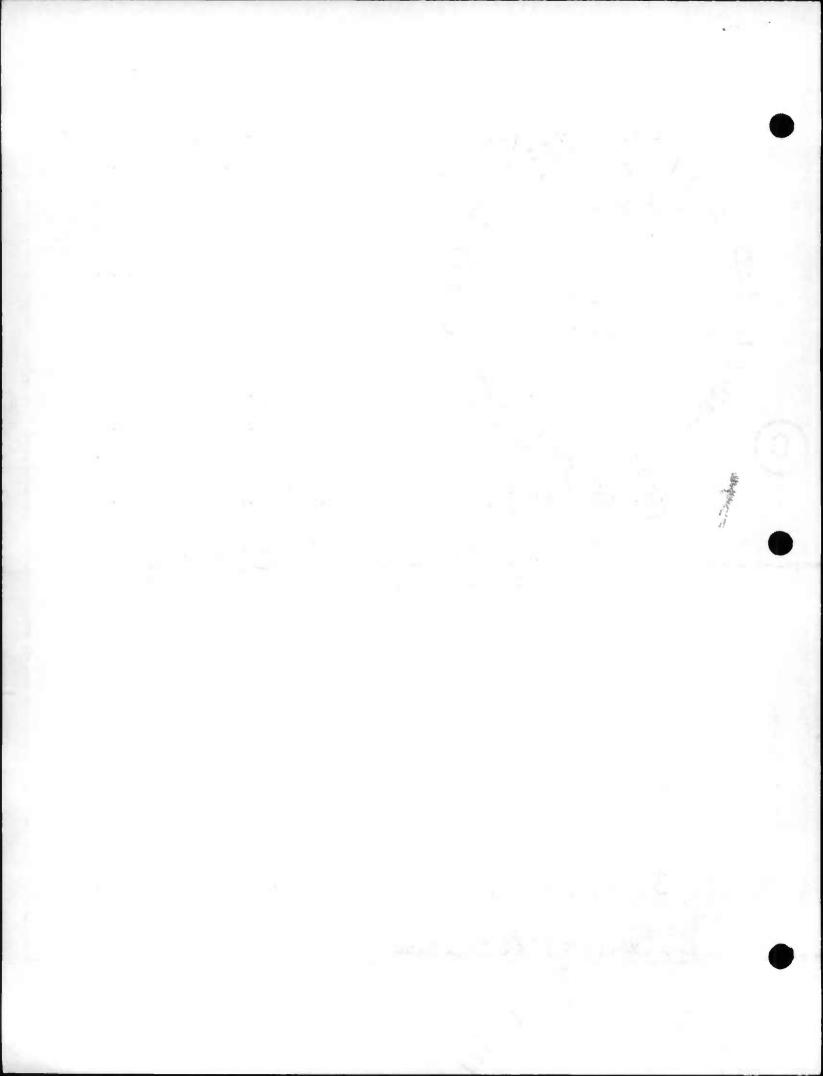


MAR 0 8

32. GEGISTRAR'S SIGNATURE
Julia Davidson-Randell

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

| 1 | FOR STATE REGISTRAR | | STATE OF I | MARYLAND / | | TMENT ICATE | | | | | HYGIENI REG. NO. | E 5 | | 07620 | 0 |
|---------------|--|-----------------------------------|---------------------|--|---------------------|---------------------|----------------------|--------------------------|------------------------------------|---------------------------------|-----------------------------|----------------------|--------------|---|-----|
| 1 | 1. DECEDENT'S NAME (First, | | | RGINIA F | ISHE | R | | | | 2. DATE OF MONTH | DEATH DA | 91 | YEAR | 3. TIME OF DEATH 15:10 | M |
| | 4. SOCIAL SECURITY NUMBER 220-30-935 | BER | 5. SEX | 6. AGE (In yrs. les | t birthday) YRS. | IF UNDER | 1 YEAR DAYS | IF UNDE | MIN. | 7. DATE OF (Month, D Feb. | BIRTH Pey. Meer 26, | 1905 | Countr MC | PLACE (State or Foreign | |
| 1 | 9a. FACILITY NAME (If not in | estitution, give st | reet and number) | | | 9b. CITY | , TOWN C | R LOCAT | ON OF DE | | | 9c. COUNT | Y OF O | EATH | |
| e l | Washington | | y Hospit | al | | На | ager | stow | n | | | Was | shir | ngton | |
| DIRECTOR | nesidence of dec | 10h COUNTY | ederick | | | ry, town o | | ION | | | | | | 10d. INSIDE CITY LIMITS? 1 YES 2 NO | |
| 15 | 10e. STREET AND NUMBER | | | | | | 101 | . ZIP COL | E | | | 10g. CITIZI | EN OF V | VHAT COUNTRY? | |
| | 4416 | Fishe | rs Hollo | ow Rd. | | | | 2 | 1773 | | | | U.S | 5.A. | |
| BY FUNERAL | 11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 Divo | | FORCES? | NT EVER IN U.S. AR 1 YES 2 XI WAR OR DATES | | 100 | If yes, sp | ecity Cub | OF HISPAN an, Mexica Specify | IIC ORIGIN? (n, Puerto Ric | Specify Yes en, etc.) | or No— | | American Indian, k, White, etc. White | ۱ |
| TED | (Specify on | CEDENT'S EDUC ly highest grade | completed) | (G | ilve kind of | Work done | CCUPATH during mo | ON ast of work | ing | 16b. K | IND OF BUS | SINESS/INDU | STRY | | |
| 2 | Elementary/Secondary (| 0-12) | College (1-4 or 5 | (+) | hor | nemak | ær | | | | | own 1 | home | 2 | |
| COMPLET | 17. FATHER'S NAME (First, A | | L. Floo | ok | | | | | | WE (First, Mid | | | | | |
| TO BE | 199. INFORMANT'S NAME (Maynard Fi | | | 1.00 | | | | | | Rd., N | | | | 1. 21773 | |
| | 20a. METHOD OF DISPOSIT \$\tilde{\chi}\$ Burlal 2 (1) Cremation 4 \(\text{Donation} \) Donation 5 \(\text{Otherwise} \) | on 3 🗆 flam | ovel from State | 20b. PLACE others | of Dispo | aven | Mem | oria | 1 Gai | rdens | Fre | cation – c ederic | ck, | Md. | |
| | 21. SIGNATURE OF FUNERA | BON | DAJES | J | | 22. | | | | nompso | | | | | |
| | 23. PART is Enter the control in the shock, or in the shock, or in the shock of the | hasrt fallure. | complications the | est caused the desuse on each fine | 8. | | | | | | | | | Approximate Interval Batwo Onset and De | |
| Z | | | a Citha | O (OR AS A CONSE | QUENCE O | OF): | a | ul | ww | Hickory | las | dis | las | 10 | |
| SATIO | Sequentially list condi- if any, leading to imme cause. Enter UNDERLY | ediata rING | DUE T | O (OR AS A CONSE | QUENCE (| OF): | | | | | | | | | |
| CERTIFICATION | CAUSE (Disesse or Inj that initiated events resulting in death) LAS | | OUE T | O (OR AS A CONSE | QUENCE (| DF): | | | | | | | | | |
| 2 | PART ii. Other signific | ant condition | na contributing (| to death but not | resulting | in the u | nderlyir | ng Cause | given in | Part i. | 24a. WAS AN | AUTOPSY | 24 | b. WERE AUTOPSY FINDI | NGS |
| : MEDICA | | | | | | | | | | | PERFO | | | AVAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO | SE |
| AN | 25. WAS CASE REFERRED | TO MEDICAL | | | | | 26. F | LACE OF | DEATN (C/ | heck only one |) | | | | |
| Sic | EXAMINER? 1 YES 2 NO | | HOSPITAL: | ☐ ER/Outpatient | 3 🗆 DOA | 4 - Nu | | me 5 🗆 | Residence | 8 🗆 Other | (Specify) | | | | |
| Y PHYSICIAN: | | Pending Investigation | 28s. DATE (Month, | Dey, Year) | 28b. TI | ME OF NJURY M | W | JURY AT ORK? YES 2 | □ NO | 28d. DESC | RIBE NOW | INJURY OCC | CURED | | |
| TED BY | 2 Accident 3 Suicide 6 4 Homicide | Could not be determined | 28e. PLACE building | OF INJURY — At h g, etc. (Specify) | ome, farm | , street, fa | ctory, offi | ce | | | TION (Street Town, State | | or Rural | Route Number, | |
| COMPLET | (Critick drilly —— | | | of my knowledge, d | | | | | | | | | | (e) and manner as state | |
| BE | 296. SIGNAPORE AND TITL | | |) 40 | | | | | CENSE NU | | | 29d. DATE | | D (Month, Day, Year) | |
| 5 | 30. NAME AND ADDRESS | OF PERSON W | HO CONFLETED CA | NUSE O DEATH (IT | EM 27) (7y) | pe, Print) | | | | | | | r | • | |



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

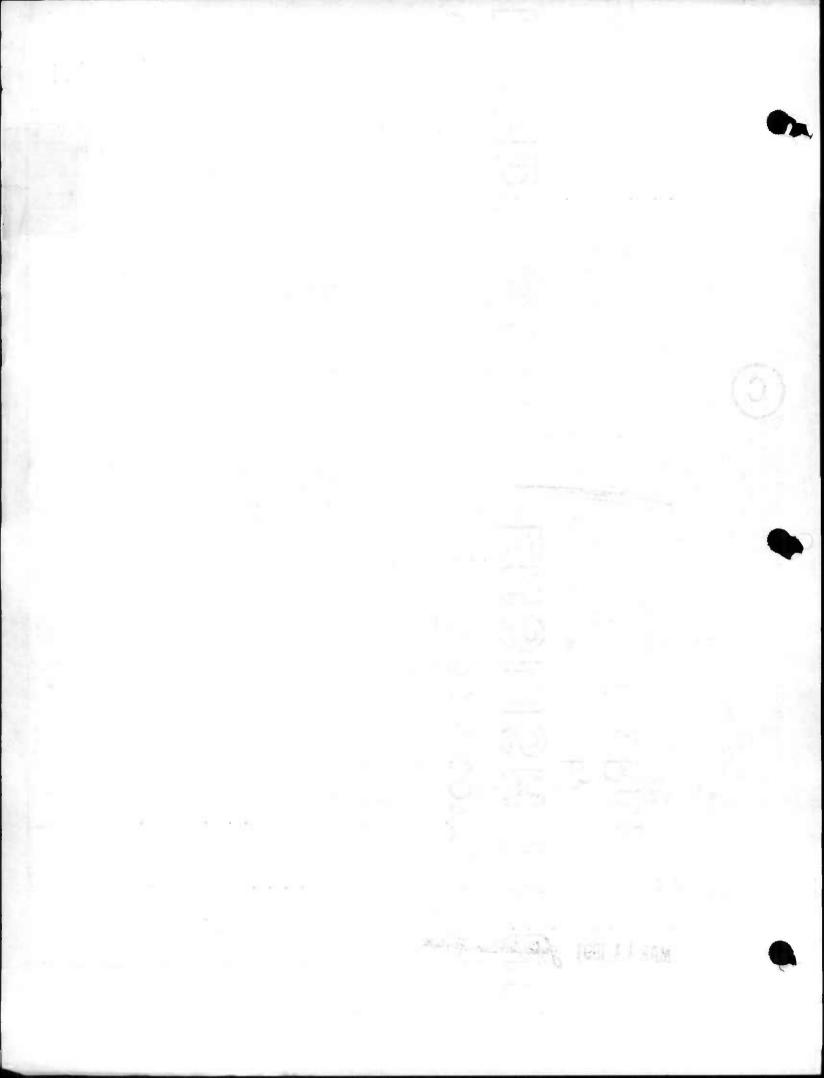
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

| | 2, 3 should | | |
|--|--|---|--|
| | his certificate has been signed by the attending physician and completely filled in by the funeral director, pages 5 abounds and the attending physician and completely filled in by the funeral director, pages 1, 2, 3 s | | |
| _ | nsit permi | | |
| HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be may be made as a standard physician | s burlad-fra | | |
| athending | ste as the | | |
| operal or | the fire | | el. |
| (| 3 | | A PARTY |
| Deutstun | 5 sputt | 1 | notille |
| 6 may be | ctor, page | | nust be |
| III. Page | neral dire | | miner n |
| s after dea | by the fu | -leworal | ilcal exa |
| 24 NOUR | / filled In | tion, or n | the me |
| led within | completely | al, crema | event, |
| De execu | cian and | or to buri | aumatic |
| certificate | ding physi | ygiene pr | other t |
| he death | the attend | Mental H | njury, or |
| ires that t | signed by | lealth and | ws any I |
| law requ | las been | with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | ked, or item 23 shows any injury, or other traumatic event, the medical examiner must be |
| CIAN: The | rtificate h | he State | or item |
| HASI | his ce | with t | ked, |

TO BE COMPLETED BY FUNERAL DIRECTOR

| R ATE | STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIE | NE |
|----------|---|----|
| GISTRAR | CERTIFICATE OF DEATH REG. N | 0. |
| | | |

| " STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest) | | C | ERTIFIC | CATE O | FDEATH | | REG. NO |). | | | |
|--|----------------------------------|--|---------------------------|------------------|---|-------------|---------------------------------|------------|--------------------------|---|------------|
| James | Austin | | Fra | ley | | Men 3 | | PAY | 1991 | 3:40 | P |
| SOCIAL SECURITY NUMBER 50-30-2495 | 5. SEX 1 M 2 F | 6. AGE (In yrs. las | | F UNDER 1 YEAR | - | (Mon | OF BIRTH th, Day, Year) | 13 | Counti | PLACE (State (Y)) | or Foreign |
| a. FACILITY NAME (If not institution, give | | Rt.15 & MD | | 96. CITY, TOWN | OR LOCATION OF I | | 14 12 | 9c. CO | unty of o | ck Cou | inty |
| DESIDENCE OF DECEDENT 10b. COUNT | Υ | | 10c, CITY, | TOWN OR LOC | ATION | | | | | 10d, INSIDE | CITY |
| MARYLAND FRED | ERICK | | THI | URMON | Г | | | | | LIMITS? | |
| e. STREET AND NUMBER | | | | | 101. ZIP CODE | | | 10g. C | TIZEN OF | WHAT COUNTR | 177 |
| 2623 CATOCTIN | - | | | | 21788 | | | | ~ | S.A. | |
| MAHITAL STATUS Never Married 2 X Married Widowed 4 Divorced | | IT EVER IN U.S. AF YES 2 TY WAR OR DATES | | If yes, | ECENDENT OF HISPA apacify Cuban, Maxie ES 2 X NO Spec | can, Puerto | | s or No— | 14. RACI Blac Spec | E — American k, Whita, etc. #y: WHI! | |
| 15. DECEDENT'S EDU (Specify only highest grad | JCATION e completed) | 16a. Di | ECEDENT'S U | SUAL OCCUPA | TION most of working | 16 | . KINO OF BU | ISINESS/II | NDUSTRY | | |
| Elementary/Secondary (0-12) 1 2 | College (1-4 or 5 | +) | TCHE | retired.) | nost of working | | ВИТСЬ | HER | SHOF | | |
| FRANKLIN WEL | LER FRA | | | | | MAE | KELLI | ΞY | | | |
| MARY R. FRALE | (WIFE) | | 2623 | | CTIN FU | | | | | 21 ONT, M | 788 D• |
| a. METHOD OF DISPOSITION Burlal 2 Cremation 3 Ren Donation Cher (Specify) | mission — to to the | of cemetary | , crematory o | | AL GARDE | | 9 FREI | | CK, M | A Principal Control | |
| . SIGNATURE OF FUNERAL SERVICE L | CENSEE | | | ROBE | AND ADDRESS OF P RT E. DA: E. MAIN S | ILEY | | | | | P. |
| Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events | b | (OR AS A CONSE | OUENCE OF) | : | | | | | | | |
| PART II. Other significant condition | d | death but not | resulting in | the underly | Ing cause given i | n Part I. | 24a. WAS AI PERFO 1 宏 YES | RMED? | Y 248 | MAILABLE P COMPLETION OF DEATH? | OF CAUS |
| S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1X YES 2 NO | HOSPITAL: | ☐ ER/Outpatient | | OTHER: | PLACE OF DEATH (| | | | | | |
| 1 Netural 5 Pending | 28a, DATE OF (Month, II) 3-6- | FINJURY Day, Year) | 26b. TIME INJU 2:10 | OF 28c. | NJURY AT WORK? YES 2 TONO | 28d. DE | SCRIBE HOW | | | o Impa | nct |
| 2 Accident Investigation 3 Suicide 6 Could not be detarmined | 26s, PLACE (| OF INJURY — A1 h | | reet, factory, o | ffice | 261. LO | | and Numb | per or Rural | Route Number | |
| one) | BICIAN: To the best of | f my knowledge, d | eath occurred | at the time, d | | ua 10 the c | euse(a) and me | nner sa s | tated. | | as state |
| b. SIGNATURE AND TITLE OF CERTIFIE WORLD H. W. | | | | | 0 . C . M | UMBER | | 29d. D. | | O (Month, Day, | |
| D bnald G. Wrigh | | ISE OF DEATH (ITE | EM 27) (Type, i | | enn Stre | et Ba | lto.,l | Mary | land | 21201 | |



DHMH-18 Rev 1/89

BALTIMORE

hospital or attending physician. AND 21203-3146

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| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-1,000? | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or in | IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the med |
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

| | Vinshin | Flere | Ta TIEN | Fo | S.V. | | | | NONTHI 12 | TECIDAY. | 2, 1; | 454 C | 7: 54A m |
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| | 4. SOCIAL SECURITY NUMBER | 5. SEX | 6. AGE (In yrs. les | | IF UNDER | R 1 YEAR | IF UNDER | 24 HRS. | 7. DATE OF B (Month, Day | w Moorl | | B. BIRTHPLA Country) | CE (State or Foreign |
| | 214-10-2557 | 1 M 2 X F | 73 | YRS. | | | | | July 1 | 1, 19 | | Md. | |
| œ | 9a. FACILITY NAME (If not Institution, give Frederick Memor: | | tal | | 96. CITY | | ederi | ON OF OE | ATH | | | ry of ogati ceder: | |
| CTO | RESIDENCE OF DECEDENT | - | tai | | | | | CK | | | FI | .euer | LCK |
| DIRECTOR | Md. 106. COUNT | r Frederick | | | y, town | | | | | | | | I. INSIDE CITY LIMITS? YES 2 X NO |
| FUNERAL | 3808 Brethren | Church R | d. | | | 101 | ZIP CODI | 2177 | '3 | | 10g. CITIZ | U.S. | COUNTRY? |
| BY FUN | 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT FORCES? 1 IF YES, GIVE W | YES 2 X | | | If yes, spe | city Cuba | | IC ORIGIN? (S n, Puerto Ricer | | r No— | 14. RACE — Black, W Specify: Whit | American Indian, hite, atc. |
| TED | 15. OECEOENT'S EDU (Specify only highest grad | e completed) | (G | ive kind of | Work done | during mo: | | ng | 16b. KIN | ID OF BUSIN | NESS/INDL | STRY | |
| COMPLETED | Elementary/Secondary (0-12) | College (1-4 or 5 + | •) | | naker | | | | | | | home | |
| BE CO | 17. FATHER'S NAME (First, Middle, Lest) William F: | irestone | | | | | 18. MOT | | ME (First, Middl Lie Gi] | | urname) | | |
| TO B | 19a. INFORMANT'S NAME (Type/Print) James N. Ford | | | | | - | | r or Rural R | rederi | City or Town, | | | |
| | 20a. METHOD OF DISPOSITION 1X Burlal & Cremation 3 Ran | noval from State | 20h BLACE | OF DISEC | | nma of 222 | | matan: as | | 20c. LOCA | ATION — C | Ity or Town, | State |
| | 4 Donation 5 Other (Specify) 21. SIGNATION OF FUNERAL SERVICE U | CENSES: | | IIaI | | | | SS OF FAC | SHITY | Myel | rsv1. | lle, M | · M |
| | Finald SOU | offen- | _ | | | Don | ald | В. Т | hompso | | | | 21769 |
| | 23. PART LEnter the diseases, or shock, or heart failure. | Complications the | t caused the de | eth. Do | not ente | r the mo | de of dy | ing, eucl | e cerdiec | or reepira | story arre | et, | Approximate Interval Between |
| | IMMEDIATE CAUSE (Finel disease or condition resulting in death) | ALL | | | w/ | 12: | - | TS | func | 4.02 | | | Onset and Deeth |
| 7 | Tooling in dollin, | DUE TO | (OR AS A CONSE | | | | | | | | | | |
| ATIO | Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING | DUE TO | (OR AS A CONSE | OUENCE (| OF): | | | | | | | | |
| CERTIFICATION | CAUSE (Disease or injury that initiated events resulting in death) LAST | DUE TO | (OR AS A CONSE | QUENCE (| OF): | | | | | | | | |
| Ö | PART II. Other eignificent condition | ne contributing to | death but not | resulting | in the u | nderiving | n cause | given in | Pert I. 24 | a. WAS AN A | UTOPSY | 24b. WE | RE AUTOPSY FINDINGS |
| S | | | | | | | | •1000.111 | | PERFORM | | AM CO | AILABLE PRIOR TO IMPLETION OF CAUSE |
| MEDICAL | | | | | | | | | | | | | DEATH? |
| AN | 25. WAS CASE REFERRED TO MEDICAL | | | | | 28. PI | ACE OF E | DEATH (Chr | eck only one) | | | | |
| SIC | EXAMINER? | HOSPITAL: | ER/Outpatient | 3 DOA | OTHE | R: | | | 6 Other (S | pecify) | | | |
| PHYSICIAN | 27. MANNER OF DEATH 1 Netural 5 Pending Investigation | 28a. DATE OF (Month, D | | 28b. Til | ME OF JURY M | | URY AT PRK? YES 2 | ∃ NO | 28d. DESCRI | IBE HOW IN. | JURY OCC | URED | |
| ED BY | 2 'Accident Investigation 3 Suicide 6 Could not be determined | 26a. PLACE O | OF INJURY — At h | ome, farm, | , street, fa | ctory, offic | | | 28f. LOCATIO | ON (Street en lown, State) | nd Number | or Aural Rout | e Number, |
| LET | 29a. CERTIFIER AVERTIEVING PAY | SICIAN: To the best of | I my knowladaa d | anth annu | and at the | Alma data | and alan | | | (0) 0-1 | | 4 | |
| COMPLETED | cool cray | iER: On the basis of a | | | | | | | | | | | nd menner as stated. |
| BE C | 29b. SIGNATURE AND TITLE OF CERTIFI | ER | ~.1 | | | | 29c. LIC | ENSE NUN | ABER | | 29d. DATE | SIGNED (M | onth, Day, Year) |
| 10 | 30. NAME AND ADDRESS OF PERSON W | HO COMPLETED CALL | SE OF DEATH OF | M 27) /3- | Delegal | | 1 | 30 | 121 | | 3 | 149 | |
| | Defrey HCI | ue My | 9 | 310 | Ne, Print) | 5# | 5 | TF | -neles | ·ch | 1>1 | A | |
| | 31. DATE FILED (Morith, Day, Year) | his Davidson | Manda E | THE S | | | | | | | | | |

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| L SOCIAL SECURITY NUMBER 214—07-4152 12 W 2 P 7 VRB. 12 W 2 P 7 VRB. 12 W 2 P 7 VRB. 12 W 2 P 7 VRB. 12 W 2 P 7 VRB. 12 W 2 P 7 VRB. 12 W 2 P 7 VRB. 12 W 2 P 7 VRB. 13 W 2 P 7 VRB. 14 W 2 P 7 VRB. 15 W 2 P 7 VRB. 16 W 5 VRB. WW 5 P 5 VRB. 17 VRB. 18 W 5 P 7 VRB. 18 W 5 P 7 VRB. 18 W 5 P 7 VRB. 18 W 5 P 7 VRB. 18 W 5 P 7 VRB. 19 W 5 P 7 VRB. 10 W 5 VRB. 10 W 6 VRB. 10 W | DANIEL W. FAZENI | | jπ | | | | MOR | | , 19 ^{ve} | 3. TIME OF DEATH 4:55 |
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| SACRED HEART HOSPITAL CUMBERLAND, MARYLAND ALLEGANY MIDDLESS OF DICCORT MIDDLESS OF DICCO | 214-07-4152 | 1 M 2 F | 72 | YRS. | IONTHS DA | YS HOURS | MIN. SOF | nth, Day, Year) | 1918 | Sountry) |
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| STREET ADD NUMBER 101. ZP CODE 109, CITZEN OF WHAT COUNTRY 12542 125 | N/1 177 | | | M | 31 - | .1 | | | | . / |
| RETORIGINAL STUDE RETORIGINAL STUDE REAL | Md I ALL | egany | | MI | <u>.alar</u> | | | | | |
| MARTHAL STRUES 2 Married 12 Martines 12 Martines 12 Martines 12 Martines 13 Martines 14 Martines | e, STREET AND NUMBER | | | | | | | | 10g. CITIZEN | OF WHAT COUNTRY? |
| MARTHAL STRUE 12 WAS DECEMBER FOR THE NAME OF PURCHS IN 12 MAS DECEMBER FOR THE NAME OF PURCHS IN 12 | Broadway St. | | | | | 21542 | 2 | | USA | |
| Second Continued Second Cont | MARITAL STATUS | | | | | | | | or No 14. | RACE American Indian, |
| St. DECEDENT'S EDUCATION (Specify only highly draft acrossophism) (Spe | | | | , | 1 🗆 | YES 2 NO | Specify: | p Mican, etc.) | | |
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| PATTERT'S NAME (First, Middle, Last) Section of the Continuence of | | | | | | | | | | |
| Unknown Note Works Moses Serve and Author or Russ house when the City or Town, Steak 20 Code) Security | | 0 | Co | al N | liner | • | | | Coal | |
| Unknown Nota Moses Information Symmetry (Propriet) Information | FATHER'S NAME (First, Middle, Last) | | | | | 16. MOTHE | R'S NAME (Firs | , Middle, Maiden | Surname) | |
| OBETT FAZENDAKET The MALHING ADORESS (Simes and Number on Rural Roots Number, City or Rown, State, 2p Code) Obett Fazenbaker | Unknown | | | | | | | | | |
| Obert Fazenbaker Rt 1, Box 448, Frostburg, Md. 21532 John Committed and Committed Co | | | 401 | MAHINO | OODESS (C. | | | | | 4-1 |
| SERVICE OF DISPOSITION Manner Security 2 Commission 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION Name 3-12 91 MOSCOW Mills, | | lean | | | | | | | | |
| Central 2 Cremation 3 Removal from State | | iker | 1 | | | | | | | |
| Done to the responsibility MET. VIEW CEMETERY 3-12-91 MOSCOW M111s, 1 | | moval from State | 20b. PLACE | ND DATE | of DISPOSI | TION (Name | | | | |
| Eichhorn-McKenzie Funeral Home 1. PARTAL Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or hard failure. List only one cause on sech line. Approximate the mode of dying, such as cardiac or respiretory arrest, interval By Onset and Seases or conditions. Approximate the mode of dying, such as cardiac or respiretory arrest, shock, or hard failure. List only one cause on sech line. Approximate the mode of dying, such as cardiac or respiretory arrest, shock or respiretory | | | Mt. 7 | lew | Ceme | tery | 3-1 | 2 - 91 | Mosco | w Mills, M |
| WAS CASE REFERRED TO MEDICAL EXAMINER? OF DEATH Check only one) | ease or condition sulting in death) equentially list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events sulting in death) LAST | b. DUE TO (OI c. DUE TO (OI d. Date contributing to da | R AS A CONSEO | UENCE OF) UENCE OF) | : | rlyling ceuse gl | ven in Part i. | 24a, WAS AN | AUTOPSY | |
| EXAMINER? DSPITAL: Done Section Secti | Chanica | 16 Struction | c 141 | menu | | | | | NO | COMPLETION OF CAU |
| 1 YES 2 NO | | | | | | 26. PLACE OF DE | ATH (Check only | one) | | |
| NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri | EXAMINER? | | P/Outpatient 2 | □ DOA | 4 🗌 Nursing | Home 5 - Res | idence 8 🗆 O | her (Specify) | H A | |
| 1 Pending Investigation S Pending Investigation S Pending Investigation S Quickle S Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) CERTIFIER (Check only One) CERTIFIER (Check only One) Q MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as a second of the time, date and place, and due to the cause(a) and menner as a second of the time, date and place, and due to the cause(a) and menner as a second of the time, date and place, and due to the cause(a) and menner as a second of the time, date and place, and due to the cause(a) and menner as a second of the time, date and place, and due to the cause(a) and menner as a second of the time, date and place, and due to the cause(a) and menner as a second of the time, date and place, and due to the cause(a) and menner as a second of the time, date and place, and due to the cause(a) and menner as a second of the time, date and place, and due to the cause(a) and menner as a second of the time, date and place, and due to the cause(a) and menner as a second of the time, date and place, and due to the cause(a) and menner as a second of the time, date and place, and due to the cause(a) and menner as a second of the time, date and place, and due to the cause(a) and menner as a second of the time, date and place, and due to the cause(a) and menner as a second of the time, date and place, and due to the cause(a) and menner as a second of the time, date and place, and due to the cause(a) and menner as a second of the time, date and place, and due to the cause(a) and menner as a second of the time, date and place, and due to the cause(a) and the time, date and place, and due to the cause(a) and the time, date and place, and due to the cause(a) and the time, date and place, and due to the cause(a) and the time, date and p | EXAMINER? 1 YES 2 NO | 1 Inpetient 2 E | | | OF 28 | C. INJURY AT | 28d. 0 | ESCRIBE HOW | NJURY OCCUR | |
| 28e. PLACE OF INJURY — At home, farm, street, factory, office Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) | EXAMINER? 1 YES 2 NO MANNER OF DEATH | 12 Inpatient 2 E | JURY | INJU | IRY I | WORK | | | | ED |
| A Homicide determined D. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as stated. D. SIGNATURE AND TITLE OF CERTIFIER D. SIGNATURE AND TITLE OF CERTIFIER D. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) | EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Netural 5 Pending | 1 Impatient 2 E 28a. DATE OF IN. (Month, Day, | JURY | INJU | | | NO | | | ED |
| (Check only 12 CERTIFTING PHYSICIAN: to the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end menner as a stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end manner as stated. | EXAMINER? 1 YES 2 SHO MANNER OF DEATH 1 Netural 5 Pending Investigation | 28a. DATE OF IN (Month, Day. | JURY Year) NJURY — At hor | INJU | M 1 | YES 2 | 28f. L | OCATION (Street | and Number or I | |
| NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) | EXAMINER? 1 YES 2 NO MANNER OF DEATH Naturel 5 Pending Investigation 3 Suicide 8 Could not be | 28a. DATE OF IN (Month, Day. | JURY Year) NJURY — At hor | INJU | M 1 | YES 2 | 28f. L | OCATION (Street ity or Town, State) | and Number or I | |
| | EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Neturel 5 Pending Investigation 3 Useful 8 Could not be determined 1. CERTIFIER 1 CERTIFING PHY 1 MEDICAL EXAMIN | 28e. DATE OF IN (Month, Day. 28e. PLACE OF I building, etc. SICIAN: To the best of my NER: On the basic of exam | JURY Year) NJURY — At hor (Specify) y knowledge, der | ith occurred | M 1 reet, factory, | Office office date and place, lon, death occure | 28f. L C and due to the d at the time, d | cause(e) end ma | nner as stated. | Rural Route Number, |
| | EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN | 28e. DATE OF IN (Month, Day. 28e. PLACE OF I building, etc. SICIAN: To the best of my NER: On the basic of exam | JURY Year) NJURY — At hor (Specify) y knowledge, der | ith occurred | M 1 reet, factory, | Office office date and place, lon, death occure | 28f. L C and due to the d at the time, d | cause(e) end ma | nner as stated. | Bural Route Number, ause(a) and menner as state |
| Thomas T Davie 7d no a | EXAMINER? 1 YES 2 HO MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 9. CERTIFIER (Check only one) 2 MEDICAL EXAMIN | 28e. DATE OF IN (Month, Day. 28e. PLACE OF I building, etc. SICIAN: To the best of my NER: On the basic of exam | JURY Year) NJURY — At hor (Specify) y knowledge, der | ith occurred | M 1 reet, factory, | Office office date and place, lon, death occure | 28f. L C and due to the d at the time, d | cause(e) end ma | nner as stated. | Bural Route Number, ause(a) and menner as state |
| 1 MI 1 1 V 1 V 1 (1 , 1 V W M 1 V | EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 6. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 6. SIGNATURE AND LITLE OF CERTIFIER CONTRACTOR OF CERTIFIER | 28a. DATE OF IN (Month, Day. 28a. PLACE OF II building, etc. SICIAN: To the best of my NER: On the basic of examiler. | NJURY Year) NJURY — At hor . (Specify) y knowledge, det | ine, farm, st ath occurred nvestigation (27) (Type, | M 1 reet, factory, d at the time. i, in my opin | YES 2 Office | end due to the d at the time, d | cause(e) end ma | nner as stated. | Bural Route Number, ause(s) and menner as state |

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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

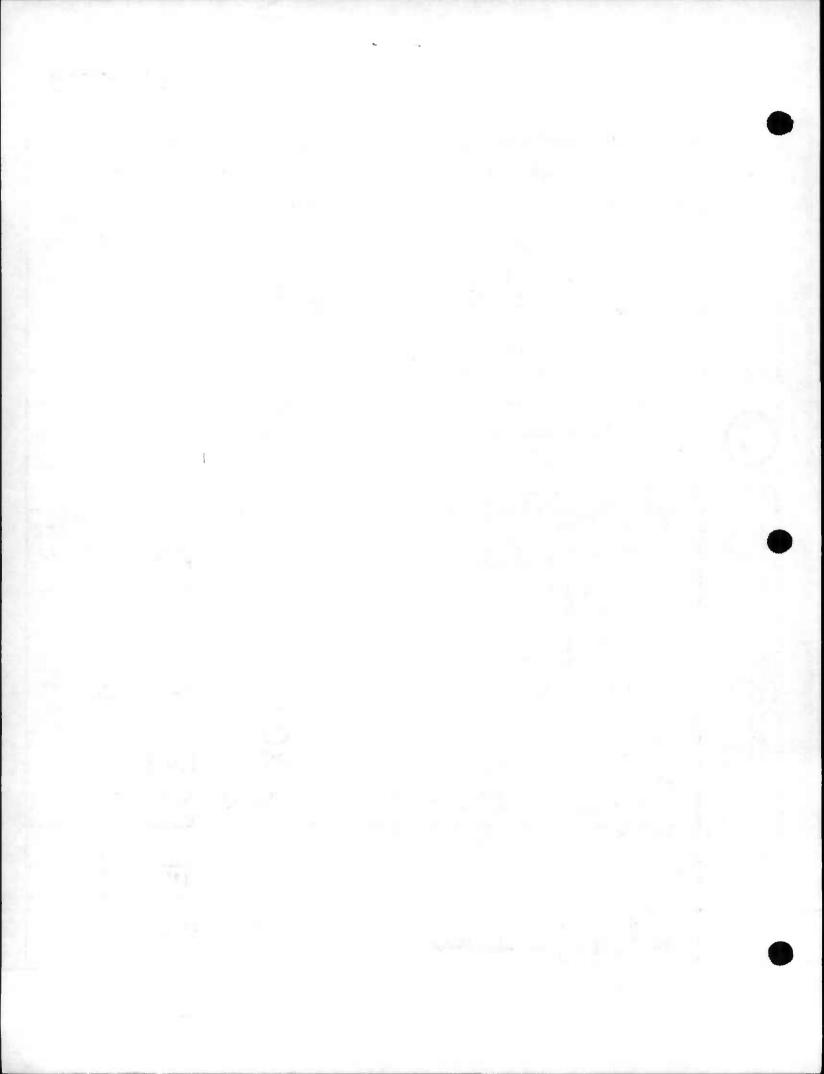
and he detached for use as the burlal-transit permit. Pages 1, 2, 3 should

ad by the hospital or attending physician.

BALTIMOBE MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

ed at once.



| BALTIMORE, MARYLAND 21203-3146 | is proportional by the hospital or attending physician. The page 5 hours be detached for use as the burial-transit permit. Pages 1, 2, 3 should not be set at once. | |
|----------------------------------|--|--|
| F VITAL RECORDS, P.O. BOX 13146, | TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Friours after death. Page 5 mount be enached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner transmits at once. | |
| DIVISION | TO THE HOSPITAL OR ATTENDING IN TO THE FUNERAL DIRECTOR. After the filed within 72 hours after death IMPORTANT: If Item 28 is man | |

| 1. DECEDENT'S NAME (First, Middle, Last) | Edwin N | | | DEATH | 2. DATE OF MONTH | DEATH DAY | 10,41 | 3. TIME OF DEATH |
|--|--|--|--|---|---|--|--|--|
| 111-0110 | B. SEX B. AGE | (In yrs. lest birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF | NOTU | 91 | BIRTHPLACE (State or Foreign |
| 229-38-3561 | 1⊠M2□F 5 | gyrs. YRS. | MONTHS DAYS | HOURS MIN. | (Month, De | y, Year) 8_32 | V | irginia |
| 9a. FACILITY NAME (If not institution, give stre UNION HOSPITA RESIDENCE OF DECEDENT | | CO. | 9b. CITY, TOWN | ELKTON, | | | e. COUNTY | CECIL |
| 10a. STATE 10b. COUNTY | | | TY, TOWN DR LOC | | | | | 10d. INSIDE CITY LIMITS? 1 2 YES 2 ND |
| MD C 100. STREET AND NUMBER 103 Mitchell Str | eet. | 1 | KTON, MI | 01. ZIP CODE 21 921 | | 1 | U.S. | OF WHAT COUNTRY? |
| | 12. WAS DECEDENT EVER IF FORCES? 1 X YES IF YES, GIVE WAR DR D. 1953-1955 | 2 ND | if yes, t | CENDENT OF HISPAN specify Cuban, Mexica S 2 X NO Specify | n, Puerto Rica | | | RACE — American Indian, Black, Whita, etc. Specify: White |
| 15, DECEDENT'S EDUCA | ATION | 16a, DECEDENT | S USUAL OCCUPAT | TIDN | 16b. KIN | ID OF BUSIN | ESS/INDUS | |
| (Specify only highest grade of Elementary/Secondary (0-12) | College (1-4 or 5+) | Ille. Do NOT | | nost of working t Operato | r Arm | y Cor | p of | Engineers |
| 17. FATHER'S NAME (First, Middle, Leet) Noah Cleve Far | mer | | | 16. MOTHER'S NA Vilen | | le, Melden Sur Ver | meme) | |
| 19e. INFORMANT'S NAME (Type/Print) O. Jean Farmer | | | | and Number or Rural I 1 Street | | City or Town, S lkton, | | 21921 |
| 20a. METHOD OF DISPOSITION March 1 以 Burlal 2 □ Cremation 3 □ Ramon | 9, 1991 20t | b. PLACE OF DISPO | OSITION (Name of c | emetery, cremetory or | | 20c. LOCAT | TION CITY | y or Town, Btsta |
| 4 Donation 5 Other (Specify) | G: | ilpin Ma | | orial Par | | | | Maryland |
| 21. SIGNATURE OF TOTAL SERVICE EIGE | HOLL | | 22 NAME | AND ADDDESS OF EA | CH FTV | | | |
| · Ralph | Egli | by | B | AND ADDRESS OF FA | ockton | Stre | ls, P ets | .A. |
| 23. PART I. Enter the diseases, or conshock, or heert failure. Li | omplications that caused lat only one cause on e | d the death. Do | Be | ow and St | ockton 219 | Stre | ets | |
| 23. PART I. Enter the disease, or conshock, or heer failure. Limited disease or condition resulting in death) | let only one cause on e | Muo | not enter the m | ow and St. 1kton, MD node of dying, suc | ockton 219 h as cardiac | Stre | ets lory arrest | t, Approximate |
| shock, or heert failure. Li IMMEDIATE CAUSE (Final disease or condition | DUE TO (OR AS A | d the death. Do nech line. A consequence of the co | Bo E not enter the m | ow and St | ockton 219 h as cardiac | Stre | ets lory arrest | t, Approximate interval Between |
| shock, or heert failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions | DUE TO (OR AS A | A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE but not resulting | Bo E not enter the m | ow and Stikton MD node of dying, such and In | Part I. 24 | Stre | ets tory arrest | t, Approximate interval Between |
| shock, or heert failure. Limited in the condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions CLIABARY U.C. | DUE TO (OR AS A DUE TO (OR AS | A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE but not resulting | not enter the m Card OF): OF): I in the underlying the days. | ow and St. Ikton MD node of dying, suc | Part I. 24 | Stree 21 or respirat | ets tory arrest | 24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| shock, or heert failure. Li iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions CAUSE (Disease or Injury that initiated events resulting in death) LAST | DUE TO (OR AS A CONTributing to death by Culful HOSPITAL: | A CONSEQUENCE A CONSEQUENCE Dut not resulting | not enter the m Caud OF): OF): I in the underlying the second | ow and St Lkton MD node of dying, suc | Part I. 24 | a. WAS AN AU PERFORMI | ets tory arrest | 24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| ahock, or heert failure. LI IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions CLIABLE COMMITTED 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DED 27. MANNER OF DEATH 1 Natural 5 Pending | DUE TO (OR AS A DUE TO (OR AS | A CONSEQUENCE OUT NOT TO SHARE THE PARTY OF | Depinor of the underly of the underl | ow and St. Ikton MD node of dying, suc | Part I. 24 | a. WAS AN AU PERFORMI | ets tory arrest | 24b. WERE AUTOPSY FINDIN ANILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| shock, or heert failure. Limited in the condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions CALLER DY CO. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO. | DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A LOCAL CONTRIBUTION TO CON | A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE Dut not resulting CCC Spetient 3 (150A | orp: | ow and St 1kton MD node of dying, suc All Jul Ing cause given in PLACE OF DEATH (Ch one 5 [Mesidence nuury at vork?] YES 2 NO | Part I. 24 1 Cock ton 10 A confidence Part I. 24 1 24 1 26. DESCRI | . WAS AN AU PERFORMI | TOPSY ED? | 24b. WERE AUTOPSY FINDIN ANILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| ahock, or heert failure. Limited is asset or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions Carrier Death Carrier Death Carrier | DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A CONTributing to death b COLLEGE HOSPITAL: Impetient 2 ER/Outh 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe | A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE Dut not resulting CCC Partient 3 (1.50A 28b. Till Y — At home, farm | DEP: OFP: | ow and St. Lkton MD node of dying, suc AL Ly Ing cause given in PLACE OF DEATH (Ch ome 5 [LResidence NJURY AT NORK? YES 2 NO NICE Ite and place, and due | Part I. 24 1 Cock ton 21 0 h as cardiac Part I. 24 1 24 1 26 26 26 10 10 10 10 10 10 10 10 10 1 | a. WAS AN AU PERFORMI YES 2 DOIN (Street and bwrn, State) | TTOPSY EURY OCCUPY OCCU | 24b. WERE AUTOPSY FINDINAMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |

106 Bow Street

Julia Davidson-Randall

32. REGISTRAR'S SIGNATURE



Esther Opinion, M.D.

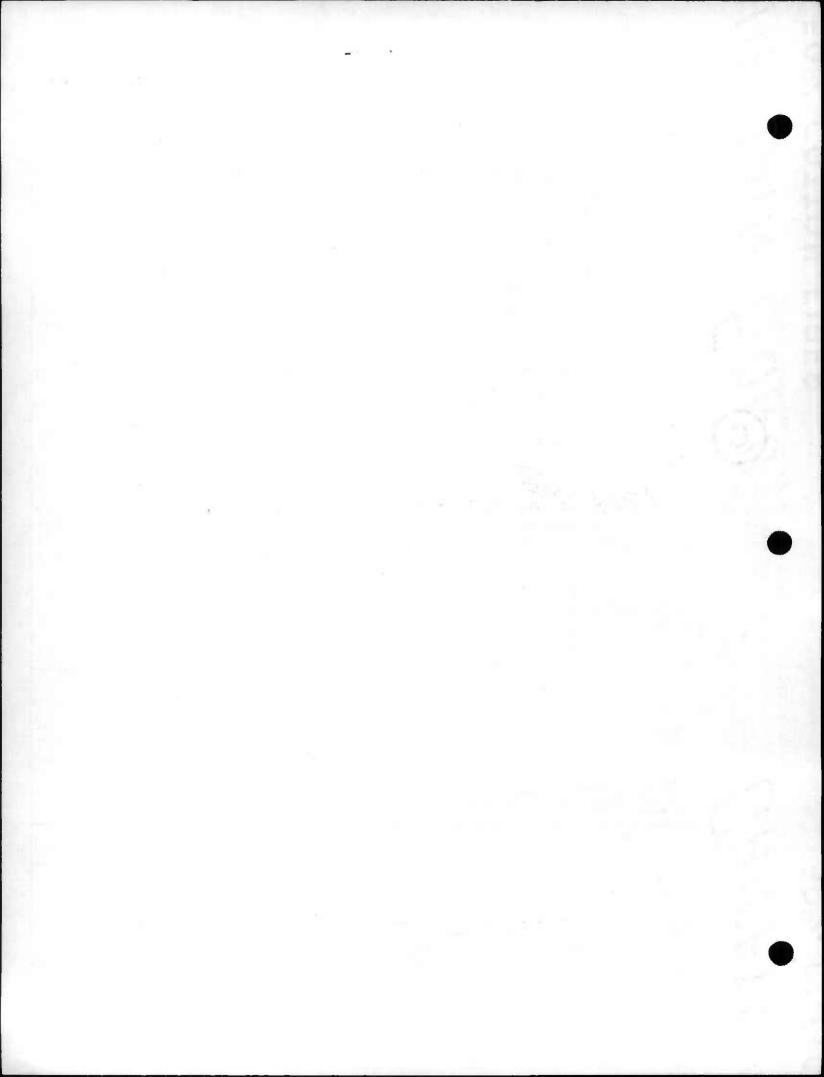
31. DATE FILED (Month, Dey, Year)

MAR 08 '91

DHMH-16 Rev 1/89

21921

Elkton, MD



| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Nours after death. Page 6 may be retained by the hos | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dent of Health and Mental Horlege prior to burial, cremation, or removal. | IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
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| The | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fact within 22 hours after death with the State Deot of Health and Mental Hothere prior to burial, cremation, or removal. | E |
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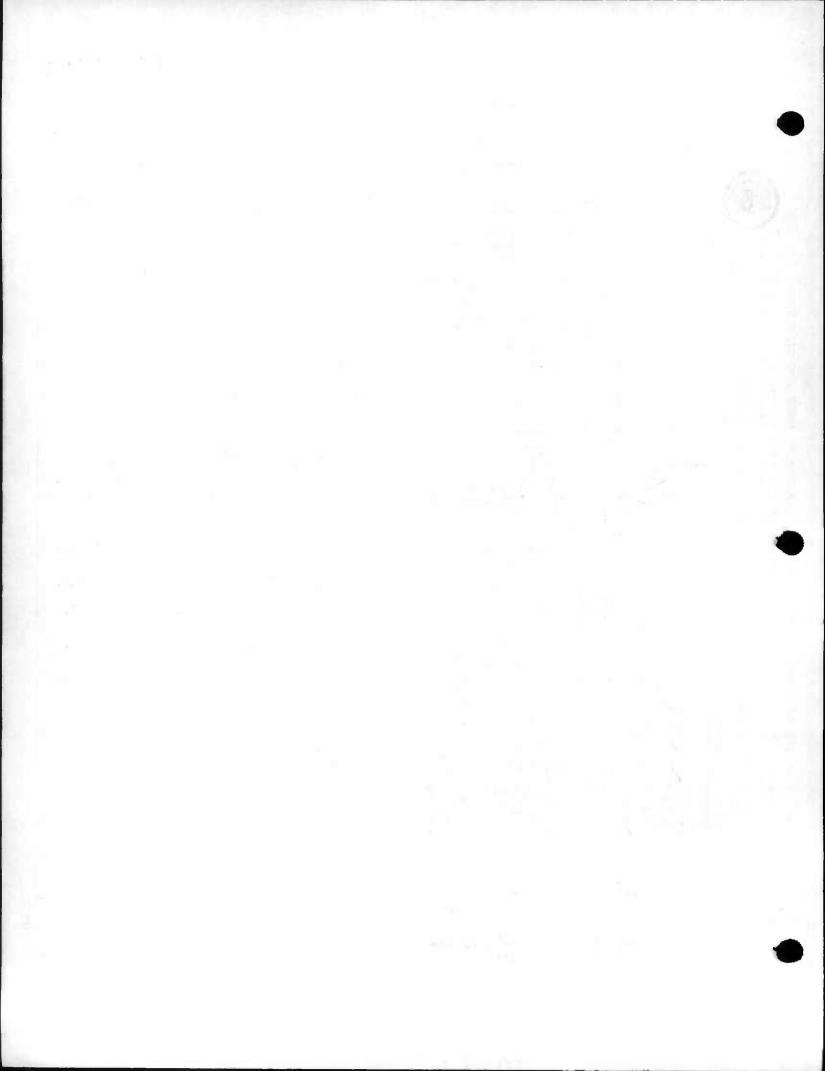
| OFFICIAL OF DEATH | | STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL H | YGIENE |
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| AR CERTIFICATE OF DEATH REG. NO. | AR | CERTIFICATE OF DEATH | EG. NO. |

| | OR FATE GISTRAR | STATE OF MARY | | ENT OF HEALTH AND TE OF DEATH | MENTAL | HYGIENE REG. NO. | | 01020 |
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| Jo | DENT'S NAME (First, Middle, Last) DSEP AL SECURITY NUMBER | Gantt | Ford | | | ch I | 4 19 | |
| 220 | S-26-4595 ILITY NAME (If not institution, give: | 1 M 2 🗆 F | 3 YRS. MONT | CITY, TOWN OR LOCATION OF | 09. | -32- | 27 No. COUNTY | |
| RESID 10a. STA | DENCE OF DECEDENT | ealth Car | | ethesda. | MD | | Mon | tgomery |
| | ryland Prin | nce George | U- | pper Marlboro |) | T | log. CITIZEN | LIMITS? 1 ☐ YES 2 ☒ NO OF WHAT COUNTRY? |
| 11. MARI | 309 Welshire I | Drive 12. WAS DECEDENT EVER FORCES? 1 TYPE IF YES, GIVE WAR OF | ES 2 NO | 20772 13. WAS DECENDENT OF HISF If yes, specify Cuben, Max 1 YES 2 NO Spe | ican, Puarto Ric | | al Resource | RACE — American Indian, Black, White, stc. |
| Elem | 15. DECEDENT'S EDU (Specify only highest gradinentary/Secondary (0-12) | | life. Do NOT use retir | IL OCCUPATION one during most of working ad.) | | UND OF BUSIN | | Black |
| E 0 |)-6 IER'S NAME (First, Middle, Last) | | labor | | | | Maria. | |
| 5 12 72 14 | Alexander Ford | | | 16. MOTHER'S | anita V | | mame) | - 20 |
| 100 INF | ORMANT'S NAME (Type/Print) | | 19b. MAILING ADD | RESS (Street and Number or Run | | | State, Zip Coo | le) |
| 2 R | Randolph Ford | | 10309 We | 1shire Dr. 1 | Jpper M | Marlbo | ro. Mo | 1 20772 |
| 20a. ME 1- Bu | THOD OF DISPOSITION rial 2 Cremation 3 Ramonation 5 Cher (Specify) | noval from State | 20b. PLACE OF DISPOSITION other place) | (Name of cometery, cremetory or rch Cemetery | | 20c. LOCA | | or Town, State |
| 21. SIGN | NATURE OF FUNERAL SERVICE LI | 0 | ell | 22. NAME AND ADDRESS OF Sewell Funera | | | | s Beach Rd. |
| Sequal If any, cause. CAUSE that in | interest of the second | OUE TO (OR A | | ar- | st. | hmti | a lei | Interval Between Onset and Death |
| PART I | II. Other significent condition | na contributing to deat | h but not resulting in th | e underlying cause given | | 24a. WAS AN AI PERFORM 1 YES 2 | ED? | 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| ž | | | | | | | | |
| 25. WAS | CASE REFERRED TO MEDICAL | HOSPITAL: | ОТ | 26. PLACE OF DEATH | Check only one) |) | | |
| 27 MAN | YES 2 NO | 1 Inpatient 2 ER/C | | Nursing Home 5 - Resident | | (Specify) | LIBY OCCUP | En |
| 2 🗆 | Natural 5 Pending Investigation | (Month, Day, Yea | ir) INJURY | M 1 YES 2 NO | | | | Bural Route Number, |
| 40 | Suicide 8 Could not be determined | building, etc. (S | Specify) | , ractory, orrica | | Town, State) | J Number of F | urai nodio Namoo, |
| 29a. CER (Che one) | eck only | | | the time, data and place, and o my opinion, death occured at 1 | | | | ouse(a) and menner as stated. |
| 29b. SIG | MATURE AND TITLE OF CERTIFIE | | | 29c. LICENSE | IUMBER | | 29d. DATE SI | GNED (Month, Day, Year) |
| | don 0 | culen | ~ | DOS | 554 | 6 | 13 | ,-14-91 |
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| 31. DATE | MAR 1 8 1991 | 30 REGISTRAR'S S | IGNATURE Andall | | 0 | | | |

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| 1. DECEDENT'S NAME (First | Middle, Last) | | | | ICATE | | | | REG. NO | | | 3. TIME OF DEATN |
|--|--|--|--|--|--|--|---|--|--|--|---|--|
| Edna Mar | ie Fr | Ve | | | | | | I I | ebruary | AY 21 10 | YEAR | 12:50 A |
| 4. SOCIAL SECURITY NUME | ER | 5. SEX | 6. AGE (In yrs. | last birthday) | IF UNDER 1 | | IF UNDER 2 | 24 HRS. 7 | Month, Day, Year) | -1,1 | 8. BIRTHE | LACE (State or Foreign |
| 577-90-20: | 20 | 1 □ M 2 XXF | 90 | YRS. | MONTHS | DAYS H | HOURS | MIN. | ugust 7. | 1900 | | |
| 9a. FACILITY NAME (If not in | atitution, give at | reet and number) | | | 96. CITY, T | OWH OR I | LOCATIO | N OF DEAT | | | NTY OF DE | |
| 6800 Janet | Lane | | | | Ft. | Was | hing | gton | | Pr | ince | Georges |
| 10a. STATE | 10b. COUNTY | , | | 10c. CIT | TY, TOWN OR | LOCATION | N | | | | | 10d. INSIDE CITY |
| Maryland | Princ | ce Georg | es | F | t. Was | shin | gtor | 1 | | | | LIMITS? |
| 10e. STREET AND NUMBER | | | | | | - | IP CODE | | | 10g. CITI | | HAT COUNTRY? |
| 6800 Janet | Lane | | | | | | 207 | 744 | | U | .S.A. | |
| 11. MARITAL STATUS | | 12. WAS DECEDEN | T EVER IN U.S. | | | | | | ORIGIN? (Specify Ye Puerto Rican, etc.) | a or No- | 14. RACE Black | - American Indian, White, etc. |
| 1 Never Married 2 3 Widowed 4 3 Dive | | | WAR OR DATES | A | | | | Specify: | | | Specif | |
| 15. DEC | EDENT'S EDUC | CATION | 160. | DECEDENTS | B USUAL OCC | HOSTAGE | _ | | 16b, KIND OF BU | SINESS/INC | DUSTRY | wille |
| (Specify onli Elementary/Secondary (| y highest grade | completed) College (1-4 or 5 | | (Give kind of life. Do NOT L | work done dui ise retired.) | ring most o | of working | 9 | | | | |
| 7 | , | | " | hous | e wife | e | | | own | home | | |
| 17, FATHER'S NAME (First, M | liddle, Last) | | | | | | is. MOTN | IER'S NAME | (First, Middle, Maider | Surname) | | |
| Thomas I. | Alvev | | | | | | Far | nnie | Adel C | ien | | |
| 19a. INFORMANT'S NAME (| Type/Print) | | | 19b. MAILIN | G ADDRESS (| Street and | Number | or Rural Rou | ite Number, City or Tov | vn, State, Zip | p Code) | |
| Dorothy M. | | gins | | | | | | | e Hills, | | | |
| 20a. METHOD OF DISPOSIT | on 3 🗆 Heme | oval from State | other | place) | SITION (Name | | | | | CATION - | | · _ |
| 4 Donation 5 Other | A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A | endice (| Trin | ity M | | | | ens 2 | /23/91 V | laldo | rf. N | ÍD |
| T. STORY | E BEHVIOL EN | 7 4 | - | | 22. 147 | WHE WIND | MUDNES | DO OF PAUL | all t | 100 | 0 0 . | . 7 1 7 1 |
| | | // // - | .11 | , | Dal. | 1 | T2 T | 7.2 7 1. | 1 T | 430 | 8 Sui | tland Kd. |
| 23. PART I. Enter the d | ya / | 6 /Le | t coused the | death, Do | Robe | ert] | E. W | Vilhe | 1m, Inc. | Sui | t1and | l, MD. 207 |
| 23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (FI disease or condition resulting in death) | eart failure. hat | List only one ca | use on eech l | ine. | not enter ti | ert] | E. W | Vilhe | 1m, Inc. | Sui | t1and | Approximata interval Batw Onset and De |
| shock, or h IMMEDIATE CAUSE (red disease or condition resulting in death) Sequentially list condit | ent failure. | a. Cardic | pulmon | ary a | not enter ti rrest OF): | ha moda | n of dyle | ng, such : | as cardiac or resp | Suii | tland | MD. 20 |
| shock, or h IMMEDIATE CAUSE (Pidisease or condition resulting in death) Sequentially list condition if any, leading to immediates. Enter UNDERLY | tiona, idiate | a. Cardic DUE TO DUE TO DUE TO | pulmon or as a con IAL INV or as a con | ary a seouence (ASIVE seouence (| rrest PF): SQUAN | MOUS | CEL | ng, such : | es cardiac or resp | Suii | tland | Approximata interval Batwonset and Dominutes Months |
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| shock, or h IMMEDIATE CAUSE (Pri disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Entar UNDERLY CAUSE (Disease or inje | clona, dilate ING | a. Cardic DUE TO b. TERMIN DUE TO c. SEVERI | DDULMON OR AS A CON IAL INV. OR AS A CON COR AS A CON COR AS A CON | ary a secuence of the secuence | rrest PROTIC OF): | MOUS CORO | CEL | L CAI | es cardiac or resp RCINOMONA ART_DISEA | Suii | tland | Approximata interval Batw Onset and Dominutes Months YEARS. |
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DHMH-16 Rev 1/89



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

| BALTIMORE, MARYLAND 21203-3146 | TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Por hier within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. |
|--|--|
| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the host TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Merital Hydiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
| DIVISION OF VITA | TO THE HOSPITAL DR ATTENDING PHYSICIAN: THE TO THE FUNERAL DIRECTOR: After this certificate be filed within 72 hours after death with the State IMPORTANT: If Nem 28 is marked, or item |

| 1. DECEDENT'S NAME (First, | Middle, Last) | | | | | | , | | | | OF DEATH DA | | YEAR | 3. TIME OF DEATH |
|--|-------------------------|---------------------|--------------|-------------|-------------|--|-----------|--------------------------|-----------|--------------|------------------|-----------|-------------------|---|
| CRA | WFORI | EWEL | L | 1 | FOXU | DEL | (| | | MARCH 7 1991 | | | 1200 PM | |
| 4. SOCIAL SECURITY NUMBER | | 5. SEX | 6. AGE (/ | n yrs. lest | birthday) | | R 1 YEAR | IF UNDER | | 7. DATE C | Dey, Year) | | 8. BIRTI Count | HPLACE (State or Foreign |
| A18-20-726 | 5 | 1 💢 M 2 🗆 F | 6 | 3_ | YRS. | MONTHS | DAYS | HOURS | MIN. | | -18-1 | 927 | | ryland |
| 9e. FACILITY NAME (If not in | | treet and number) | | | | 9b. CIT | Y, TOWN | OR LOCATI | ON OF DE | | | | NTY OF E | |
| PENINSULA GI | ENERAL | HOSPITA | L | | | SAL | ISB | URY | | | | WIC | <u>OMI</u> C | 0 |
| 10a. STATE | 10b. COUNTY | 1 | | | 10c. CiTY | Y, TOWN | OR LOC | ATION | | | | | | 10d. INSIDE CITY |
| Maryland | Dor | cheste | r | | | 0 | amh | orido | 10 | | | LIMITS? | | |
| 10e. STREET AND NUMBER | 2002 | . 0110000. | | | | | | 01. ZIP COD | | | | 10g. CIT | IZEN OF | WHAT COUNTRY? |
| 205 East | App1 | eby Ave | 2. | | | | | 2.1 | 613 | 1 | | | USA | |
| 11. MARITAL STATUS | | 12. WAS DECEDER | NT EVER IN | U.S. ARA | MED | 13. | | CENOENT C | F HISPAN | NIC ORIGIN | (Specify Yee | or No— | 14. BAC | E — American Indien, |
| 1 Never Merried 2 | | FORCES? | NAR OR DA | TES N | 0 | | | ipecity Cuba S 2 ₩ NO | | | ican, etc.) | | 1,712,000 | k, White, atc. |
| 3 Widowed 4 Divo | rced | | | | | | | X | | | | | | wnite |
| 15. DEC (Specify onl) | EDENT'S EDU | CATION completed) | | 16a. DEC | CEDENT'S | USUAL C | during n | TION nost of working | na | 16b. | KIND OF BUS | SINESS/IN | DUSTRY | |
| Elementary/Secondary (0 | 1-12) | College (1-4 or 5 | +) | | | | | | • | | | | | |
| 10 Year | | | | Sh | ippi | .ng | C16 | | | | arme | | ifg. | |
| 17. FATHER'S NAME (First, M | | _ | | | | | | 18. MOT | | , | liddle, Melden | | | |
| | | Foxwe: | Ll | | | | | | | | an E | | | |
| 190. INFORMANT'S NAME (| | | | | | | | | | | er, City or Town | | | |
| Mary Lee | | rell | | | | | | | | e. C | 4 | | | d. 21613 |
| 20a. METHOD OF DISPOSIT | | oval from State | 20b | other pie | OF DISPOS | BITION (N | leme of c | emetery, crer | matory or | | 20c. LO | CATION — | City or T | own, State |
| 4 Donetion 5 Dother | (Specify) | | - D | orc | hest | | | | | | Cam1 | brid | lge, | Maryland |
| 21. SIGNATURE OF FUMERA | | | 4 | | | 22. NAME AND ADDRESS OF FACILITY Thomas Funeral Home | | | | | | | | |
| nen | nett + | 2 Thou | % | 1 | | 1 7 | | | | | | | | Md. 21613 |
| 23. PART I. Enter the d | | | | | | | | | | | | | | Approximate |
| shock, or h | | List only one ca | | | | | | | | | - | | | Interval Between Onset end Death |
| disesse or condition_ | | A | - A | P | M | youardia/ Interction | | | | | | | | |
| resulting in deeth) | • | DUE TO | OR AS A | CONSEC | UENCE OF | FY. | , | -7 2 | | | | | | |
| | | h | | | | | | | | | | | | |
| Sequentielly list condit | | DUE TO | OR AS A | CONSEC | DUENCE OF | F): | | | | | | | | |
| cause. Enter UNDERLY CAUSE (Disease or Inju | ING | C | | | | | | | | | | | | |
| that initiated events | | DUE TO | OR AS A | CONSEC | DUENCE OF | F): | | | | | | | | |
| resulting in death) LAS | " | d, | | | | | | | | | | | | |
| PART II. Other significa | ent condition | ne contributing to | deeth b | ut not r | esulting | In the u | ınderiyi | ing ceuse | given in | Part I. | 24a, WAS AN | AUTOPSY | 24 | b. WERE AUTOPSY FINDINGS |
| | | | | | | | | | | | PERFOR | AMED? | | AVAILABLE PRIOR TO COMPLETION OF CAUSE |
| | | | | | | | | | | _ | 1 YES 2 | □ NO | | OF DEATH? |
| | | | | | | | | | | - | | | | 1 YES 2 NO |
| 25, WAS CASE REFERRED 1 | O MEDICAL | ı | | | | | 0.0 | DI ACE OF | DE ATM # | back o-t- :- | al. | | | |
| EXAMINER? | MEDICAL | HOSPITAL: | | | | OTHE | ER: | PLACE OF I | | | | | | |
| 1 YES 2 NO | | 10 Inpatient 2 | - | patient 3 | 28b. TIM | | | ome 5 🗆 R | lesidence | | (Specify) | N.IHEY A | CHIPED | |
| | Pending | (Month, | Day, Year) | | IN. | JURY | ١ ١ | WORK? | □ NO | 200. DES | ONIDE NOW I | uuni U | JOURED | |
| 2 Accident | Investigation | 28e. PLACE | OF IN ITIES | _ At he | me ferm | | | | 0 | 281 1.00 | ATION /Steam | and Numb | er or Dive | Route Number, |
| 3 Suicide 8 Homicide | Could not be determined | building | , etc. (Spec | cify) | , contri, | | otory, or | | | | or Town, State) | | or or north | roote (turnout, |
| 29e. CERTIFIER | | | | | | | | | | | | | | |
| (Check only | - 14 | ER: On the basic of | | 100 | | | | | | | | | | (s) end menner es stated. |
| 29b. SIGNATURE AND TO | E OF CERTIFIE | я // | | | | | | 29c. LIC | ENSE NU | IMBER | | 29d. DA | TE SIGNE | OffMonth, Day, Year) |
| 4 | Ma | P | | | | | | 1 | 247 | 168 | | • | 3/ | 9/91 |
| 30. NAME AND ADDRESS O | F PERSON WI | HO COMPLETED CA | USE OF OE | ATH (ITE | М 27) (Туре | , Print) | | .0 | 11/ | / / | | | / | 1 |
| JEffasy | | and in | -/ 4 | 560 | Riv | | | , Un. | SA | lishui | ey M | d. | | • |
| 31. DATE FILED (Month) Day | R 11 | 91 32. REGISTE | AR'S SIGN | DRUY | doon-l | Panda | 202 | | | | | | | |

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BALTIMORE, MARYLAND 21203-3146

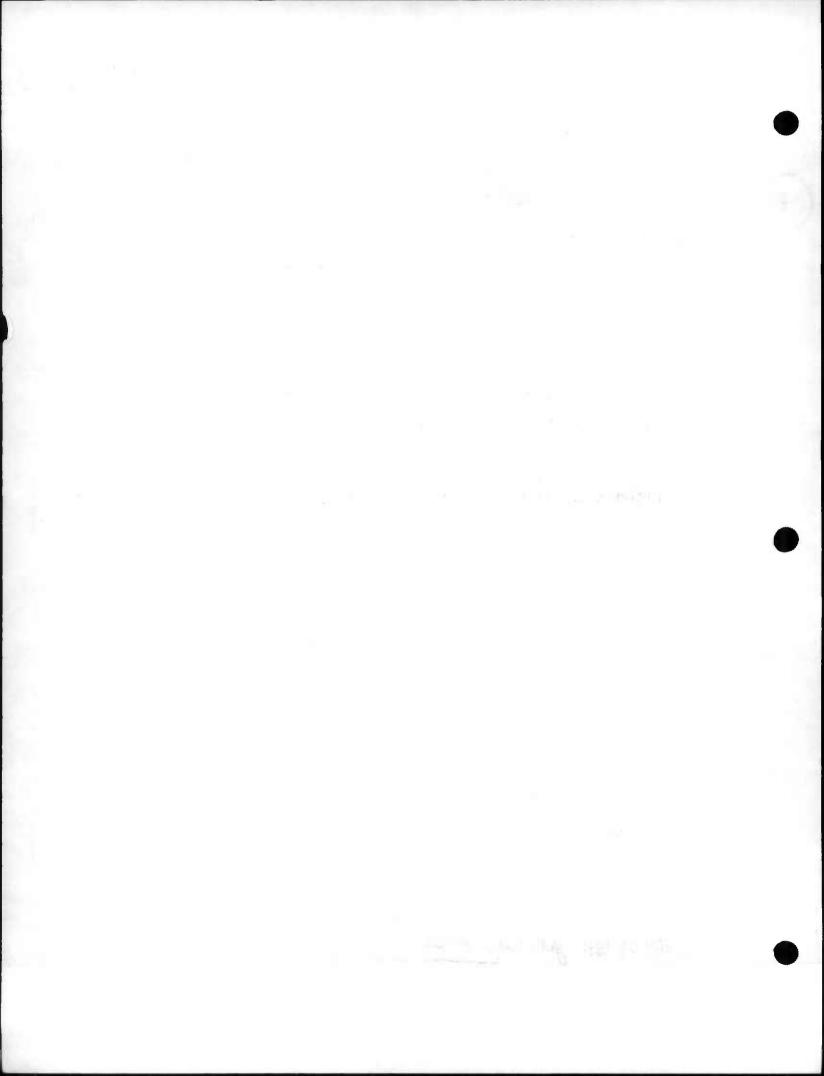
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Law, wours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

| | 1 - STATE REGISTRAR | 011112 01 | CI | ERTIF | ICATE OF | DEATH | F | REG. NO. | | | | |
|--------------------|--|--|--|----------------------|--|-------------------------------|------------------------------|------------------------------|-------------|---|---|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | | 2. DATE OF MONTH | DEATH | | VEAR | 3. TIME OF DEATN | |
| | Eva | Fran | nces | FAG | AN | | 02 | 27 | 5 0 | TIF | 2028 M | |
| | | 5. SEX 1 | 6. AGE (In yrs. las | st birthday) YRS. | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF (Month, De Apr. 2 | BIRTH 89, 1867) 0,189 | 9 1 | Country) | Virginia | |
| TOR | 9a. FACILITY NAME (If not institution, give atre- Frederick Memorial RESIDENCE OF DECEDENT | | al | | 9b. CITY, TOWN Frede | on Location of Di | | | 9c. COUNT | | ATN | |
| DIRECTOR | 10a. STATE 10b. COUNTY | | | 10c. Cl1 | TY, TOWN DR LOCA | | | 10d. INSIDE CITY LIMITS? | | | LIMITS? | |
| | Maryland Fred | erick | | | Freder | | 40 - 01717771 05 | | | 1 💢 YES 2 🗌 NO | | |
| FUNERAL | 109 East Fourth St | | | | | 01. ZIP CODE 21701 | | U. | | | | |
| B | 11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced | 12. WAS DECEDEN FDRCES? 1 IF YES, GIVE W | YES 2 3 | | 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or N If yes, specify Cuban, Maxican, Puerto Rican, atc.) 1 ☐ YES SEEND Specify: | | | | or No— | No- 14. RACE - American Indian, Black, Whita, atc. Specify: White | | |
| COMPLETED | (Specify only highest grade completed) ((Elementary/Secondary (0-12) College (1-4 or 5+) | | | | CEDENT'S USUAL OCCUPATION we kind of work done during most of working Do NOT use retired.) THE MARKET 18b. KIND OF BUSINESS/INDUSTRY | | | | | | | |
| COM | 17. FATNER'S NAME (First, Middle, Last) | | | | | 18. MOTHER'S NA | | | | | | |
| BE | | ates | Edwar | | | Mary | | | Bril! | _ | | |
| 9 | 19a. INFORMANT'S NAME (Type/Print) Mrs. Frances C. Bl | ickensta | | | | and Number or Rural | | | | | 1701 | |
| | 20a. METHOD OF DISPOSITION XXBurial 2 Gremation 3 Remov | | 20b. PLACE other pl | OF DISPO | DSITIDN (Name of ce | emetery, crematory or | | 20c. LOC | CATION C | aty or Tow | rn, State | |
| | 4 Donation 5 Other (Specify) | | _ Mou | nt O | livet Ce | emetery | 700 0004 | Fr | eder | ick, | Maryland | |
| | Pichay E. | That | M002 | :55 | | | | .A. F | unera | al Ho | ome MD 21701 | |
| CERTIFICATION | Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | DUE TO | O (OR AS A CONSE | EQUENCE C | OF): | Inter | 1 | | | | Onset and Death | |
| | Promite descriptions and disease | talk talan sa | | 'alma | | | | | | | 1 | |
| PHYSICIAN: MEDICAL | PART II. Other algorificant conditions | | | | | ng cause given in | | 4a. WAS AN / PERFORI | MED? | | WERE AUTOPSY FINDINGS MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND | |
| CIA | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | | 26. F | PLACE OF DEATH (C | heck only one) | | | | | |
| ASI | 1 🗆 YES 2 🗷 10 | 1 Inpatient 2, | | · · · · · | 4 - Numing Ho | ome 5 - Rasidanca | | | | | | |
| ВУ РН | 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation | 28a. DATE OF (Month, D | FINJURY Day, Year) | 28b. TII | NJURY W | NJURY AT YORK? YES 2 NO | 28d. DESCR | RIBE NOW IN | JURY OCC | URED | | |
| | 3 Suicide 6 Could not be determined | 28s. PLACE 0 building, | OF INJURY — At hi i, etc. (Specify) | ome, farm, | , street, factory, off | ica | | ON (Street a Town, State) | nd Number (| or Rural Ro | oute Number, | |
| COMPLET | 29a. CERTIFIER 1 OERTIFYING PNYSIC (Check only one) 2 MEDICAL EXAMINER | | | | | | | | | | and manner as stated. | |
| BE | 296. SIGNATURE AND TITLE OF CERTIFIER | 1 1 | with 0 | 1 | | 29c. LICENSE NU | MBER 9 68° | 9 | 29d. DATE | SIGNED | (Month, Day, Year) | |
| 5 | 30. NAME AND ADDRESS OF PERSON WHO | COMPLETED CAU | USE OF DEATH (ITT | | | Chroot | | | Mara | -1 -m | 21701 | |
| | A. Austin Pearre 31. DATE FILED (Month, Dey, Year) MAR 05 1991 4 | | AR'S SIGNATURE | | SC MILICA | SUICEU, | rrede | IICK, | PAL | Taik | 1 21 /01 | |
| | W ILES OF INCHES | | 20 | | | | | | | | | |



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chinour after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit, be filed within 72 hours after death with the State Dept. of Health and Memial Hyglene prior to buriat, cremation, or removal. The manifest is variety to an interest of the prior of the prior of the manifest is variety than 18 in more at the prior of the prior of the prior of the manifest is variety than 18 in more at the prior of the pr DIVISION OF VITAL RECORDS, P.O. BOX 13146,

| | | FOR C | TATE OF MARYL | AND / DEPAR | TMENT OF | HEAITH AND B | MENTAL HYGIEN | | 1 (| 7629 |
|------------------|------|--|---|------------------------|----------------------|--|---|----------------|------------------------|--|
| | 1 | - STATE REGISTRAR | IAIL OF MANIE | | ICATE OF | | REG. NO | | | |
| | F | 1. DECEDENT'S NAME (First, Middle, Lest) | | | | | 2. DATE OF DEATH | AY Y | EAR 3. TI | ME OF DEATH |
| 1 | | Paul Bryan FO | RD, Jr. | | | | 3 / | 9 | 1 | 840 M |
| | | The state of the s | | in yrs. last birthday) | IF UNDER 1 YEAR | | 7. DATE OF BIRTH (Month, Day, Year) | 8. | BIRTHPLAC | e (State or Foreign Onsboro, |
| | | 215-18 - 2400 | □ M 2 □ F 68 | YRS. | WONTHS. DATS | HOURS MIN. | April 13 | , 1922 | Max | vland |
| | | 9a. FACILITY NAME (If not institution, give street e | and number) | | 9b. CITY, TOWN | OR LOCATION OF OR | ATH | 9c. COUNTY | OF DEATH | yland |
| 1 8 | 1 | Washington Coun | ty Hospita | 1 | Hage | erstown | | Wash | ingto | n |
| ក្ន | F | RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY | | 10c. CIT | ry, TOWN OR LOC | ATION | | | 10d. | INSIDE CITY |
| DIRECTOR | ı | | ington | | onsboro | | | | | LIMITS? YES 2 NO |
| | ŀ | 10e. STREET AND NUMBER | | | | IOI. ZIP CODE | | 10g. CITIZEI | | |
| FUNERAL | | 25 Young Ave. | | | | 21713 | | П. | S. A | |
| NS. | ŀ | 11 MADITAL STATUS | WAS DECEDENT EVER IN | N U.S. ARMED | 13. WAS D | ECENDENT OF NISPAN | NIC ORIGIN? (Specify Ye | | . RACE - A | merican Indien, |
| | | X | FORCES? 1 YES | 2 NO ATESX | If yes, | apecity Cuben, Mexica ES 2 N NO Specify | n, Puerto Ricen, etc.) | | Black, Whi Specify: | White |
| B | | 3 Widowed 4 Divorced | | | | | | | | WIIICE |
| COMPLETED | | 15. DECEDENT'S EDUCATIO (Specify only highest grade comp | | (Give kind of | work done during | | 16b. KIND OF BL | ISINESS/INDUS | TRY | |
| 9 | | The state of the s | ollege (1-4 or 5+) | Me i e l | | | | | | |
| e d | | 17. FATNER'S NAME (First, Middle, Last) | | Maint | enance | To Marie and Ma | ME (First, Middle, Meider | ng Home | 3 | |
| | | Paul B. Ford, Sr. | | | | | E. Itnyre | i Surrieme) | | |
| | - | 19e. INFORMANT'S NAME (Type/Print) | | 195 MAILING | G ADDRESS (Street | | Route Number, City or Ton | wn State Zio C | ocia) | |
| TO BE | | Catherine V. For | ď | | | | sboro, Ma | | | 13 |
| | ľ | 20e. METHOD OF DISPOSITION | 208 | DI ACE OF DISEC | SITION (Name of | nemelani namalani or | | DCATION CIT | | |
| ISA L | | 1 Burial 2 Cremation 3 Removal 4 Donation 6 Other (Specify) | from State | other plece) Benevo | la Ceme | tery | Bei | nevola | , Mar | vland |
| 9 | ı | 21. SIGNATURE OF FUNERAL SERVICE LICENS | 004. | 11, | | AND ADDRESS OF FA | OILITY | 6 Boons | | |
| examiner must be | | John H. Bast | **** | Ser h | DAC | ית ביותובים אד | | | | |
| | + | 23. PART I. Enter the diseases, or com | | d the death. Do | | | HOME, BOOT | | | Approximete |
| medical | | shock, or heart fellure. List | | | | | | , | | Interval Between Onset end Death |
| 2 | | IMMEDIATE CAUSE (Finel disease or condition | Run | no ha | 0-11 | C 4.00 5 | 0.0.004.4 | | j | |
| event, | H | resulting in death) e | DUE TO (OR AS | A CONSEQUENCE | DF): | Curci | 10-19 | | | |
| | | | | | | | | | | |
| RTIFICATION | | Sequentially list conditions, if any, leading to immediate | DUE TO (OR AS / | A CONSEQUENCE (| OF): | | | | | |
| other traumatic | ı | CAUSE (Disease or Injury | | | | | | | | |
| | | that initiated events | DUE TO (OR AS / | A CONSEQUENCE (| OF): | | | | i | |
| 5 E | | d. | | | | | | | i | |
| AL C | | PART II. Other algnificant conditions of | ontributing to death i | but not reaulting | In the Underly | ing cause given in | | N AUTOPSY | | RE AUTOPSY FINDINGS |
| MEDICAL | | Left Parieta | 1 Cereb | ral I | in far | ction | 1 TES | 2 NO | CON | ILABLE PRIOR TO WPLETION OF CAUSE DEATH? |
| | | | | | | | | -34 | | YES 2 NO |
| 00 | - 11 | | | | | | | | | |
| SICIAN | | 25. WAS CASE REFERRED TO MEDICAL | | | | PLACE OF OEATH (C) | heck only one) | | | |
| SIC! | | | OSPITAL: Inpatient 2 - ER/Out | patient 3 DOA | OTHER: | lome 5 - Residence | 6 Other (Specify) | | | |
| PHY: | | 27. MANNER OF DEATN | 28e. DATE OF INJURY (Month, Day, Year) | 28b. TI | ME OF 28c. | INJURY AT WORK? | 28d. OEŞCRIBE HOW | INJURY OCCU | RED | |
| marked, BY PH | | 1 Natural 5 Pending 2 Accident Investigation | | | M 1[| YES 2 NO | | | | |
| <u>∞</u> 0 | | 3 Suicide 8 Could not be | 28e. PLACE OF INJURY building, etc. (Spe | | , street, factory, o | ffice | 28f. LOCATION (Street City or Town, Stat | | r Rural Route | Number, |
| m 28 ETE | | 4 Homicide determined | | | | | | | | |
| 필 | | 29e. CERTIFIER 1 CERTIFYINO PNYSICIAL | N: To the best of my know | wiedge, death occu | rred at the time, o | late end place, and du | e to the cause(e) end m | anner as state | d. | |
| ANT: If Its | | one) 2 MEDICAL EXAMINER: C | On the basis of examination | on and/or investigat | tion, in my opinio | n, death occured at the | e time, date and place, | and due to the | cause(e) an | d manner ea stated. |
| E | | 296. SIGNATURE AND TITLE OF CERTIFIER | 111 | | | 29c, LICENSE NU | | 29d. DATE | SIONEO (Mo | nth, Day, Year) |
| F 6 | - 11 | William | O Ken | 2 | | D389 | /7/ | 36 | 17/9 | |
| LE | | 30, NAME AND ADDRESS OF PERSON WHO C | OMPLETED CAUSE OF D | EATH (ITEM 27) /7/ | ne Print) | 4.40 | | 7 | | |

DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Guna Davidson-Randelle

MAR 18 91

gha Fall

OHMH-16 Rev 1/89

| | TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within L-, nours after death. Page 6 may be retained by the hospital or attending physician. | THE PLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. | be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. | |
|--|--|--|--|--|--|
|--|--|--|--|--|--|

| | FOR 1 - STATE REGISTRAR | STATE OF MARYLAND | D / DEPAR | TMENT OF H | IEALTH AND N | MENTAL HYGIENI REG. NO. | E | . 07030 | |
|---------------|--|---|-------------------|--------------------------------|---|---|-----------------------------|---|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | - | | | 2. OATE OF OEATH | | 3. TIME OF DEATH | |
| | Nancy Lee FITZGERA | ALD | | | | March 13, | 1991 | 5:40 PM | |
| | | | s. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. | 7 DATE OF BIRTH | 8. | BIRTHPLACE (State or Foreign | |
| | 216 38 0817 | 1 □ M 2 🕏 F 49 | YRS. | MONTHS DAYS | HOURS MIN. | Feb. 2,19 | | Country) Maryland | |
| | 9a. FACILITY NAME (If not institution, give street | | | 9b. CITY, TOWN | OR LOCATION OF DE | | 9c. COUNTY | | |
| E I | Washington County | Hospital | | Hage | rstown | | Wash | ington | |
| 5 | RESIDENCE OF DECEDENT | Moopituli | | | | | | | |
| DIRECTOR | 10a. STATE 10b. COUNTY | | 1.5 | Y, TOWN OR LOCA | | | 10d. INSIDE CITY LIMITS? | | |
| | Maryland Washir | ngton | H <i>e</i> | agerstow | | 1 X YES 2 NO | | | |
| AL | 10e. STREET AND NUMBER | | | 10 | M. ZIP CODE | 10g. CITIZEN OF WHAT COUNTRY? | | | |
| FUNERAL | 328 Buena Vista Av | | | 21740 | | | | USA | |
| 5 | | 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 | | 13. WAS DE | CENDENT OF HISPAN pecify Cuban, Mexica | NIC ORIGIN? (Specify Yea an, Puerlo Ricen, etc.) | or No 14. | . RACE — American Indian, Black, White, atc. | |
| ВУ | 1 Never Married 2 Married 3X Widowed 4 Divorced | 3 | 1 TYE | S 2 X NO Specify | у: | | Specify: white | | |
| | 15, DECEDENT'S EDUCA | ATION I IS | - DECEDENT'S | USUAL OCCUPATI | ION . | 16b. KIND OF BUS | | | |
| COMPLETED | (Specify only highest grade co | ompleted) | (Give kind of a | work done during man retired.) | ost of working | TOLK FAITH OF CO. | MAEGOVINA | 181 | |
| PLE | Elementary/Secondary (0-12) | College (1-4 or 5+) | | ewife | | | | | |
| NO | 17. FATHER'S NAME (First, Middle, Last) | | | | 18. MOTHER'S NA | AME (First, Middle, Maiden | Surname) | | |
| Ö | Walter Marshall | | | | Nora I | Myrtle Chu | rchey | | |
| BE | 19a. INFORMANT'S NAME (Type/Print) | | 19b. MAILING | ADDRESS (Street | | Route Number, City or Town | | ode) | |
| 2 | Tina M. Griffith | | 510 J | Ridge Av | e., Hage | rstown, Md | . 2174 | 0 | |
| | 20a. METHOD OF DISPOSITION | | ACE OF DISPOS | SITION (Name of or | emetery, crematory or | 20c. LO | CATION — City | y or Town, State | |
| | 1 Donation 5 Other (Specify) | Gr | eenlaw | n Memori | al Park | Hag | erstow | m, Md. 21740 | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICE | INSEE | , | | ND ADDRESS OF FA | | | | |
| | VO0116 | Jannes | | | | | careta | wn, Md. 21740 | |
| | 23. PART I. Enter the diseases, or co | amplications that caused th | ne desth. Do | | | | | | |
| | shock, or heart fellura. Li | ist only one cause on each | | | | | | Interval Between Onset end Death | |
| | IMMEDIATE CAUSE (Final disease or condition | P 1: | 0 | | 4 | . 7 | | 4. 1. | |
| | resulting in death) | DUE TO JUR AUGA OF | OHBEIDUENCE C | onery | 1 Offi | 5-7 | | munutus | |
| - | | Produlis | 1, 0 | ence? | | | | das | |
| Ö | Sequentially list conditions, if sny, leading to immediate | DUE TO JOH AS A CO | WREDUENCE O | 7,50 | | (| | | |
| I & | csuse. Entar UNDERLYING CAUSE (Disease or injury | Me Kanta | Toy | prior | 4 ad | andew | len | dre May Ty | |
| Ē | that initiated events | DUE TO (OR AS A CO | мвербінсі: о | PT. | 7(| | | 7 | |
| CERTIFICATION | resulting in death) LAST | | | | | | | | |
| | PART II. Other significant conditions | contributing to death but | not resulting | In the underlyl | na cause given in | Part I. 24a. WAS AN | | 24b. WERE AUTOPSY FINDINGS | |
| CAL | | | | | | PERFO | | AVAILABLE PRIOR TO COMPLETION OF CAUSE | |
| MEDIC | | | | | | 1 🗆 YES 2 | MO NO | OF DEATH? | |
| | | | | | | | | 1 TES 2 NO | |
| SICIAN: | 25, WAS CASE REFERRED TO MEDICAL | | | 26. | PLACE OF DEATH (C) | theck only one) | | | |
| 2 | EXAMINER? | HOSPITAL: | a / DOM | OTHER: | | AND DECL TO SELECT | - | | |
| HYS | 27. MANNER OF CEATH | 1 Stopetient 2 ER/Outpatie | 26b, TIN | ME OF 28c, If | NJURY AT | 8 Other (Specify) 28d, OESCRIBE HOW | INJURY OCCU | REO | |
| 0 | 1 Natural 5 Pending | (Month, Day, Year) | IN | W YRUL | YORK? YES 2 NO | | | | |
| ВУ | 2 Accident investigation 3 Suicide 8 Could not be | 26a. PLACE OF INJURY — | At home, farm, | | | 281. LOCATION (Street | | Rural Route Number, | |
| 밀 | 4 Homicide determined | building, etc. (Specify) | | | | City or Town, State | | | |
| LEI | 29a. CERTIFIER A CERTIFYING PHYSIC | CIAN: To the best of my knowledg | and the second | and at the time di | t- and place, and du | to the councils) and my | as sister | | |
| COMPLET | (Crieck Dray | R: On the besis of examination | - | | | | | | |
| | 296, SIGNATURE AND WILL OF CENTIFIER | 11111 | 1/2 | | 29c, LICENSE NU | | | BIGNED (Month, Day Year) | |
| BE | 171. La 14 | Fell OK | (UD) | g u | 03 | DAS | 1 3 | 1,1/95 | |
| 20 | M NAME AND ADDRESS OF PERSON WHO | COMPLETED CAUSE OF DEATH | H (ITEM 27) (7/2 | on. Print) | | 1800 | 1 | 7 7 7 7 0 | |
| | Maxtin Co | Macher | 32 | 4Ff | Intern | M St H | more | town MD | |
| | 31. DATE FILED (Month, Dey, Year) | 32. REGISTRAR'S SIGNATE | | 11 | William | 1000 | COL | 21740 | |
| 1 | MAR 15 '91 | Irelia Davidson | -Mandall | | | | | 0.1.10 | |

nancy Integrald

Corden- Julia overy corest

YEAR

9c. COUNTY OF DEATH

Harford

2. DATE OF DEATH

7. DATE OF BIRTH May 13, 1923

DAY

March 13, 1991

BURYL

4. SOCIAL SECURITY NUMBER

236-20-0088

LEE

9e. FACILITY NAME (If not institution, give street and number)

2619 Thornberry Drive

FORTNEY

5. SEX

1X M 2 | F

MONTHS

YRS.

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH Edgewood

6. AGE (In yrs. last birthday)

67

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

West Virginia

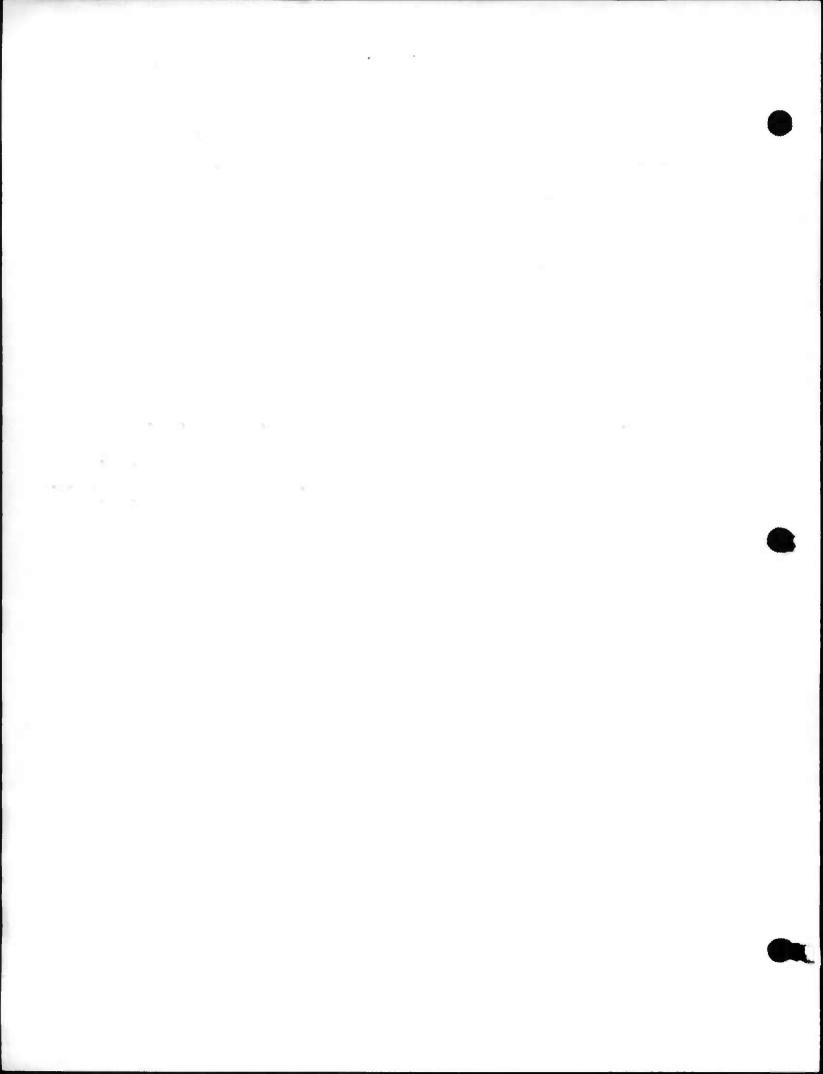
6:43

| BALTIMORE, MARYLAND 21203-3146 | G PHYSICIAN: The law requires that the death certificate be executed within 24-tiburs after death. Page 6 may be retained by the hospital or attending physician. Ar this certificate has been stoned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans | EVOLUTION IN THE PROPERTY OF T |
|------------------------------------|---|--|
| | 24 mours filled in | ion, or re |
| 13146, | secuted within and completely | burial cremati |
| BOX | icate be e | to prior to |
| P.O. | sath certif | Ital Hydian |
| RECORDS, | w requires that the de | the of Health and Men |
| VOF VITAL RECORDS, P.O. BOX 13146, | PHYSICIAN: The law this certificate has | th with the State Dans of Health and Mental Hydiene polos to burial Cremation of removal |
| - | CD m | . 4 |

RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Harford Edgewood Maryland 1 YES 2 X NO 100. STREET AND NUMBER 2619 Thornberry Drive FUNERAL 10f. ZIP CODE ing. CITIZEN OF WHAT COUNTRY? 21040 USA 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No 14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS FORCES? 1X YES 2 IF YES, GIVE WAR OR DATES 2 NO If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TES 2 XNO Specify: 8 White 3 Widowed 4 Divorced WII COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Kroons Operator Distillery 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Radcliffe May Albert Ray Fortney Tyra BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2619 Thornberry Drive, Edgewood, Md. 21040 Doris A. Fortney 20a. METHOD OF DISPOSITION e 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION -- City or Town, Stata 20s. METHOD OF DISPOSITION

CD Burtel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) examiner must Holly Hill Memorial Gardens Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Howard K. McComas III Funeral Home, P.A. POLUTER 1317 Cokesbury Road, Abingdon, Md. 21009 0 111 shows any injury, or other traumatic event, the medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, Approximata shock, or heert fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition LEFT LUNG TUMUR 11 month resulting in death) DUE TO (OR AS A CONSEQUENCE OF): BLADDER CARCINIMA reams CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? Plann efficien 1 TES 2 NO HYDro Nephrusis 1 YES 2 NO S 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 Residence 8 🗆 Other (Specify) 4 🗆 Ni marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY Natural 5 Pending м 1 YES 2 NO 87 2 Accident Investigation 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) L DIRECTOR: After hours after death HOSPITAL OR ATTENDING 28a. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 3 Suicide 92 ETED 6 Could not be determined 4 Homicide Item 28 COMPLI 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL within 72 h MPORTANT: If 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 물물물 Lem 23827 3-17-91 223 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) RunnonD 5. 13827, MUM 21201 KAPLON VMCC. S. GREENE ST. 31. DATE FILED (Month, Day, Year)
MAD 1 4 91 22 32. REGISTRAR'S SIGNATURE Juna Daydon Randall

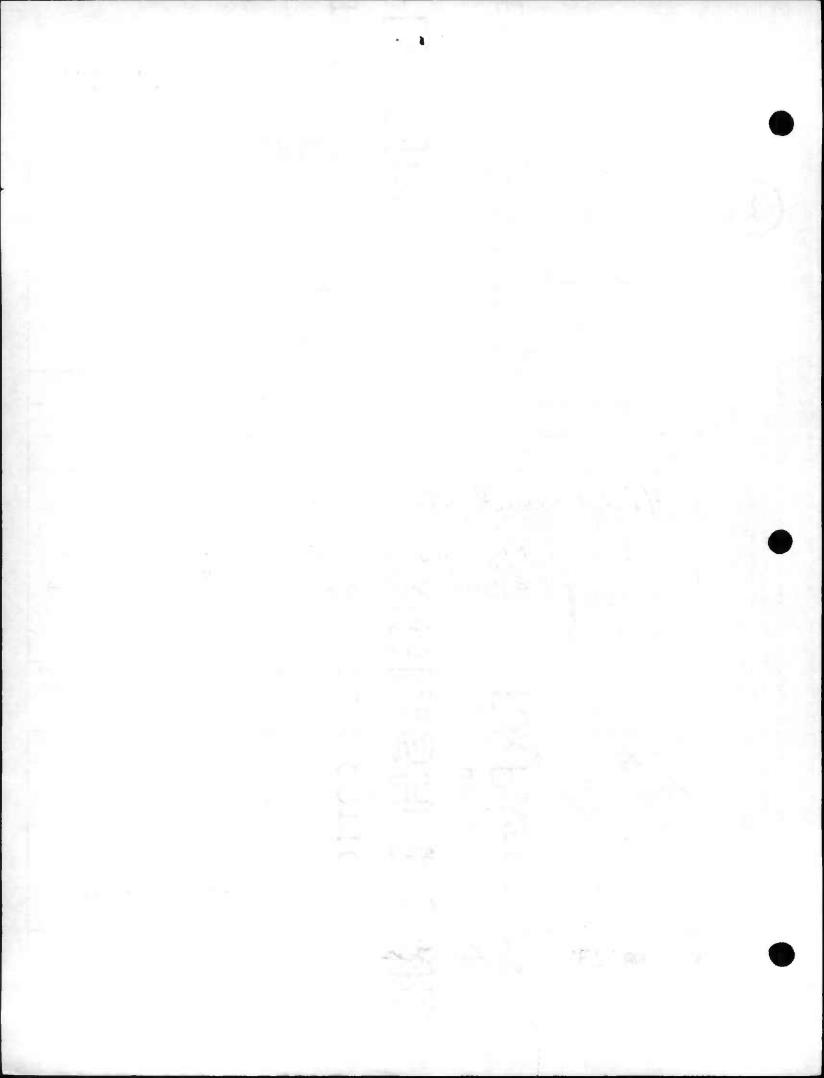




| 2 | | - 60 |
|---|--|--|
| SHOUND | | otified |
| 25 | | 9 |
| 2 | | - T |
| Mector | | iner must be not |
| ECIUM: Affer this certificate has been signed by the attending physician and completely lined in by the turnelal oriental, page 3 should be | | n 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a |
| n re | Oval | e |
| 5 | rem | De la |
| 3 | 0, | E |
| | tion | the |
| pieter | is after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | vent, |
| 3 | mal. | 9 |
| B | 0 0 | nat |
| SICIALI | prior to | any Injury, or other traumatic event |
| E C | 906 | her |
| Build | ğ | 0 |
| TIETA | 四十四 | 0 |
| E au | Mem | njun |
| 5 | and | À |
| BULLING | ealth | 28 |
| GI. | 6 | ho |
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| ATTE | death | 28 Is marked, or it |
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

| REGISTRAR | | | CENTIF | ICATE OF | DEAIN | 1 | REG. NO. | | |
|--|---|--|--|---|---|--|--|---|--|
| 1. OECEDENT'S NAME (First, M | fiddle, Last) | | | 1 | | 2. DATE OF | | | 3. TIME OF DEATH |
| | | Mildred | н. | Fre | eman | 3 | 8 DAY | 91 | 5:10 p m |
| 4. SOCIAL SECURITY NUMBER | | | AGE (In yrs. last birthday) | IF UNDER 1 YEAR | Ť | 7, DATE OF | | - | THPLACE (State or Foreign |
| 220-46-976 | | M 2 □ €r | 83 YRS. | MONTHS DAYS | HOURS MIN. | (Month, Di | 5/08 | Coun | |
| 9a. FACILITY NAME (If not instit | 7.7 | Δ | | AL CITY TOWA | OR LOCATION OF DI | | | OUNTY OF | |
| | | | 100 | 1 | | EAIN | 96. 0 | | |
| Memorial | | :al | | East | con | | | Tall | oot |
| | IOB. COUNTY | | 10c. CIT | Y, TOWN OR LOC | ATION | | _ | | 10d. INSIDE CITY |
| MD | | lbot | | aston | | | | | LIMITS? |
| | | | | | | | T . | | 1 YES 2 NO |
| 10s. STREET AND NUMBER | 7.5 | 2 | | | Of. ZIP COOE | | 10g. | | WHAT COUNTRY? |
| 6004 Oxfo | ord Ro | ad | | | 21601 | | | US | A |
| 11, MARITAL STATUS | | WAS DECEDENT EV FORCES? 1 | | | ECENOENT OF HISPAI specity Cuban, Mexica | | | - 14. BAC | CE — American Indian, ick, White, etc. |
| 1 Never Married 2 XM 3 Widowed 4 Divorce | | IF YES, GIVE WAR | | | S 2 XNO Specif | | ,, | | ielly: |
| 3 Widowed 4 Divorce | eq. | | | | | | | Wh | ite |
| | DENT'S EDUCATION highest grade comp | | 16a. DECEDENT'S | Work done during it | TION nost of working | 16b. KJ | ND OF BUSINESS | /INDUSTRY | |
| Elementary/Secondary (0-1) | | ollege (1-4 or 5+) | life. Do NOT u | work done during rate retired.) | • | | | | |
| 12 | | | Homem | aker | | | Own Ho | me | |
| 17. FATHER'S NAME (First, Midd | die, Last) | | | | 16. MOTHER'S NA | ME (First, Mide | lle, Malden Surnam | 10) | |
| Milton Ho | oward | | | | Flor | ence | Bowers | ox | |
| 19a, INFORMANT'S NAME (Typ) | | | 19b. MAILING | ADDRESS (Street | t and Number or Rural | | | | |
| C. Elliot | arch! | olor | | . Box | | | | 216 | 0.1 |
| | | етег | | | | aston | + | | |
| 20a. METHOD OF OISPOSITION | | from State | 20b. PLACE AND DAT of cemetary, crematory | y or other place) | | DATE | 20c. LOCATION | l — City or | Town, State |
| 4 Donation 6 Other (S | | | Oxford | Cemete | ry | 3/1 | U 41 | ford | , MD |
| 21. SIGNATURE OF FUNERAL | SERVICE LICENS | EE | | 22. NAME | nam Fun | eral | Home | | |
| DUF 1 | 1010-1 | 2 11 | CESP | | | | | + Fa | ston, MD |
| 23. PART I. Enter the dis- | 22007 | olioptions that as | | | | | | | Approximata |
| | | Dnly Dno cause | | not antar the n | noda or dying, suc | on aa cardiad | or reapiratory | arrest, | Interval Between |
| IMMEDIATE CAUSE (Fina | | | | | | | | | |
| | | 7 | | | Pen | 0 0 | | | Onset and Death |
| disease or condition resulting in death) | • a | PNE | Umon | 1 19 | PSEU | BOW | WAS | 5 | Onset and Death |
| | a | PN & | AS A CONSEQUENCE OF | OF): | PSEU. | NOB | WAS | 5 | Onset and Death |
| resulting in death) | a | | AS A CONSEQUENCE OF | | | NOB | 10-4/A= | 5 | Onset and Death 9 D |
| resulting in death) Sequentially list conditio | a | Broi | | 5000 | | Don | NO-A/A= | 5 | Onset and Death 9 D |
| resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN | a | Broi | 31420 | 5000 | | Mod | 10.4/A= | \$ | Onset and Death 9 D 2 425 |
| resulting in death) Sequentially list condition if any, leading to immediate. | a | B PO OR | 31420 | PF: | | BOW | NO. A/ A= | \$ | Onset and Death 9 D 2 4 Rs |
| Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury | a, | B PO OR | AS A CONSEQUENCE O | PF: | | Dom | NO. AV 15= | 5 | Onset and Death 9 D |
| Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events | a, | B PO OR | AS A CONSEQUENCE O | PF: | | Don | NO A S | 5 | Onset and Death 9 D 2 4 25 |
| Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events | a ons, lata G c d | DUE TO (OR | AS A CONSEQUENCE O | Pr: Pro- | \$15 | | Ia. WAS AN AUTOF | | 9 D 2 425 4b. WERE AUTOPSY FINDINGS |
| Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated eventa resulting in death) LAST | a ons, lata G c d | DUE TO (OR | AS A CONSEQUENCE O | Pr: Pro- | \$15 | Part I. 24 | Ia. WAS AN AUTOF PERFORMEO? | PSY 24 | 4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE |
| Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated eventa resulting in death) LAST | a ons, lata G c d | DUE TO (OR | AS A CONSEQUENCE O | Pr: Pro- | \$15 | Part I. 24 | Ia. WAS AN AUTOF | PSY 24 | 4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated eventa resulting in death) LAST | a ons, lata G c d | DUE TO (OR | AS A CONSEQUENCE O | Pr: Pro- | \$15 | Part I. 24 | Ia. WAS AN AUTOF PERFORMEO? | PSY 24 | 4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE |
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| resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH Natural 5 P. 2 Accident 3 Suicide 6 C | a | DUE TO (OR | AS A CONSEQUENCE OF AS A C | 26. OTHER: 4 Nursing H | Ing cause given in | heck only one) 6 Other (S 28d, OESCR | Ia. WAS AN AUTOP PERFORMEO? YES 2 VINC | PSY 24 | 4b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
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| Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 P. | a | DUE TO (OR DUE TO | AS A CONSEQUENCE OF AS A C | 26. OTHER: 4 Nursing H ME OF JUNEY M 1 street, fectory, of | PLACE OF DEATH (C) Ome 5 Residence NJURY AT NORK? YES 2 NO YES 2 NO YEs and place, and du , death occured at the | heck only one) 6 Other (S 28d, OESCR 26f, LOCATI City or a to the cause e time, data an | ia. WAS AN AUTOP PERFORMEO? YES 2. JINC Specify) IIBE HOW INJURY ON (Street and Num Rown, State) (a) and manner as id place, and due | OCCUREO OCCUREO mber or Rura stated, to the cause DATE SIONE 3 ~ 1 | 4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |



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| by th | e e | # E |
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Surs after death. Page 6 may be retained by the hy | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted within 70 hours after death with the State Dect of Health and Mental Hydiere prior to burial, cremation, or removal. | IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once |
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| : The | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the first events after death with the State Dect of Health and Mental Hydiere prior to burial, cremation, or removal. | tem |
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91 17633 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

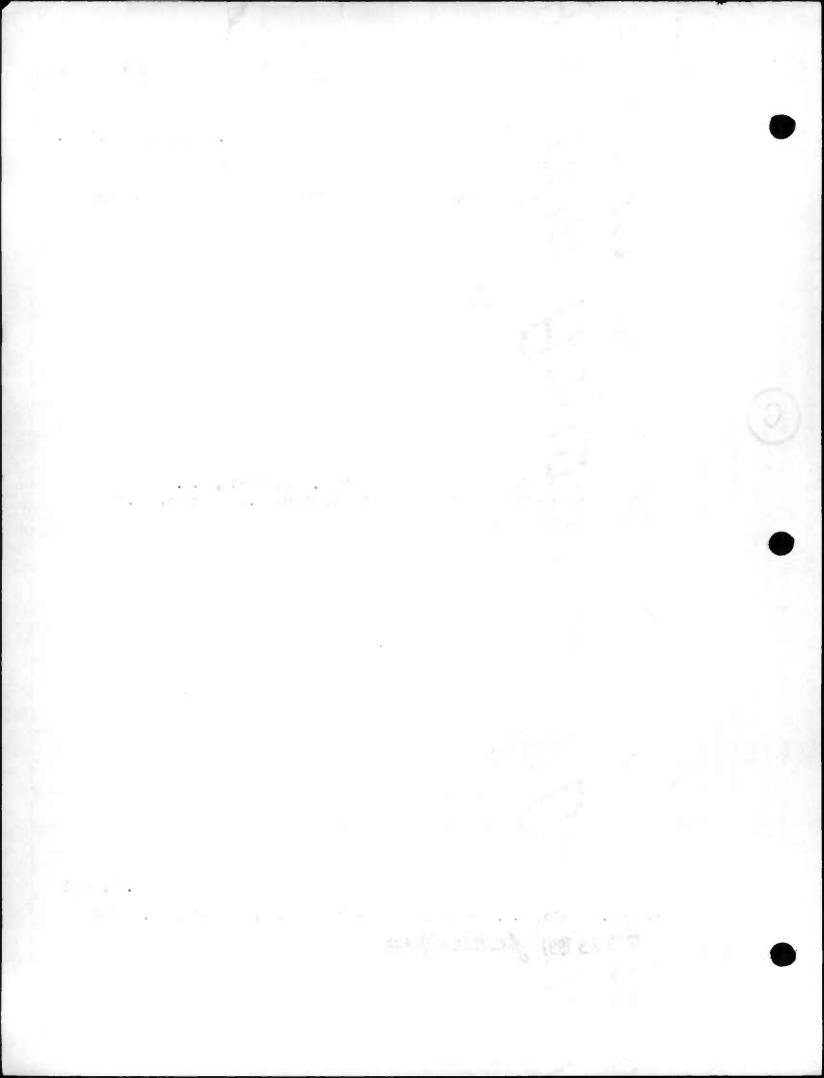
| 1 - FOR STATE REGISTRAR | STATE OF MARYL | AND / DEPARTI CERTIFIC | | | | MENTAL HYGIENI REG. NO. | 9 | 07633 |
|--|--|---|---|------------------------------------|-------------------------------------|--|---|--|
| 1. DECEDENT'S NAME (First, Middle, Last, Emman | T | itta | | | | 2. DATE OF DEATH | 6-199 | 3. TIME OF DEATH |
| 4. SOCIAL SECURITY NUMBER 216-32-6915 | THE STATE OF THE S | | ONTHS C | YEAR IF UNDE | R 24 HRS. MIN. | 7. DATE OF BIRTH (Month, Day, Year) 03-13-19 | Cor | RTHPLACE (State or Foreign unity) aryland |
| 9a. FACILITY NAME (If not institution, give 866 Shore Acre | | 9 | b. CITY, TO | OWN OR LOCAT | ion of de | | 9c. COUNTY OF | e Arundel |
| RESIDENCE OF DECEDENT 100. STATE 10b. COUN Maryland Ann | ne Arundel | 10c. CITY, 1 | | LOCATION Arnolo | ì | | | 10d. INSIDE CITY LIMITS? 1 YES 2 NO |
| 100. STREET AND NUMBER 866 Shore Acre | s Road | | - | 10f. ZIP CO | 012 | | | S · A · |
| 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA | 2 X NO | 13. WAS DECENDENT OF HISPANIC If yea, specify Cuban, Maxican, I 1 YES 2 Y WO Specify: | | | n, Puerto Ricen, etc.) | ACE — American Indian, lack, Whita, atc. pocity: Caucasian | |
| 15. DECEDENT'S ED (Specify only highest gra- Elementary/Secondary (0-12) Elementary | UCATION de completed) College (1-4 or 5+) | | ring most of worl | | 186. KIND OF BUS | | Fruit/Prod | |
| 17. FATHER'S NAME (First, Middle, Lest) Vincent Ferti | tta | | | | ME (First, Middle, Melden OSaria | | | |
| 190. INFORMANT'S NAME (Type/Print) Mrs. Mary Fert | | | | | | | 21012 | |
| 39. METHOD OF OISPOSITION A□ Burlel 2 □ Cremetion 3 □ Ra 4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE 1 | 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) New Cathedral Cemetery 22. NAME AND ADDRESS OF FACILITY Barranco & Sons 495 Ritchie High | | | | | Baltimore, Marylan | | |
| IMMEDIATE CAUSE (Finel disease of condition resulting in desth) Sequentisily list conditions, if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST | b. DUE TO (OF AS A | a consequence of: A consequence of: A consequence of: | onene | hock land | e au | risuge | | Interval Between Onset and Dasth Munites |
| PART II. Other significant conditions and the conditions are the conditions and the conditions are the condi | ons contributing to death to | | | erlying ceuse | given in | Part I. 24a, WAS AN PERFOI | RMED? | 24b. WER AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO | HOSPITAL: | | OTHER: | | | eck only one) 8 Other (Specify) | | |
| 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigatio 3 Suicide 8 Could not t 4 Homicide detarmined | 28e. DATE OF INJURY (Month, Day, Year) | 28b. TIME INJUI | OF 2 RY M | 86c. INJURY AT WORK? 1 YES 2 | | 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State | and Number or Ru | |
| 29a. CERTIFIER (Check only | YSICIAN: To the best of my know | | | | | | | use(a) and menner as stated. |
| 296. SIGNATURE AND TITLE OF CERTIF | IER COAD | po | | | CENSE NU | MBER -937 | 29d. DATE SIG | INED (Month, Day, Year) |
| 30, NAME AND ADDRESS OF PERSON | WHO COMPLETEO CAUSE OF DI | EATH (ITEM 27) (Type, F | Print) | | | | | |
| 31. DATE FILED (Month, Day, Year) MAR 1 2 1991 | 32. REGISTRAR'S SIGN | | | | | | | |

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 hospital or attending physician. AND 21203-3146 BALTIMORE

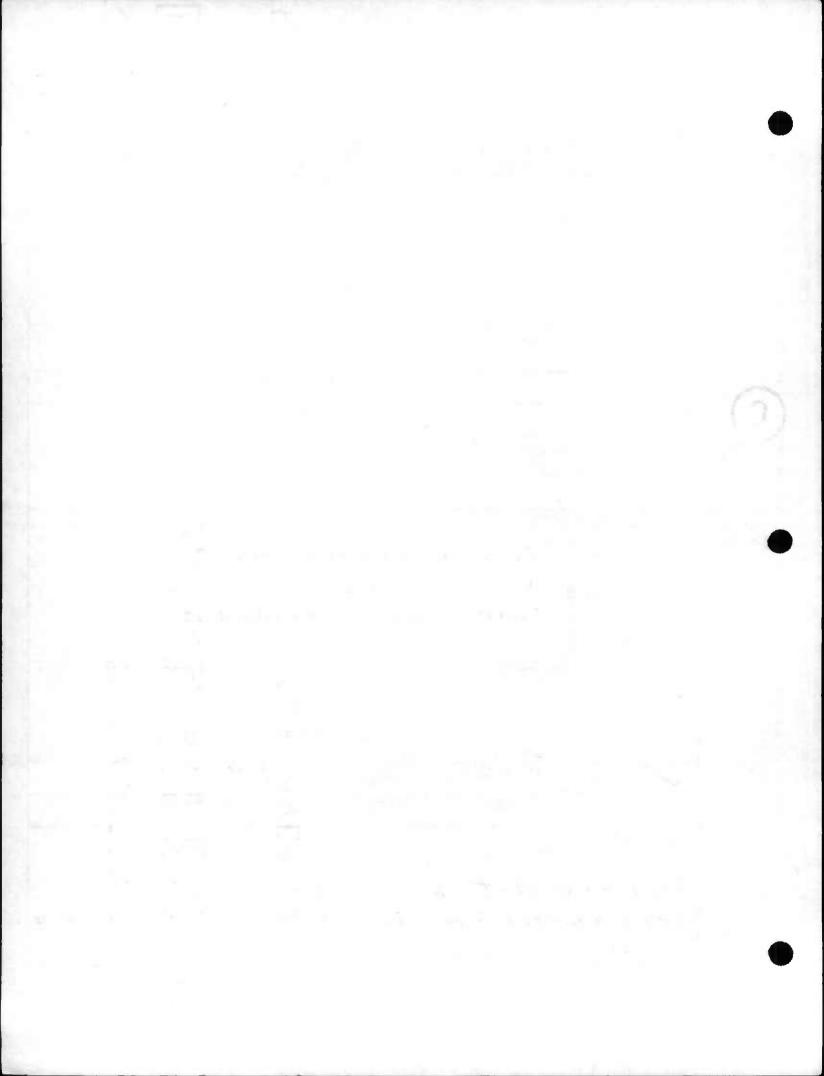
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-fours after death. Page 8 med by the district of the standard of the DIVISION OF VITAL RECORDS, P.O. BOX 13146,

| į | 1. DECEDENT'S NAME (First, | Middle, Lest) | N WORTH | INGTON | G | RTME | S | | | 2. DATE OF DEATH DA | | YEAR | 3. TIME OF DEATH |
|---------------------------|--|---------------------------------------|---------------------------|---|---------------|-----------|------------|----------------------|--------|---|-----------|-------------|---|
| | 4 SOCIAL SECURITY NUMB | | 5. SEX | 6. AGE (In yrs. | last hirthday | E INDE | R 1 YEAR | IF UNDER 24 HF | | Feb. 23 | , 19 | | 5:39 P. M |
| | | | 1 🖾 M 2 🗆 F | | YRS. | MONTHS | DAYS | HOURS MI | N. | (Month, Day, Year) | 010 | Count | γ) |
| - | 577-09-08 9a. FACILITY NAME (If not int | | | 79 | 1110. | 01.00 | 7771101 | OR LOCATION O | | Jan 15,1 | | Ma 1 | |
| DINECTOR | | ery G | eneral H | ospital | | 98. СП | r, IOWN | Olney | F DEA | in | | | omery |
| | 10a. STATE | 10b. COUNT | Υ | | 10c. CI | Y, TOWN | OR LOCA | TION | | | | | 10d. INSIDE CITY |
| | Maryland | Mo | ontgome: | ry | | Dama | ascu | ıs | | | | | XYES 2 NO |
| | 10. STREET AND NUMBER 25952 La | rgo (| Court | | | | 10 | 2087 | 2 | | | eric | WHAT COUNTRY? |
| BI FONENAL | 11. MARITAL STATUS 1 Never Married 2 🔀 3 Widowed 4 Divor | | | NT EVER IN U.S. 1 YES 2X WAR OR DATES | | | If yes, sp | | xicen, | C ORIGIN? (Specify Yes Puerto Rican, etc.) | | 14. BAC | E — American Indian, k, White, etc. |
| 3 [| 15. DECI | EDENT'S EDU | JCATION completed) | 18a. | DECEDENT'S | USUAL C | CCUPATI | ON as of working | | 16b. KIND OF BUS | SINESS/IN | DUSTRY | |
| COMPLETED | Elementary/Secondary (0 | | College (1-4 or 5 | +) 5 | Super | | | ent | | Const | ruc | tion | n |
| 5 1 | 17. FATHER'S NAME (First, MI | iddle, Leet) | | | - | - | | | S NAM | E (First, Middle, Maiden | Surname) | | |
| | James B | | rimes | | | | | | | | rdda | rd | |
| | 19a, INFORMANT'S NAME (7) | | | | 19b. MAILIN | G ADDRES | S (Street | | _ | ute Number, City or Tow | | | |
| 2 | Eva J. Gr | | | | | | | | | Damascu | | | 20872 |
| | 20a. METHOD OF DISPOSITI | ION | noval from State | othe | CE OF DISPO | SITION (N | lame of ce | metery, crematory | or | 20c. LO | CATION - | City or To | own, State |
| | 4 Donation 5 Other | | | _ Par | klaw | n Me | em. | Park | 2 | /27 Roc | kvi | 11e | Marylan |
| | 21. SIGNATURE OF FUNERAL | L SERVICE LI | Wille | N 100 0 1 | | | | | | worth, P. | | | |
| _ | 1 XUVEN | L L. | / VIUU | CNCV | | | 2640 | l Ridg | e F | Rd., Damas | cus, | Md. | 20872 |
| שבקומיר סבייווי ומיוויסוי | IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list conditi if any, leading to immecause. Enter UNDERLY CAUSE (Disease or Injudy) | ions, diete | b/ | O (OR AS A CON | rati | ٠ | Lu | 3 | Sa | nest | | | Onset and Deati |
| | that initiated events resulting in death) LAS | | d. | O (OR AS A CON | ISEQUENCE (| DF): | | | | | | | |
| | PART II. Other algolfice | nt conditio | ns contributing t | o death but n | ot resulting | In the u | ınderiyir | g cause give | n In P | | | 24 | b. WERE AUTOPSY FINDINGS |
| - 11 | | | | | | | | | | PERFOI | | | MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| | | | | | | | | | | | | | |
| | 25. WAS CASE REFERRED T EXAMINER? | O MEDICAL | HOSPITAL: | V | | OTHE | R: | LACE OF DEAT | | _ | | | |
| | 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 | Pending | 1 Inpatient 2 28a. DATE C | | 25b. TI | _ | 28c, IN | JURY AT DRK? YES 2 N | T | Other (Specify) 28d. DESCRIBE HOW | INJURY O | CCURED | |
| | 2 Accident | Investigation Could not be determined | 28e. PLACE building | OF INJURY — A | t home, farm | | | | - | 261. LOCATION (Street City or Town, State) | | er or Rural | Route Number, |
| COMPLETE | (Oraca dray | 7 | | | | | | | | to the cause(a) and ma | | | (a) and manner as stated. |
| | 296. SIGNATULE AND TITLE | OF CERTIFIE | er o. n. | rlon | . P. | | | 29c. LICENS | | BER 7/9/ | | | 24, 1991 |
| 2 | 30. NAME AND ADDRESS O | | | | | | opp | ing Cen | ter | r, Monrovi | la, M | Id. 2 | 1770 |
| | 31. DATE FILED (Month Day | 25 1 | 32. RE ST | TAR'S IGNATUR | - Hond | A | | | | | | | |



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

| | REGISTRAR | | CERTIFICAT | E OF DEATH | REC | B. NO. | | |
|----------------------|--|--|--|--|-------------------------------------|-------------------------------|--|--|
| | t. DECEDENT'S NAME (First, Middle, Last) | mary G | reen | | 2. DATE OF DE | | YEAR 3. TIME | E OF DEATH |
| | | SEX AGE (In y | YRS. I WONTH | ER 1 YEAR IF UNDER 24 H | IRS. 7. DATE OF BIR (Mogth, Day, 1) | TH Bery 6 | BIRTHPLACE (Country) | (State or Foreign |
| TOR | 9a. FACILITY NAME (If not institution, give atree Holy Cross Hos RESIDENCE OF DECEDENT | pital | 9b. Cl Si | ver Spr | OF DEATH | d Mor | TOFOEATH | ery |
| DIRECTOR | Md. Mont | gomery | SI/V | Sprin | g, mo | <i>d</i> . | 1 1 1 | ASIDE CITY IMITS7 YES 2 \(\) NO |
| FUNERAL | 3017 Calver | ton Blva | 1 | 209 | 04 | U. | SIJ- | |
| B | 1t. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced | 2. WAS DECEDENT EVER IN U. FORCES? 1 YES IF YES, GIVE WAR OR DATE | X XNO | I. WAS DECENDENT OF H If yes, specify Cuben, M t YES 2 NO S | | | 4. RACE — Ame Black, White, Specify: B 1 | erican Indian, , etc. Lack |
| 品 | 15. DECEDENT'S EDUCAT (Specify only highest grade col | TION to | a. OECEDENT'S USUAL | e during most of working | t6b. KIND | OF BUSINESS/INDU | STRY | |
| once. | Elementary/Secondary (0-12) | College (1-4 or 5 +) | life. Do NOT use retired | .) | | | | |
| SON BEE | 17. FATHER'S NAME (First, Middle, Lest) | | | | 'S NAME (First, Middle, | Maiden Surname) | | |
| H | GROVER GREEN 19a. INFORMANT'S NAME (Type/Print) | | T 40h MAII INC ADDR | SS (Street and Number or I | NIE | as Yours Chats Tie C | to also | |
| 2 | CRYSTAL STEWART | | 3017 CA | VERTON B | LVD. SIL | VER SPR | ING M | D -20904 |
| must be | 20g. METHOD OF OISPOSITION 1 | | LACE AND DATE OF DI netary, crematory or othe KWOOD CE | SPOSITION (Name | DATE | RICHMONI | ty or Town, Stat | |
| examiner | 21. SIGNATURE OF FUNERAL SERVICE LICEN | 10 Ste | - /4 | 2. NAME AND ACCRESS OF | | | RTUARY | (|
| event, the medical | 23. PART I. Enter the disesses, or conshock, or heart failure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in death) | CAPDIO DUE TO (OR AS A CO | RESPIRIONSEQUENCE OF): | ATORY | | | 10 | Approximate Interval Between Onset and Death |
| or other traumatic | Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST | DUE TO (OR AS A CO | CANCER | E ME | TASTA | 515 | | |
| any Injury, | PART II. Other significant conditions | contributing to deeth but | not resulting in the | underlying ceuse give | | MAS AN AUTOPSY PERFORMED? | AVAILA | AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE |
| ME | | | | | 10 | YES 2 NO | OF DE | |
| SICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | ОТН | 26. PLACE OF DEAT | H (Check only one) | | 1 | |
| IVSI | | 28e. DATE OF INJURY | ant 3 00A 4 1 | ursing Home 5 - Rasid | | ** | 1050 | |
| marked, or BY PHY | t Natural 5 Pending 2 Accident Investigation | (Month, Day, Year) | INJURY | 28c. INJURY AT WORK? 1 YES 2 N | 0 | HOW INJURY OCCU | 15 | |
| m 28 Is | 3 Suicide 6 Could not be 4 Homicide determined | 28e. PLACE OF INJURY — building, etc. (Specify) | | actory, office | 28f. LOCATION City or Town | (Street end Number on, State) | r Rural Route Nu | imber, |
| 의 교 | anal any | AN: To the best of my knowled On the basis of examination a | | | | | | nenner es stated. |
| BE BE | 10mg P. Kann | ashat m | D | 29c, LICENS | 0062 | | SIGNED (Month, | |
| 5 | | ARKAT. MI | | 1 16 1/15 | t. SILV | ERSPRIN | V6, M | 1) 20910 |
| | MAR 0 5 '91 July | 32. REGISTRAR'S SIGNATION AND DAVIDS AND PROPERTY OF THE PROPE | | | | | | |
| | () | | | | | | | |



| 1 | | FOR STATE REGISTR | A |
|---|------|-------------------------|---|
| Г | 1. D | ECEDENT'S | N |

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1 - STATE REGISTRAR | | | CE | RTIF | CATE (| OF DEA | TH | | REG. NO. | | | |
|--|--------------------------------------|---|--------------------------------|-----------------------------|---------------------------|---------------------------------------|-------------------|--------------------------|-----------------------------------|------------------|-------------|--|
| 1. DECEDENT'S NAME (First, | | | | | | | | 2. DATE | OF DEATH | NY . | YEAR | 3. TIME OF DEATH |
| ARTHU | | GARGA | | | | | | Mai | ch 4 | , 19 | 91 | м |
| 4. social security number 0 5 5 - 0 3 - 4 3 | 342 1 | [X M 2 □ F | AGE (In yrs. less | | IF UNDER 1 YE | AR IF UND | MIN. | 7. DATE (Mont) 10/ | OF BIRTH 2 1 / 1 / | 7 | Count | HPLACE (State or Foreign ry) W York |
| RFD 2, BO | x 122- | , | | | | wn on Loca ralsi | | EATH | | | rol | |
| RESIDENCE OF DEC | 10b. COUNTY | | | 10c. CITY | , TOWN OR L | OCATION | | | | | | 10d. INSIDE CITY |
| Maryland | Caro | line | | F€ | dera | I S b U I | | | | 100 C17 | 17EN 06 1 | LIMITS? 1 YES 2 XNO WHAT COUNTRY? |
| RFD 2, B | ox 122 | ? – A | | | | - 7 | 2163 | | | | U.S | |
| 11. MARITAL STATUS 1 Never Merried 2 X 3 Wildowed 4 Diver | Merried | 2. WAS DECEDENT E FORCES? 15 IF YES, GIVE WAR | YES 2 NO OR DATES | MED | If ye | DECENDENT s, specify Cu YES 2 N | ben, Mexico | en, Puerlo | i? (Specify Yee Ricen, etc.) | or No— | Blac | E — American Indien, k, White, atc. """: White |
| (Specify only Elementary/Secondary (9 | eDENT'S EDUCAT highest grade co | TION mpleted) College (1-4 or 5+) | (G. | ive kind of w Do NOT use | ork done during retired.) | ng most of wo | - | | . I . D | | | Nylon Manf. |
| 12th 17. FATHER'S NAME (First, MI | Iddle (ast) | | ' ' | ouuc | | | | | Middle, Meiden | | | |
| | Gargar | ıi | | | | | Se | 7.11 | | Surname) | | |
| 190. INFORMANT'S NAME (7) | | | 196 | b. MAJLING | ADDRESS (S) | _ | | | ber, City or Tow | n, State, Zi | p Code) | |
| Mrs. Mary | Garga | ni | R | FD 2 | , Bo | x 122 | 2-A, | Fed | erals | bur | g, I | MD 21632 |
| 20e. METHOD OF DISPOSITI 1 ☐ Burlal 2 ☐ Cremetlo 4 ☐ Donation 8 ☐ Other | ION n 3 - Removi (Specify) | al trom State | | | 1 Cr | est (| ematory or eme | tery | Fe d | cation – lera | 1 S b | own, State urg, MD |
| 21. SIGNATURE OF FUNERAL | L SERVICE LICEN | A | | | 22. NAJ F r a P . 0 | mptor Box | 1 - Ha | wauny wkin Fed | s-Esk erals | ow bur | Fund | eral Home MD 21632 |
| 23. PART I. Enter the di ahock, or h- IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentisity list conditi if any, leading to immediates. Enter UNDERLY! | eart failura. Licel a. dons, diate | oue to (o | | OUENCE OF | (). | a mode of | lying, suc | ch as car | A- | Iratory a | rrest, | Approximate interval Between Onset and Death |
| CAUSE (Disease or inju that initisted events resulting in death) LAS | | OUE TO (O | R AS A CONSE | OUENCE OF | ī): | | | | | | | |
| PART II. Other significa | nt conditiona | contributing to d | aeth but not | reaulting I | n the unde | riying caus | e given ir | Part I. | 24a. WAS AN | | 24 | b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO |
| | | | | | | | | | 1 🗆 YES 2 | 0 1 | , | COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| 25. WAS CASE REFERRED TO EXAMINER? | | HOSPITAL: | | | OTHER: | 26. PLACE O | OEATH (C | heck only o | ne) | | | |
| 1 VES 2 NO | | □ Inpatient 2 □ E | | | 4 - Nursing | | | - | er (Specify) | | | |
| | Pending Investigation | 28a. DATE OF IN (Month, Day, | IJURY Year) | 28b. TIMI INJ | URY | c. INJURY AT WORK? 1 YES | | 28d. DE | SCRIBE HOW | INJURY O | CCURED | |
| 3 Suicide 8 | Could not be determined | 28e. PLACE OF building, at | INJURY — At he c. (Specify) | ome, ferm, a | itreet, factory | , office | | | CATION (Street or Town, Stete) | | er or Rural | Route Number, |
| CORP. CHAY | | AN: To the best of m | | | | | | | | | | (e) and manner as stated. |
| 29b. SIGNATURE AND TITLE | OF CERTIFIER | B Cm | LK |) | | 296 | CENSE NO | MBER 12-7 | 25 | Zod. DA | 3/ | 7/9/ |
| 30. NAME AND ADDRESS OF | | | | | | | | | | | -1 | 11 |
| Dr. Step | | | |)., I | Dutch | man' | s La | ne, | East | on, | MD | 21601 |
| MAR 1 3 '9 | | 32. REGISTRAR | s signature | dell | | | | | | | | |
| | | U | | THE WAY | | | | | | | | DHMH 18 Per 1/90 |

TO BE COMPLETED BY FUNERAL DIRECTOR

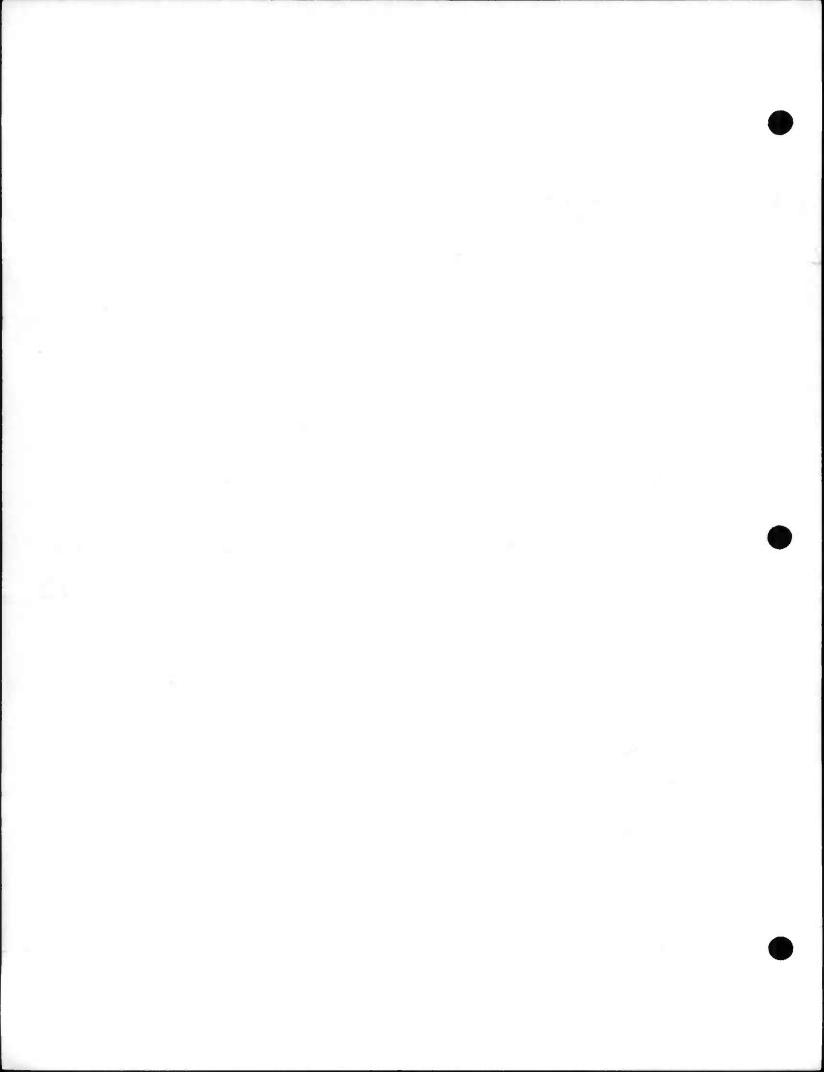
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x 2001's after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunkal-transit permit. Page filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunkal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89



| 1. DECEDENT'S NAME (First, Middle, Lest) Charles 4. SOCIAL SECURITY NUMBER 5. SEX 5. RAGE (in yrs. lest birndey) 5. SEX 5. SEX 5. SEX 5. RAGE (in yrs. lest birndey) 5. SEX 5. SEX 5. SEX 5. SEX 5. RAGE (in yrs. lest birndey) 5. SEX 5. SE |
|--|
| Charles H Grimes 4. Social. SECURITY NUMBER 5. SEX 6. AGE (in yrx. last birthody) FUNDER 1 YEAR FUNDER 24 IRBS. 7. DATE OF BIRTIN 8. BUTTNELACE (State or Foreign Country) 150. HOUTHS DAYS HOURS MIN. NOV. 13,1907 Washington, 150. COUNTRY NOV. 13,1907 Washington, 150. COUNTRY NOV. 13,1907 Washington, 150. COUNTRY 150. CITY, TOWN OR LOCATION OF DEATH 150. CITY, TOWN OR LOCATION OF DEATH 150. CITY, TOWN OR LOCATION |
| SOCIAL SECURITY NUMBER S. SEX S. AGE (in yrx. lest birthoday) F. MORTH OF BETT MONTHS DAYS HOURS MIN. NOV. 13,1907 Washington. |
| Start Star |
| 8e. FACILITY NAME (if not institution, give street and number) 9e. COUNTY of DEATN Physicians Memorial Hospital 10e. CTIV, TOWN OR LOCATION of DEATN Physicians Memorial Hospital 10e. CTIV, TOWN OR LOCATION RESIDENCE OF OECEDENT 10e. CTIV, TOWN OR LOCATION 10e. STATE 10e. COUNTY Maryland Charles 10e. CTIV, TOWN OR LOCATION Bel Alton 10e. CTIV, TOWN OR LOCATION 10e. CTIV, TOWN O |
| Physicians Memorial Hospital LaPlata Charles 106. COUNTY Maryland Charles 106. COUNTY Maryland Charles 107. STREET AND NUMBER BOX 56 Rt. # 301 North 108. STREET AND NUMBER BOX 56 Rt. # 301 North 109. CITIZEN OF WART COUNTRY? 109. STREET AND NUMBER BOX 56 Rt. # 301 North 11. MARTHAL STATUS 1 Nover Merried 2 Merried 3 Windowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO Specify: 13. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yes or No- Id. RACE — American Indian, Black, While, etc. Specify: White the County Nisphest grade compished) 15. DECEDENT'S USUAL OCCUPATION (Specify only highest grade compished) 16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade compished) 17. FATNER'S NAME (First, Middle, Last) Arnold Grimes 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, 2p Code) Kathealia Grimes 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, 2p Code) Kathealia Grimes 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, 2p Code) Roy 56 Rt. 301 North, Bel Alton, MD. 20611 20b. PLACE OF DISPOSITION (Name of carestery, cramatory or Other place) 19c. INFORMANT'S NAME (First, Middle, Last) Approximate 21 NAME AND ADDRESS OF FACILITY 4308 Suitland Rd. Robert E. Wilhelm, Inc. Suitland, MD. 207 22 NAME AND ADDRESS OF FACILITY 4308 Suitland Rd. Robert E. Wilhelm, Inc. Suitland, MD. 207 25 NAME AND ADDRESS OF FACILITY 4308 Suitland, MD. 207 25 NAME AND ADDRESS OF FACILITY 4308 Suitland, MD. 207 25 NAME AND ADDRESS OF FACILITY 4308 Suitland, MD. 207 25 NAME AND ADDRESS OF FACILITY 4308 Suitland, MD. 207 25 NAME AND ADDRESS OF FACILITY 4308 Suitland, MD. 207 25 NAME AND ADDRESS OF FACILITY 4308 Suitland, MD. 207 25 NAME AND ADDRESS OF FACILITY 4308 Suitland, MD. 207 25 NAME AND ADDRESS OF FACILITY 4308 Suitland, MD. 207 25 NAME AND ADDRESS OF FACILITY 4308 Suitland, MD. 207 25 NAME AND ADDRESS OF FACILITY 4308 Suitland, MD. 207 25 NAME AND ADDRESS |
| 100. STREET AND NUMBER BOX 56 Rt. # 301 North 11. MARITAL STATUS 11. MARITAL STATUS 11. Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED PORCES? 1 YES, GIVE WAR OR DATES 13. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yea or No- Black, While, etc. Specify: White 14. RACE — American Indien, Black, While, etc. Specify: White 15. WAS DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPANT 16. |
| 100. STREET AND NUMBER BOX 56 Rt. # 301 North 11. MARITAL STATUS 11. MARITAL STATUS 11. Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED PORCES? 1 YES, GIVE WAR OR DATES 13. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yea or No- Black, While, etc. Specify: White 14. RACE — American Indien, Black, While, etc. Specify: White 15. WAS DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPANT 16. |
| 100. STREET AND NUMBER BOX 56 Rt. # 301 North 11. MARITAL STATUS 11. MARITAL STATUS 11. Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED PORCES? 1 YES, GIVE WAR OR DATES 13. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yea or No- Black, While, etc. Specify: White 14. RACE — American Indien, Black, While, etc. Specify: White 15. WAS DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPANT 16. |
| Maryland Charles Bel Alton 106. STREET AND NUMBER Box 56 Rt. # 301 North 20611 U.S.A. 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO Specify: 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Vea or No-If Yes, apecify cuben, Mexican, Puerfo Rican, etc.) 16. EVER GIVE WAR OR DATES 16. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. MOT use retired.) 16. MOT use retired.) 16. MOT use retired.) 16. MOT use retired.) 16. MOT use retired.) 16. MOT use retired.) 16. MOT use retired.) 17. FATNER'S NAME (First, Middle, Last) Arnold Grimes 18. MOTNER'S NAME (First, Middle, Meiden Surname) Clara Mae Cassell 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number |
| 100. STREET AND NUMBER BOX 56 Rt. # 301 North 11. MARITAL STATUS 11. MARITAL STATUS 11. Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED PORCES? 1 YES, GIVE WAR OR DATES 13. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yea or No- Black, While, etc. Specify: White 14. RACE — American Indien, Black, While, etc. Specify: White 15. WAS DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPANT 16. |
| Specify: Specify: White |
| Specify: Specify: White |
| Specify: Specify: White |
| Specify: Specify: Specify: White |
| Never Merried 2 Merried 3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 No Specify: White |
| Specify only highest grade completed Specify only highest grade completed |
| Specify only highest grade completed Elementary/Secondary (0-12) College (1-4 or 5+) 10 Restaurateur Restaurant 17. FATNER'S NAME (First, Middle, Last) Is. MOTNER'S NAME (First, Middle, Meiden Sumame) Arnold Grimes Clara Mae Cassell 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Kathealia Grimes Roy 56 Rt. 301 North, Bel Alton, MD, 20611 20a. METHOD OF DISPOSITION 1 CX suriel 2 Cremation 3 Removal from State Cedar Hill Cemetery, crematory or other place) 4 Donestion 5 Other (Specify) Cedar Hill Cemetery 2/28/91 Suitland, MD, 81. SIGNATORS OF FUNERAL SERVICE LICENSES 20. NAME AND ADDRESS OF FACILITY 4308 Suitland Rd, Robert E. Wilhelm, Inc. Suitland, MD, 20. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval Bet i |
| Arnold Grimes 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) |
| Arnold Grimes 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) |
| Arnold Grimes 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) |
| Arnold Grimes 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) |
| Arnold Grimes 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) |
| 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Kathealia Grimes Roy 56 Rt. 301 North, Bel Alton, MD. 20611 20e. METHOD OF DISPOSITION 1 CKBurlel 2 Cremation 3 Removal from State 4 Donestion 5 Other (Specify) Cedar Hill Cemetery 2/28/91 Suitland, MD. 22. NAME AND ADDRESS OF FACILITY 4308 Suitland Rd. Robert E. Wilhelm, Inc. Suitland, MD. 207 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Bet interval Bet |
| Kathealia Grimes Roy 56 Rt. 301 North, Bel Alton, MD. 20611 20c. METHOD OF DISPOSITION 1 (XBurlel 2 Cremation 3 Removal from State other place) 1 Opnosition 5 Other (Specify) Cedar Hill Cemetery 2/28/91 Suitland, MD. 21. SIGNATORS OF FUNERAL SERVICE LICENSET 22. NAME AND ADDRESS OF FACILITY 4308 Suitland Rd. Robert E. Wilhelm, Inc. Suitland, MD. 207. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval Bet interval Bet |
| 20b. METHOD OF DISPOSITION 20b. METHOD OF DISPOSITION 1 CKBURIel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cametery, crematory or other place) 1 Chemister 12 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cametery, crematory or other place) 20c. LOCATION - City or Town, State 20c. LOCATION - |
| 20b. PLACE OF DISPOSITION (Name of cametery, cremetory or other place) 1 CX Burlel 2 Cremation 3 Removal from State 4 Donestion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cametery, cremetory or other place) Cedar Hill Cemetery 2/28/91 Suitland, MD. 22. NAME AND ADDRESS OF FACILITY 4308 Suitland Rd. Robert E. Wilhelm, Inc. Suitland, MD. 207 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval Bet interval Bet |
| Comparison Com |
| Robert E. Wilhelm, Inc. Suitland, MD. 207. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Bet interval Bet. |
| 22. NAME AND ADDRESS OF FACILITY 4308 Suitland Rd. Robert E. Wilhelm, Inc. Suitland, MD. 207 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Bet interval Bet |
| Robert E. Wilhelm, Inc. Suitland, MD. 20 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Bet interval Bet |
| 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. |
| 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. |
| shock, or heart fallure. List only one chase on each line. |
| |
| IMMEDIATE CAUSE (Final |
| disease or condition COALCICCIUM //OF FAILURE 7(1) |
| disease or condition resulting in death) a. CONGESTIVE HEART FAILURE 24 DUE TO (OR AS A CONSEQUENCE OF): MYOCARDIAK INFARCTION APRILESTENDES |
| 100000000000000000000000000000000000000 |
| 1 YOCARDING INTAFICION HORIZOSTENDIA |
| Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d. |
| cause. Enter UNDERLYING |
| CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): |
| that initiated events |
| resulting in death) LAST |
| |
| PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINIT |
| COMPLETION OF CA |
| 1 ☐ YES 2 ☑NO OF DEATH? |
| 1 TES 2 NO |
| |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Impatient 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify) |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER: |
| 1 U YES 2 NO 1 I I input lent 2 ER/Output lent 3 DOA 4 Nursing Name 5 Residence 6 Other (Specify) |
| |
| 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DEŞCRIBE NOW INJURY OCCURED |
| (Month, Day, Year) INJURY WORK? |
| 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 1 YES 2 NO 28d. DE\$CRIBE NOW INJURY OCCURED 1 YES 2 NO |
| 1 Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation 3 Suicide 2 28t. LOCATION (Street and Number or Rural Route Number, |
| 27. MANNER OF DEATH 1 Metural 5 Pending Investigation 3 Suicide 6 Could not be determined 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 1 WORK? 1 YES 2 NO 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED |
| 27. MANNER OF DEATH 1 Metural 5 Pending Investigation 3 Suicide 6 Could not be determined 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 1 WORK? 1 YES 2 NO 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED |
| 27. MANNER OF DEATH 1 Metural 5 Pending Investigation 3 Suicide 6 Could not be determined 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 1 WORK? 1 YES 2 NO 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED |
| 27. MANNER OF DEATH 1 Metural 5 Pending Investigation 3 Suicide 6 Could not be determined 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 1 WORK? 1 YES 2 NO 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED |
| 27. MANNER OF DEATH 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCU |
| 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED |
| 27. MANNER OF DEATH 27. MANNER OF DEATH 28. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28c. INJURY AT WORK? 1 YES 2 NO 28c. DESCRIBE NOW INJURY OCCURED 28c. DATE OF INJURY 28c. INJURY AT WORK? 1 YES 2 NO 28c. DESCRIBE NOW INJURY OCCURED |

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Onset and Death 2 STENOS 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? TOPSY NO 1 TYES 2 NO URY OCCURED Number or Rural Route Number, 29e. CERTIFIER (Check only one)

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end piecs, and due to the ceuse(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occursd at the time, date and place, and due to the cause(a) and menner se stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D 16132 Cenna Center 7D Post Office Rd. Waldorf Md 20602 DNMH-16 Rev 1/89

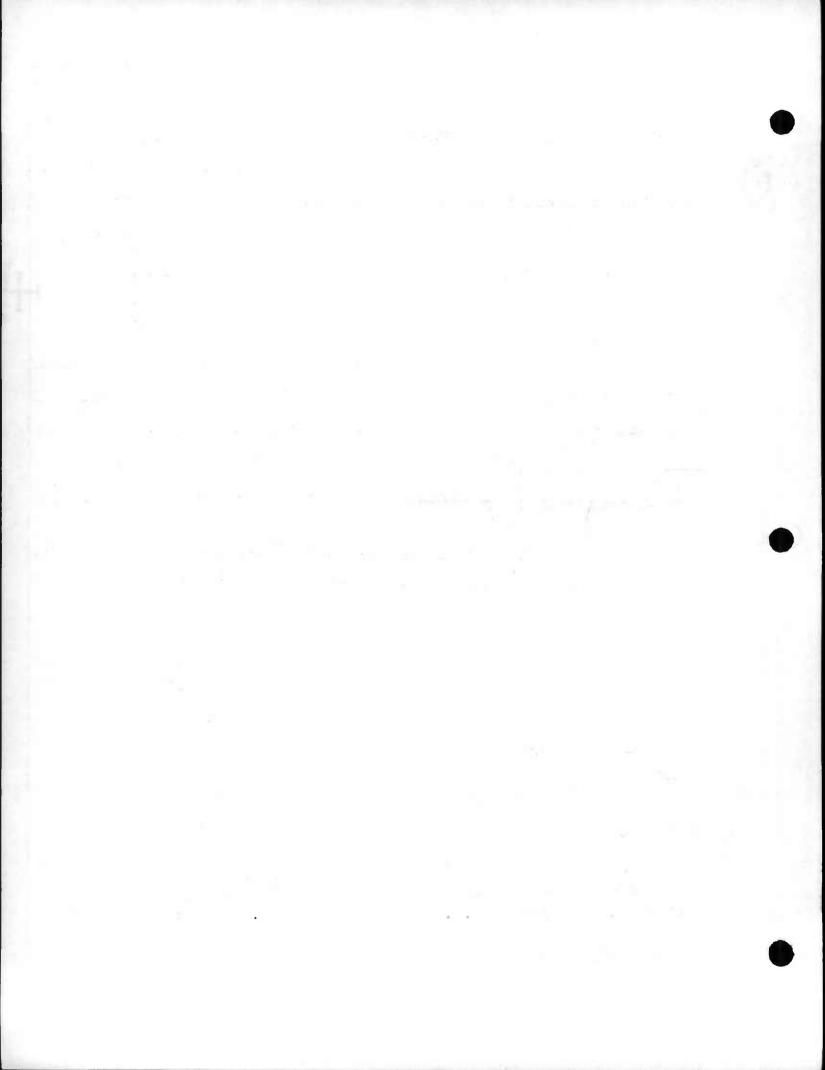


30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

whia Davidson-Randall

Nallan C. Ramakrishna M.D.



| 21215-0020 | or attending physician. | of r use as the burial-transit permit. Pages 1, 2, 3 should | 1 |
|--|---|--|---|
| YLAN | The hos | 1 2 | At once. |
| BALTIMORE, MARYLAND 21215-0020 | nin 24 hours after death. Page 6 may be retained | ely filled in by the funeral director, page 5 show | nation, or removal. The medical examiner must be notified. |
| DIVISION OF VITAL RECORDS, P.O. BOX 68760, | TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained. | TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shrund to see as the burial-transit permit. Pages 1, 2, 3 should | be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burla, cremation, or removal. IMPORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. |

| 1 | 1. DECEDENT'S NAME (First | JOHN | RICHAR | n cer | GORY | | | | | 2. DATE OF DEATH | PAY | YEAR | 3. TIME OF D | |
|---------------|---|---|--|------------------------------|--------------------------------|--|-------------|---------------------|-----------------|--|-------------------------------|--------------|--|-------------------------|
| | | | | | | | | | | , , | , | 91 | 3:16 | Р. м |
| J | 4. SOCIAL SECURITY NUMBER 238-24-9321 | | 5. SEX 1 X M 2 - F | 6. AGE (In yrs. I | est birthday) YRS. | MONTHS | DAYS | HOURS | 24 HRS. MIN. | 7. DATE OF BIRTH (Month, Day, Year) JULY 16, | 1920 | Count | HPLACE (State of | |
| 5 | 9a. FACILITY NAME (If not in | y's Ho | | | | | | n LOCATIO | | | 9c. CO | Ma: | | |
| 5 | RESIDENCE OF DE | 10b. COUNTY | | | 10.00 | | | | | | | | | |
| DINECTOR | MD. | | ARY'S CC | UNTY | | y, town o | | PARK | | | | | 10d. INSIDE C LIMITS? 1 YES 2 | - |
| | 10e. STREET AND NUMBER | | | | | | 101 | . ZIP CODE | | | 10g. CI | TIZEN OF | WHAT COUNTRY | Y? |
| | RT. 3, BOX | 66 | | | | | | 20653 | 3 | | U | .S.A | | |
| DI FUNERAL | 11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 Div | | 12. WAS DECEDEN FORCES? 1 IF YES, GIVE W | YES 2 | NO NO | - 0 | f yea, sp | | n, Maxica | IIC ORIGIN? (Specify Y n, Puerto Rican, atc.) y: | es or No— | Blac | E — American I ik, Whita, etc. | indian, |
| 2012 | 15. DE((Specify on Elementary/Secondary (| CEDENT'S EDUC by highest grade of 0-12) | ATION completed) College (1-4 or 5 | | GIVE kind of life. Do NOT u | USUAL Of work done of se retired.) | CCUPATIO | ON ast of workin | g | 16b. KIND OF B | USINESS/II | DUSTRY | | |
| COMPLE | 12TH. GRADE | | | | ASON | | | | | CONST | TRUCT | ION | | |
| 5 | 17. FATHER'S NAME (First, A | Aiddle, Last) | | | | | | 18. MOTH | HER'S NA | ME (First, Middle, Maide | n Sumame) | | | |
| מב | MARVIN GREC | GORY | | | | | | MAR | RY DA | AVIS | | | | |
| | 19a, INFORMANT'S NAME (| Type/Print) | | | 19b. MAILING | ADDRESS | (Street a | and Number | or Rural I | Route Number, City or To | own, State, 2 | (lp Code) | | |
| - | PEARL M. GI | REGORY | | | RT. 3 | 3, BC | X 6 | 6, LE | XIN | GION PARK | MD. | 206 | 53 | |
| | 20a. METHOD OF DISPOSIT | TION | wal from State | | E ANO OAT | | | | | OATE 20c. | OCATION - | - City or T | own, Stata | |
| | 1 Buriel 2 Cremati 4 Donation 8 Othe | | | CHARI | ry. cremator | | | | | 3-13-91 | LEON | ARDIY | IM, NWC |). |
| | 21. SIGNATURE OF FUNERA | AL SERVICE MICH | DISEE/ | | | | | ND ADDRES | | CHUTY ARDINER FO | INERA | I. HO | ME PZ | 1 |
| | - danie | the | flown | ms | | | | | | , LEONARD | | | | 1. |
| HILICALION | snock, or i iMMEDIATE CAUSE (FI disesse or condition resulting in death) Sequentially list condi if any, leading to imme cause. Enter UNDERLY CAUSE (Disesse or inj that initiated events | tions, sociate (ING | Co | (OR AS A CONS | DEOUENCE O | us | Ca | Ist a | es | l Int | ar | as | | ii Batween and Death |
| 3 | resulting in death) LAS | - (| 100 | ab | et | 21 | 77 | 201 | Hi | tris. | | | | |
| : MEDICAL | PART II. Other signific | byo- | contributing to | S CA | Lon | in the ur | L | ns | 4 | | AN AUTOPS ORMED? 2 - NO | Y 24 | b. WERE AUTOPS AVAILABLE PR COMPLETION OF DEATH? 1 YES 2 | OF CAUSE |
| 4 | 25. WAS CASE REFERRED | TO MEDICAL | | | | | 26, P | | | neck only dne) | | | | |
| 2 | EXAMINER? | | HOSPITAL: | ER/Outputient | 3 🗆 DOA | OTHE! | | ne 6 🗆 Re | reidence | 6 Other (Specify) | | | | |
| DI PRISICIAN. | | Pending Investigation | 26a. DATE Of (Month, L | INJURY | 28b, TII | | 26c. IN. | JURY AT ORK? | | 28d. DE\$CRIBE HON | V INJURY C | CCURED | | |
| | 2 Accident 3 Suicide 6 4 Homicide | Could not be determined | 28e. PLACE (building, | F INJURY — At etc. (Specify) | home, farm, | atreet, fac | tory, offic | ce . | | 261. LOCATION (Stre- City or Town, Sta | | oer or Rural | Route Number, | |
| COMPLETED | enel eny | | | | | | | | | a to the cause(a) and r | | | (s) and manner | an stated. |
| _ | 29b. SIGNATURE AND TITL | E OF CERTIFIER | 1 | ~ 1) | | | | 29c. LICI | ENSE NU | MBER | 29d. D. | ATE SIGNE | O (Month, Day,) | ter) |
| | 2 | | (1 | ar | | | | - | 2363 | | | | 12, 19 | |
| 2 | 30. NAME AND ADDRESS (| OF PERSON WHO | | - | Par | H13. | M D | | | Bldg. Le | | | | |
| | 31. DATE FILED (Month, Day | (, Ybar) | 32. REGISTRA | AR'S SIGNATURE | - 10 | , | TE I | · DITE | AT OT | חדמת הפו | Juer. O | 11WOO. | · I'W | 20050 |
| | MAR 1 | 2'91 | Lulia | AR'S SIGNATURE | - Pande | والم | | | | | | | | |
| | | | U | | | | | | | | | | DHN | AH-16 Rev 1/89 |

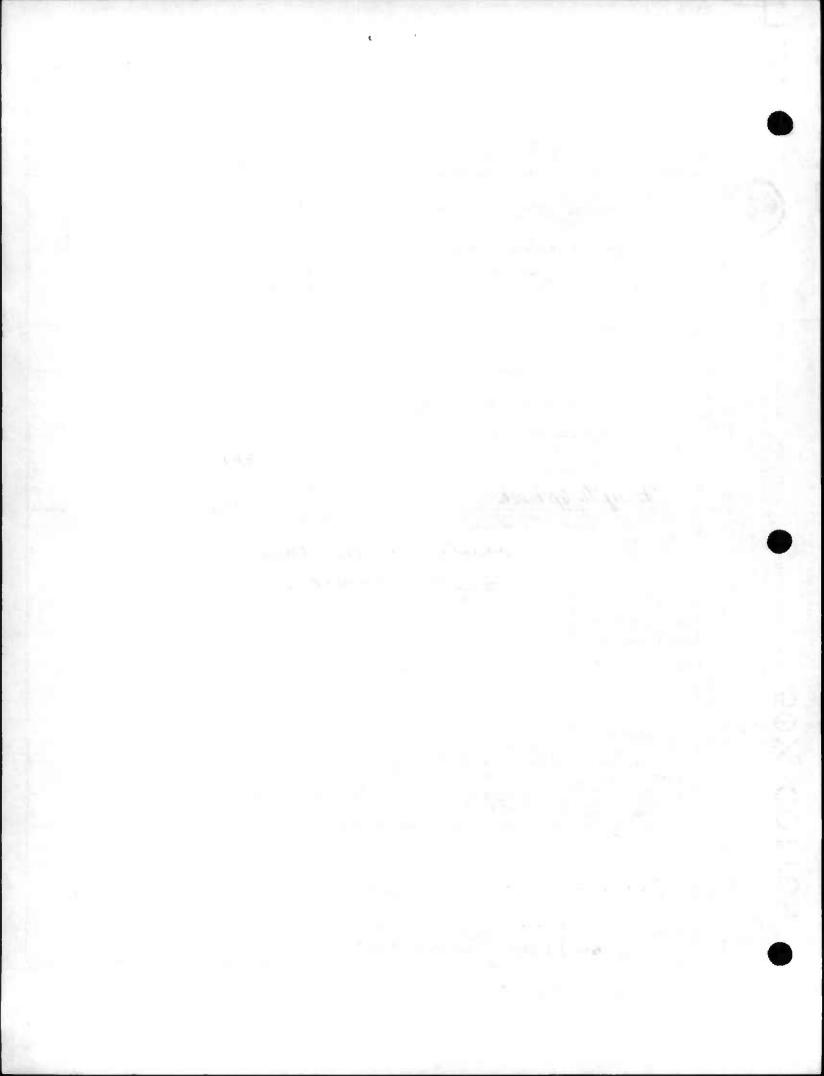
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

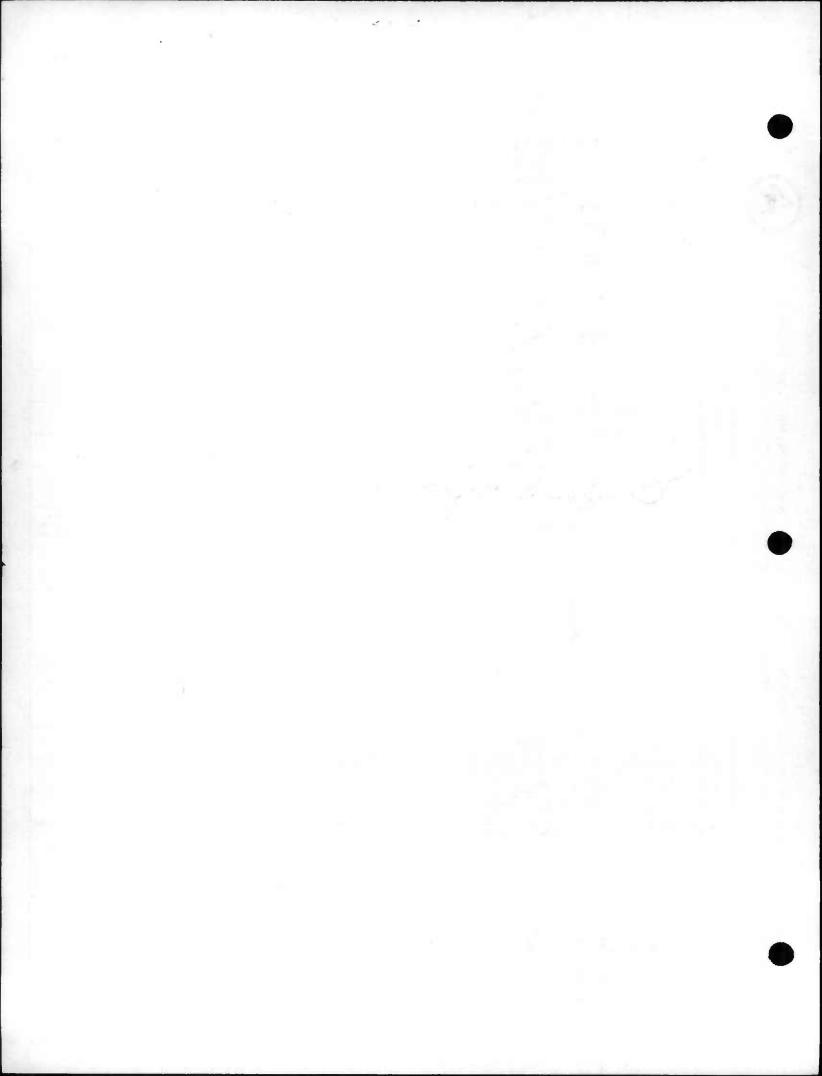
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. | |
|---|--|
|---|--|

| | | | | | | | | OF DEATH | | | 3. TIME OF DEATH |
|---|---|---|--|--|---|-----------------------------------|--|---|---|--------------------------|--|
| JACK RANDOLPH GR | ROVE | | | | | | MONT | RCH 8 | | YEAR | 10:00A M |
| 4. SOCIAL SECURITY NUMBER | 5. SEX | 6. AGE (In yrs. les | st birthday) | IF UNDER 1 Y | | R 24 HRS. | 7. DATE | OF BIRTH | 19: | 8. BIRTI | HPLACE (State or Foreign |
| 219-14-6627 | 1 KM 2 - F | 69 | YRS. | MONTHS D | HOURS | MIN. | | 6 - 2 1 | | WEST | "VIRGINIA |
| 9a. FACILITY NAME (If not institution, give a | street and number) | | | 9b. CITY, TO | OWN OR LOCAT | ION OF DI | EATH | | 9c. COU | NTY OF C | DEATH |
| SACRED HEART HOS | SPITAL | | | CUMBI | ERLAND | . MD | 2150 | 12 | | LLE | CANY |
| RESIDENCE OF DECEDENT | | | | | | 1 | 2130 | | | 1000 | |
| 10a. STATE 10b. COUNT | | | | Y, TOWN OR I | | | | | | | 10d. INSIDE CITY LIMITS? |
| MARYLAND ALL. | EGANY | | C | UMBER | LAND | | | | | | 1 YES 2 NO |
| | 71 4 | 114111 | E11 0 | 216 | | 17. | | | -34 | | WHAT COUNTRY? |
| Route 3, Box 4. | | VALLI | | | 215 S DECENDENT | | NIC OBICII | 12 (Parally Va | us | | E - American Indian, |
| 1 Never Married 2 X Married | FORCES? 1 | YES 2 X | | If y | es, specify Cub | en, Mexica | in, Puerto | | or No- | Blec | ck, White, etc. |
| 3 Widowed 4 Divorced | IF YES, GIVE V | MAR OR DATES | | '' | YES 2 X NO | Specii | у: | | | Spec | WHITE |
| 15. DECEDENT'S EDU (Specify only highest grade | | 16a. DE | CEDENT'S | USUAL OCCI | UPATION | ina | 168 | . KIND OF BU | SINESS/IN | DUSTRY | |
| Elementary/Secondary (0-12) | College (1-4 or 5 | +) Iffe | . Do NOT u | se retired.) | ing most of work | пų | | POTON | IAC . | EDIS | SON |
| 12 | | M.1 | ETER | REAL | DER | | | ELECT | RIC | CON | MPANU |
| 17. FATHER'S NAME (First, Middle, Last) | c coour | | | | | | | Middle, Maiden | | | |
| ELDRIDGE JONE | S GROVE | | | | <i>M</i> | IINN | LE M | Ay SI | OIL | EK | |
| 19a. INFORMANT'S NAME (Type/Print) | | 19 | b. MAILING | ADDRESS (S | Street and Numb | er or Rural | Route Num | ber, City or Tow | n, State, Zi | ip Code) | 21502 |
| STELLA HELENE | GROVE | | | | | A, 1 | ALL. | | | | RLAND, MD |
| 20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rem | novat from State | | | E OF OISPOS | ITION (Name | | OAT | | CATION — | - City or T | own, Stata |
| 4 Donation 5 Other (Specify) | | - sui | NSET | | DRIAL | | | -7// | CUMB | ERL | AND, MD |
| 21. SIGNATURE OF FUNERAL SERVICE LI | | | | | ME AND ADDR | | | FILNIE | DA1 | HOI | ME, P.A. |
| Hendy 01. 4 | schuck | | | | | | | | | | MD 21502 |
| 23. PART I. Enter the diseases, or ahock, or heart fellure. | | | | not anter th | e mode of d | ying, suc | ch ee car | diac or reep | iratory a | rrest, | Approximate interval Between |
| IMMEDIATE CAUSE (Final | | | | | | | | | | - | Onset and Death |
| disesse or condition | 0 | uite. | | | | | | | | | |
| resulting in Obstill | 8. | -0 | , / - | eng | erat | an | - | Fu | ea | -e | |
| resulting in death) | DUE TO | OR AS A CONSE | OUENCE O | erg OF): | end | a | 7 | Fu | ea | -e | |
| | | | | | inst | oi | 7 | Fu | la | -l | |
| Sequentially list conditions, if any, leading to immediate | | O (OR AS A CONSE | | | och | or | 7 | Fu | ev | ·e | |
| Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury | DUE TO | OR AS A CONSE | OUENCE C | PF): | all | - | 7 | Fu | la | ·e | |
| Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING | DUE TO | | OUENCE C | PF): | all | - | 7 | Fu | la | ·e | |
| Sequentially list conditions, if sny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events | DUE TO | OR AS A CONSE | OUENCE C | PF): | ach | e e | 7 | Fu | la | · | |
| Sequentially list conditions, if sny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events | DUE TO | O (OR AS A CONSE | OUENCE O | OF): | | | | 24a. WAS AN | AUTOPSY | | b. WERE AUTOPSY FINDINGS |
| Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | DUE TO | O (OR AS A CONSE | OUENCE O | OF): | | | | 24a. WAS AN PERFO | AUTOPSY | | AVAILABLE PRIOR TO COMPLETION DF CAUSE |
| Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST | DUE TO | O (OR AS A CONSE | OUENCE O | OF): | | | | 24a. WAS AN | AUTOPSY | | AVAILABLE PRIOR TO |
| Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST | DUE TO | O (OR AS A CONSE | OUENCE O | OF): | | | | 24a. WAS AN PERFO | AUTOPSY | | AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury the initiated events resulting in death) LAST PART II. Other significant conditions are supported by the conditions of | DUE TO DUE TO d. ne contributing to | O (OR AS A CONSE | OUENCE O | of): of): in the unde | | given in | Part I. | 24e. WAS AN PERFOI 1 YES | AUTOPSY | | AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? |
| Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions | DUE TO d. ns contributing to | O (OR AS A CONSE | OUENCE C | OTHER: | erlying cause | given in | Part I. | 24a. WAS AN PERFOI | AUTOPSY | | AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? |
| Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH | DUE TO d HOSPITAL: To inpatient 2 28e. DATE O | O (OR AS A CONSE O (OR AS A CONSE O death but not | OUENCE C | OTHER: 4 Nursin | 26. PLACE OF 19 do not 10 | given in | Part I. | 24a. WAS AN PERFOI | AUTOPSY RMED? 2 M NO | 24 | AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? |
| Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending | DUE TO d HOSPITAL: To inpatient 2 28e. DATE O | O (OR AS A CONSE | OUENCE C | OTHER: | erlying cause 26. PLACE OF | given in | Part I. | 24e. WAS AN PERFO! 1 YES : | AUTOPSY RMED? 2 M NO | 24 | AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be | DUE TO c. DUE TO d. HOSPITAL: To inpatient 2 28e. DATE O, (Month, in) 28e. PLACE 0 | O (OR AS A CONSE O (OR AS A CONSE O death but not ER/Outpatlant (F INJURY Day, Year) | OUENCE COUNTY CO | OTHER: 4 Nursin | 26. PLACE OF SIGN HOME S SIGN WORK? | given in | heck only o | 24s. WAS AN PERFO! 1 YES : re) or (Specify) \$CRIBE HOW | I AUTOPSY RMED? | 24 | AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? |
| Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation | DUE TO c. DUE TO d. HOSPITAL: To inpatient 2 28e. DATE O, (Month, in) 28e. PLACE 0 | O (OR AS A CONSE O (OR AS A CONSE D death but not ER/Outpetlant : | OUENCE COUNTY CO | OTHER: 4 Nursin | 26. PLACE OF SIGN HOME S SIGN WORK? | given in | heck only o | 24s. WAS AN PERFOIL 1 YES : re) ar (Specify) \$CRIBE HOW | I AUTOPSY RMED? | 24 | ANALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO |
| Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER 1 PRETINATION DAYS 29e. CERTIFIER 1 | DUE TO c. DUE TO d | O (OR AS A CONSE O (OR AS A CONSE O death but not ER/Outpetlant ; F INJURY Dey, Year) OF INJURY — At h., etc. (Specify) | OUENCE COUENCE | OTHER: 4 Nursin ME OF JURY M street, factory | 26. PLACE OF g Home 5 1 Bc. INJURY 7 1 YES 2 y, office | DEATH (C. Residence | Part I. beck only of 8 Oth 28d, OE City | 24a. WAS AN PERFOIL 1 YES : 1 (Specify) SCRIBE HOW CATION (Street or Town, State | I AUTOPSY RMED? 2 NO INJURY Of | CCUREO er or Rural | ANALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO |
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| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | BALTIMORE, MARYLAND 21203-3146 |
|--|--|
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician. | irs after death. Page 6 may be retained by the hospital or attending physician. |
| TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-trans be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal. | in by the funeral director, page 5 should be detached for use as the burlal-trans removal. |
| IMPORTANT: If liem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once. | edical examiner must be notified at once. |

| | REGISTRAR | | CERTIF | IOMIL | | | REG. NO. | | | |
|------------------------------------|--|---|---|--|---|--|--|-----------------|---|--|
| 1 | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | | 2. DATE OF DEATH | | 3. 1 | TIME OF DEATH |
| , | Helen M. Gold | den | | | | | 3 9 | | 91 | 0115 a M |
| | 4. SOCIAL SECURITY NUMBER | | E (In yrs. last birthday) | IF UNDER 1 Y | EAR E UNDE | R 24 HRS. | 7. DATE OF BIRTH | - | | CE (State or Foreign |
| | 220-10-1850 | 1 🗆 M 2 💢 F | 78 YRS. | | AYS HOURS | MIN. | (Month, Dev. Year) | 12 | Country) | |
| | | ~ | 70 1110. | | | | | | | land |
| _ | 9a. FACILITY NAME (If not institution, give at | | | | OWN OR LOCATI | | TH | | Y OF DEATH | |
| 9 | Frostburg Communi | ty Hospital | | Fros | tburg, | MD. | | [AT | legan | У |
| 5 | RESIDENCE OF DECEDENT | | | | | | | | | |
| # | Marsiland Garr | • | 10c. CIT | Y, TOWN OR I | LOCATION | | | | 100 | I. INSIDE CITY LIMITS? |
| ā | Maryland Garr | .ecc | F | rest | burg | | | | 1[| YES 2 X NO |
| 4 | 10s. STREET AND NUMBER | | 100 | | 101. ZIP COO | E | | 10g. CITIZI | EN OF WHAT | COUNTRY? |
| BY FUNERAL DIRECTOR | Route 2 Box ! | 535 | | | 215 | 532 | | USZ | Δ | |
| Z | 11. MARITAL STATUS | 12. WAS DECEDENT EVE | R IN ILS ARMED | 13 WA | | | C ORIGIN? (Specify Yes | | | American Indian, |
| 正 | 1 Never Married 2 Married | FORCES? 1 TY | ES 2 NO | If y | es, specify Cubi | an, Mexican, | Puerto Rican, etc.) | 01110- | Black, WI | rite, atc. |
| ≥ | 3 Widowed 4 Divorced | IF YES, GIVE WAR OF | R DATES | 1 [| YES 2 NO | Specify: | | | Specify: | white |
| | 15. DECEDENT'S EDU | CATION | 16a. DECEDENT'S | Hellar occi | IDITION | | Task while on min | WIE 00 (WIE) | | WILLCE |
| 2 | (Specify only highest grade | completed) | (Give kind of | work done duri | ing most of world | ing | 16b. KIND OF BUS | SINESS/INDU | SIRT | |
| | Elementary/Secondary (0-12) | College (1-4 or 5+) | | | | | | | , | |
| P | 12 | 1 | nou | sewi: | re | | | O W I | n hor | ne |
| COMPLETED | 17. FATHER'S NAME (First, Middle, Last) | | | | | | E (First, Middle, Malden | Surname) | | |
| BE (| John Zink | | | | Mai | rgret | Lehr | | | |
| | 19a. INFORMANT'S NAME (Type/Print) | | 19b. MAJLIN | ADDRESS (S | treet and Numbe | r or Rural Ro | oute Number, City or Tow | n, State, Zip C | Code) | |
| 2 | Ellen Moon | | Rout | e 2 1 | Box 53 | 35 F1 | rostburg | , MD | 21533 | 2. |
| | 20a. METHOD OF DISPOSITION | | 20b. PLACE OF DISPO | | | | | CATION C | | |
| | 1 3 Burial 2 Cremation 3 Ram | ovel from State | other place) | | | | | | | |
| | 4 Donation 5 Other (Specify) | | Arlingto | on Na | tiona. | L Cer | neteryAr | ling | ton, | VA |
| | 27 GIGNATURE OF FUNERAL SERVICE LIC | THE T | 1) - | | ME AND ADDRE | | | TT 2 1 | 1 - 1/ | |
| | Casano 11 | D. Ho | Lew | | | _ | l of the | | | |
| | 23. PART i. Enter the diseases, or o | complications that cau | and the death. Do | | | | al Highw | | | Approximate |
| | ahock, or heart failure. | List only one cause or | n each line. | not enter th | o mode or aj | mig, such | as caldied of feep | natory arre | ot, | Interval Between |
| | IMMEDIATE CAUSE (Final | 7 | | | 1 | | | | | Onset and Death |
| | disease or condition resulting in death) | · Kespi | RATORY | FA | HURE | | | | | |
| | | DUE TO (PR A | S A CONSEQUENCE O | OF): | | 1 | | | | |
| z | | DUE TO (OR A DUE TO (OR A | ATION | PN | 24 1401 | NIA | | | | |
| 2 | Sequentially list conditions, if any, leading to immediate | DUE TO (OR A | S A CONSEQUENCE O | OF): | | | | | | |
| 3 | cause, Enter UNDERLYING | | | | | | | | | |
| E | CAUSE (Disease or Injury | | S A CONSEQUENCE O | F): | | | | | | |
| | that initisted events | DUE TO (OR A | | | | | | | | |
| E | that initisted events resulting in death) LAST | DUE TO (OR A | | | | | | | | |
| CERTI | | d. | | | | | | | | |
| AL CERTIFICATION | PART II. Other algnificent condition | d | h but not resulting | | orlying cause | given in F | | | | RE AUTOPSY FINDINGS |
| CAL CERTI | PART II. Other algnificent condition | d | h but not resulting | | orlying cause | given in F | PERFO | SMEED? | AM | RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE |
| EDICAL CERTI | PART II. Other algnificent condition | d | h but not resulting | | orlying cause | given in F | | SMEED? | CO OF | MILABLE PRIOR TO MPLETION OF CAUSE DEATH? |
| MEDICAL | PART II. Other algnificent condition | d | h but not resulting | | orlying cause | given in F | PERFO | SMEED? | CO OF | MILABLE PRIOR TO MPLETION OF CAUSE |
| MEDICAL | PART II. Other algnificent condition | d | h but not resulting | | orlying cause | given in F | PERFO | SMEED? | CO OF | MILABLE PRIOR TO MPLETION OF CAUSE DEATH? |
| MEDICAL | PART II. Other algnificent condition | d ne contributing to deet BRAIN | h but not resulting | Me | orlying cause | | PERFOI | SMEED? | CO OF | MILABLE PRIOR TO MPLETION OF CAUSE DEATH? |
| MEDICAL | PART II. Other algnificent condition OR GANIC 25. WAS CASE REFERRED TO MEDICAL | d | h but not resulting | ME. | 26. PLACE OF | DEATH (Chec | PERFOI | SMEED? | CO OF | MILABLE PRIOR TO MPLETION OF CAUSE DEATH? |
| MEDICAL | PART II. Other algnificent condition OR GANIC 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: 1 Inpertant 2 ER/C | h but not resulting SYNDRO Dutpatient 3 DOA | OTHER: | 26. PLACE OF | DEATH (Checked Section 1) | PERFOI 1 TYES 2 ck only one) | BMED? | AM CO OF 1 [| MILABLE PRIOR TO MPLETION OF CAUSE DEATH? |
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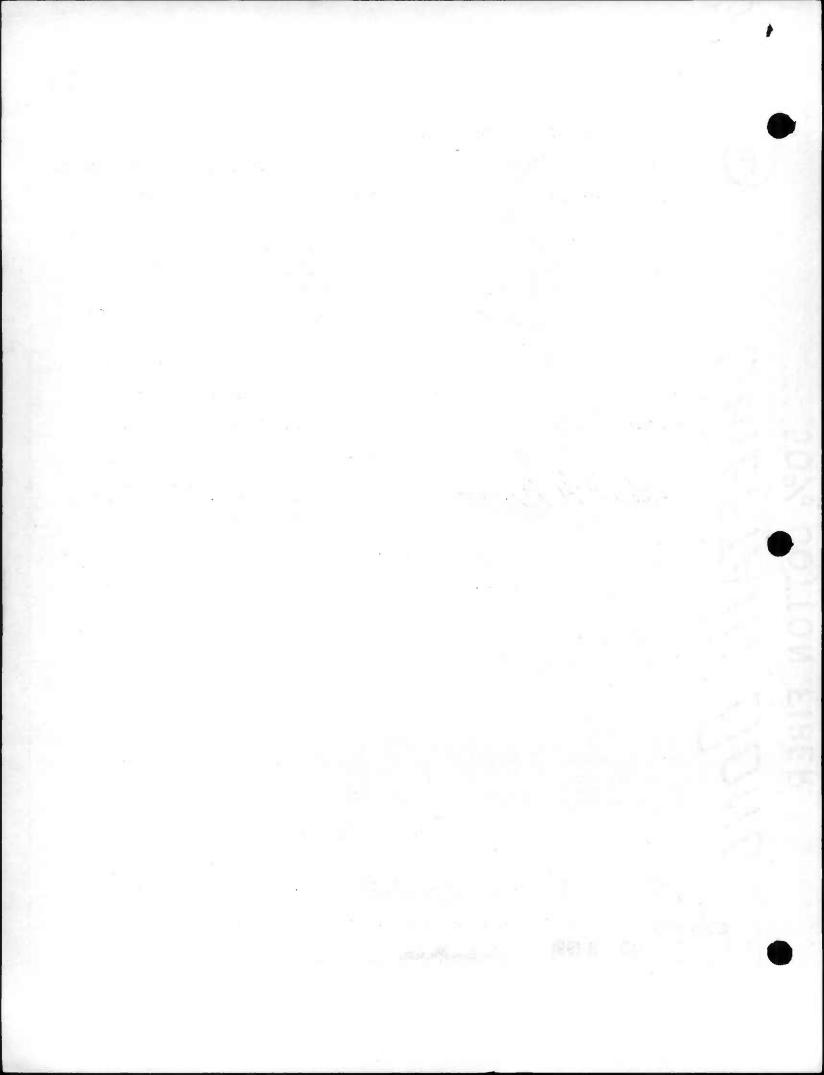


FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

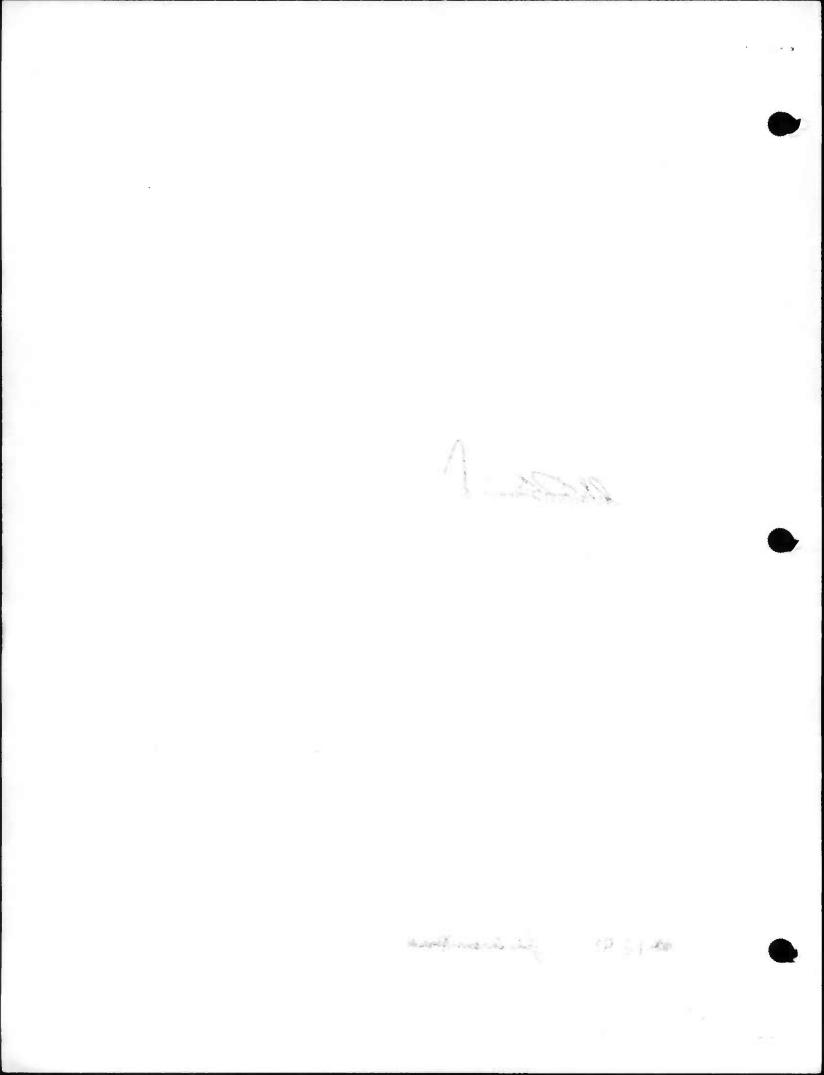
| A DESCRIPTION NAME OF | | | | | | | | | | | | | |
|--|----------------------------|------------------|----------------------------|--------------------------|--------------|------------|--------------------------|-------------|----------------------------|--------------------------------|-----------------|--------------|--------------------|
| 1. DECEDENT'S NAME (First, TOWNSHEND | Middle, Last) NAYLOR | GRANI | | | | | | | 2. DATE O MONTH MAR(| D | 1991 | YEAR | 7:15 a |
| 4. SOCIAL SECURITY NUMBER 215-50-3110 | | | AGE (In yrs. | last birthday) | IF UNDER | 1 YEAR | IF UNDER 2 | 4 HRS. | 7. DATE O | | | | VCE (State or Fore |
| (1) | | | 40 | THO. | | | | | | 4, 19 | | | |
| 99. FACILITY NAME (If not ins THE JOHNS RESIDENCE OF DEC | HOPKINS | | L | | | | OR LOCATIO | | ATH | | | IMORI | CITY |
| 10a. STATE | 10b. COUNTY | | | 10c. CIT | Y, TOWN O | R LOCA | TION | | | | | 10 | d. INSIDE CITY |
| MARYLAND | GARRE | TT | | M' | r. LA | KE | PARK | | | | | 1] | LIMITS? |
| 100. STREET AND NUMBER 506 "IT" S 11. MARITAL STATUS | ጥኮሮሮጥ | | | | | 10 | 21550 | | | | | EN OF WHA | T COUNTRY? |
| 11. MARITAL STATUS | | WAS DECEDENT E | WED IN U.S. | 101150 | Line | | CENDENT OF | | | NO. 14 N | | | American Indian |
| 3 Widowed 4 Divor | Married | FYES, GIVE WAR | YES 2 | | 1 | f yes, s | pecify Cuban S 2 X NO | , Maxica | n, Puerto Ri | | or No | Black, W | WHITE |
| (Canality and | DENT'S EDUCATIO | | 16a. | DECEDENT'S | work done o | | | , | 16b. | KIND OF BU | SINESS/INDU | ISTRY | |
| Elementary/Secondary (0- | 12) Col | lege (1-4 or 5+) | | Me. Do NOT US SACHINI | | | | | F | ARRIC | ATING | | |
| 17. FATHER'S NAME (First, Mic | | | | 21011211 | | | 18. MOTH | ER'S NAI | | iddle, Maiden | | | |
| BOWIE L | | ANT | | | | | | NE | me (r net, m | day merdar | | YLOR | |
| M INFORMANT'S NAME (T | rpe/Print) | | | 19b. MAILING | | | and Number | or Rural F | Route Number | w, City or Tow | m, State, Zip | Code) | |
| 19a. INFORMANT'S NAME (7) MRS. SHARON | | | | 506 " | I" SI | . • | MT. L | AKE | PARK | , MD. | 2155 | 0 | |
| 20a METHOD OF DISPOSITION 1 M Burial 2 Cremetion 4 Donation 5 Other | (Specify) | | | L'AND | | | | | 3/1 | | OAKLA | | State [ARYLAN] |
| 21. SIGNATURE OF FUNERAL | SERVICE LICENSE | wat | МО | 0167 | | | AND ADDRES | | | | .O. B | | 3 . 21550 |
| disease or condition resulting in death) Sequentially list condition if any, leading to immer cause. Enter UNDERLYI CAUSE (Disease or injut that initiated events resulting in death) LAS | ÷ | DUE TO (O | ALCU RAS A COM | halie ISEOUENCE O | F): | 111 | has | w | | | | | 2 45 |
| Sequentially list condition if any, leading to immediate cause. Enter UNDERLY! CAUSE (Disease or injuit that initiated events resulting in death) LAS | diate NG | | | ISEOUENCE O | | | | | | | | | |
| Touching in deathly CAS | r | DUE TO (O | R AS A CON | ISEQUENCE O | F): | | | | | | | | |
| DART II Other strattles | | | eath but n | ot resuiting | in tha un | dariyi | ng cause g | iven in | Part i. | 24a. WAS AI PERFO | | | ERE AUTOPSY FIN |
| 67 | 15 BU | edine | | | | | | |] | 1 TYES | | C | OMPLETION OF C |
| Z 25. WAS CASE REFERRED TO EXAMINER? | | | | | | | | | _ | | , 4 | 1 | YES 2 N |
| Z 25. WAS CASE REFERRED TO | MEDICAL | | | | | | N 105 05 D | AT11 001 | | | | | _ |
| | | SPITAL: | R/Outpatier | # 3 □ DOA | OTHE | ₹: | me 5 Re | | | | | | |
| 27. MANNER OF DEATH | 1.7 | 28a. DATE OF IN | | 28b. TIA | | - | JURY AT | ercrettice. | | , | INJURY OCC | URED | |
| 1 Natural 5 | Pending Investigation | (Month, Day, | Year) | IN | JURY | | YES 2 | NO | | | | | |
| 3 Suicide 6 4 Homicide | Could not be detarmined | 28e. PLACE OF I | INJURY — A c. (Specify) | it home, ferm, | etreet, fact | tory, offi | Ice | | 281. LOCA City of | TION (Street or Town, State | and Number) | or Rural Rou | e Number, |
| and the same | IFYING PHYSICIAN | | | | | | | | | | | | nd menner as st |
| 29h SIGNATURE AND TITLE | | | | | | | 29c, LICE | | | | | | onth, Day, Year) |
| B CIMAN | 10,0 | of a | 0 / | m. A | | | F | 90 | 11 | | > 5 | 2/9 | 191 |
| 30, NAME AND ADDRESS OF | PERSON WNO CO | MPLETED CAUSE | OF DEATH | (ITEM 27) (Type | | :/ | 11 | 18 | 0 0 | 1/ | 1 | 1 0 | 01 |
| 15 W/Was | Class | 111101 | 1 10 | 1 | 12 | Ihm | A LL | 20 - | 41hn | 10000 | Mti 1 | 1 Ha | All and a second |
| 31 DATE EN ED (Month One | Wheel a | 32. REGISTRAR | SSIGNATIVE | | 0. | hm | M M | S. | (1/0) | 100 | pho | 1,000 | temeso |

| 1. DECEDENT'S NAME (First, Middle, Last) | | | ICATE OF | | 2. DATE OF DEATH | AY . | VEAR | 3. TIME OF DEATH |
|--|---|---------------------------------------|---------------------------------|---|---|-----------|-----------------------------|--|
| PHILIP MCALLES | STER GOODWI | IN, SR. | | | 3 5 | | 991 | 2:00 a |
| 4. SOCIAL SECURITY NUMBER 221-07-9664 | - | iE (In yrs. last birthday) 78 YRS. | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) Aug. 2, 1 | 912 | Country | PLACE (State or Foreign |
| 9e. FACILITY NAME (If not institution, give s | | 70 | 9b. CITY, TOWN C | R LOCATION OF DE | | | TTA OF DE | |
| Rt. 2 Sky Vall | Ley | | Swanto | n | | Gar | rett | |
| Maryland Gar | rett | 10c. CIT | y, town or locat | | | | | 10d. INSIDE CITY LIMITS? 1 YES 2 NO |
| 100. STREET AND NUMBER Rt. 2 Sky Vall | Ley | | 100 | 21561 | | 10g. CITI | | HAT COUNTRY? |
| 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced | 12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OF WW II | S 2 NO | If yes, sp | ENDENT OF HISPAR acity Cuban, Mexica 2 X NO Specify | HIC ORIGIN? (Specify Yen, Puerto Rican, etc.) | e or No— | 14. RACE Black Specif | - American Indian, White, atc. |
| 16. DECEDENT'S EDU- (Specify only highest grade Elementery/Secondary (0-12) | | (Give kind of life. Do NOT u | work done during mose retired.) | st of working | Dept. | | | vy |
| 17. FATHER'S NAME (First, Middle, Last) | | | | | ME (First, Middle, Malden | | | |
| Russell | God | dwin | | Grace A | Algela McA | llest | er | |
| 19e. INFORMANT'S NAME (Type/Print) | | | | | Route Number, City or Tov | | | 0.2 |
| Mrs. Carol Binnix | | | addle Ric | 0 | Annapolis | | | |
| 20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donation 6 Other (Specify) | | Omega C1 | ematory | netery, cremetory or | | ganto | | wn, State W. Va. |
| 21. SIGNATURE OF FUNERAL SERVICE LA | , 1/ | ≠ M00167 | | Funeral | P L Home - O | .0. B | | . — |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST | b. Arteriosc DUE TO (OR A | S A CONSEQUENCE O | en: ardio-va en: | scular d | isease | | | Sev. Yr Unknown |
| PART II. Other significant condition | d | but not resulting | in the underlyin | cause given in | Part I. 24a. WAS AF | ALFTOPSY | 245 | WERE AUTOPSY FIND |
| | | | | | PERFO | RMED? | | AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO |
| 25. WAS CASE REFERRED TO MEDICAL | | | 26. PI | ACE OF DEATH (Ch | eck only one) | | | |
| EXAMINER? | HOSPITAL: 1 Inpatient 2 ER/C | outpatient 3 DOA | OTHER: | e 5 🔀 Residence | 6 Other (Specify) | | | |
| 27. MANNER OF DEATH XX Natural 5 Pending | 28s. DATE OF INJUS (Month, Day, Yes | | AE OF 28c. INJ JURY WO | | 28d. DESCRIBE HOW | INJURY OC | CURED | |
| 2 Accident Investigation 3 Suicide 6 Could not be determined | 28e. PLACE OF INJU- building, etc. (S | JRY — At home, farm, specify) | | | 261. LOCATION (Street City or Town, State | | or Rural R | oute Number, |
| metal and | ICIAN: To the best of my kr | | | | | | | and manner as state |
| 290. BRIMATURE AND ATTLE OF CENTIFIE | 1/1. | 11 | 20 | 29s. LICENSE NUI | MBEN | 29d, DAT | E SIGNED | (Month, Day: Year) |
| Hestert 1 | · Juga | long | n.D. | D 0565 | 8 | P 1 | farch | 6, 1991 |
| 30. WAME AND ADDRESS OF PERSON WH | TO COMPLETED OF USE OF | DEATH OTHER YOUTEN | n. Philippi | | | | | |



| TO BE COM | MOLTANDER DE DUVOICIAN. MODICAL CONTRICTOR |
|---|--|
| al examiner must be notified at once. | IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
| oval. | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. |
| the funeral director, page 5 should be detached | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached |
| ter death. Page 6 may be retained by the hosp | TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hosp |
| BALLIMORE, MARTLAND | DIVISION OF VITAL RECORDS, P.O. BOX 13146, |

| | Middle, Last) | | | | | | | | | | DATE OF DEATH | | | 3. TIME OF DEATH |
|--|--|--|---|--|--|--|------------------------|---|---|---|--|-----------------------------|---------------------------------|--|
| L | Jessi | e Doris | Gos | snel | 1 | | | | | Ma | arch 11 | 1 | 991 | 8:45 A.M |
| 4. SOCIAL SECURITY NUMB | BER | 8. SEX | 6. AGE (h | n yrs. lest bi | irthday) | IF UNDER 1 YEA | AR | IF UNDER | 24 HRS. | 7. 0 | ATE OF BIRTH | | 8. BIRTI | IPLACE (State or Foreign |
| 216-22-903 | 33 | 1 M 2 XF | | 63 | YRS. | 6 2 | 78 | HOURS | MIN. | Αü | Month, Day, Year) 19.18,1 | 927 | Count M.a | ryland |
| 9a. FACILITY NAME (If not in | | treet and number) | | | | 9b. CITY, TOV | $\overline{}$ | LOCATIO | ON OF DI | _ | -9 - 2 - 0 / 1 | | NTY OF D | |
| 3340 Chat | ham I | Road | | | | | | | Ci | | r | ī | lowa | 24 |
| RESIDENCE OF DEC | | | | | | | | . 0 0 0 | | U | | 1 | 10 w a | Ιά |
| 10a. STATE | 10b. COUNTY | Y | | 3 | 10c. CITY | TOWN OR LO | CATIC | ON | | | | | | 10d. INSIDE CITY LIMITS? |
| Maryland | I | Howard | | | | E | 11 | ico | tt | Ci | ty | | | 1 YES 2 2 NO |
| 10e. STREET AND NUMBER | | | | | | | 10f. 2 | ZIP COO | E | | | 10g. CIT | IZEN OF | WHAT COUNTRY? |
| 3340 Chat | ham I | Road | | | | | | 2 | 104 | 3 | | | U.S | .A. |
| 11. MARITAL STATUS | | 12. WAS DECEOEN | T EVER IN | U.S. ARME | EO | | | | | | RIGIN? (Specify Yea | or No- | 14. RAC | E — American Indian, k, White, etc. |
| 1 Never Married 2 | | FORCES? 1 | | | | | | | n, Maxica Specif | | arto Rican, etc.) | | Spec | |
| 3 Widowed 4 Divo | orced | <u> </u> | | | | 1 | | | | | | | | White |
| | EDENT'S EDU | | | (Give | kind of w | JSUAL OCCUP | | | na | | 16b. KINO OF BUS | INESS/IN | DUSTRY | |
| Elementary/Secondary (0 | | College (1-4 or 5 | +) | life. Do | o NOT use | retired.) | | | | | | | | |
| 11 yrs | | none | | | I | J.P.N | | | | | | | | |
| 17. FATHER'S NAME (First, M. | | | | | | | | | | | First, Middle, Maiden | | | |
| James E. | | cett | | | | | | N | e11 | iе | Walker | <u> </u> | | |
| 19a. INFORMANT'S NAME (7) | | | | | | ADDRESS (Str | eet an | d Number | or Rural | Route | Number, City or Town | , State, Zi | p Code) | 21043 |
| William | H. Go | snell | - | 334 | 40 (| hath | am | Rd | . A | pt | .F E11i | cot | tC | ity, Md. |
| 20a, METHOO OF DISPOSITI | ION | normal dearm State | 30% | man place | -1 | TION (Name o | | | | | | CATION - | City or To | own, Stata |
| 4 Donation 5 Other | | Oval from Stata | La | Revi | ľew | Memo. | ri | a1 | Gar | de | ns Eld | ders | bur | g,Marylan |
| 21. SIGNATURE OF FUNERA | L SERVICE LI | CENTRAL - | | | | | | | | | | | | |
| | F10 A | party d | - 1 | | | 22. NAM | | | | | | | | |
| · 4 | lh.A | Din | in h | | | | | | | | | me | | |
| 23. PART i. Enter the d | lh I | Complications the | ir fr | the deet | th. Do n | B W | ur: | rie fie | r F | un M | eral Ho | me 1 21 | 7.84 | Approximate |
| 23. PART i. Enter the di ahock, or h | | complications the | | | th. Do n | B W | ur: | rie fie | r F | un M | eral Ho | me 1 21 | 784 rest, | Approximate interval Between |
| ahock, or he IMMEDIATE CAUSE (Fir | eert feilure. | | | | th. Do n | B W | ur: | rie fie | r F | un M | eral Ho | me 1 21 | 7.8.4 rrest, | interval Between |
| ahock, or h | eert feilure. | e. Sar | com | ech ilne. | env | ot enter the | ur: | rie fie | r F | un M | eral Ho | ome 1 21 ratory se | 784 rest, | |
| ahock, or himmediate CAUSE (Fir disease or condition | eert feilure. | e. Sar | com | | env | ot enter the | ur: | rie fie | r F | un M | eral Ho | ome 1 21 ratory sr | 784 rrest, | interval Between |
| ahock, or himmediate CAUSE (Fir disease or condition | neert feilure. | e. Sar DUE TO | Com O (OR AS A | CONSEQUE | (MV) JENCE OF | B W ot enter the | ur: | rie fie | r F | un M | eral Ho | ome 1 21 ratory sa | 7.8.4 rest, | interval Between |
| ahock, or himmediate CAUSE (Firdlesses or condition resulting in deeth) Sequentielly list condit if any, leading to imme | tiona, | e. Sar DUE TO | Com O (OR AS A | ech ilne. | (MV) JENCE OF | B W ot enter the | ur: | rie fie | r F | un M | eral Ho | ome 2121 ratory sa | 784 rrest, | interval Between |
| ahock, or himmediate CAUSE (Fir disease or condition resulting in deeth) Sequentially list condit if any, leading to immecause. Enter UNDERLY CAUSE (Disease or inju | tiona, diete | e. Sare DUE TO DUE TO C. | Com O (OR AS A | CONSEQUE | UMU- JENCE OF | B: W oot enter the | ur: | rie fie | r F | un M | eral Ho | ome 1 21 ratory se | 784 rrest, | interval Between |
| ahock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in deeth) Sequentielly list condit if any, leading to imme cause. Enter UNDERLY | eert feilure. | e. Sare DUE TO DUE TO C. | Com O (OR AS A | CONSEQUE | UMU- JENCE OF | B: W oot enter the | ur: | rie fie | r F | un M | eral Ho | ome 1 21 ratory sr | 784 rest, | interval Between |
| ahock, or himmediate Cause (Fir disease or condition resulting in deeth) Sequentielly list condit if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injuithat initiated events | eert feilure. | e. Sare DUE TO DUE TO C. | Com O (OR AS A | CONSEQUE | UMU- JENCE OF | B: W oot enter the | ur: | rie fie | r F | un M | eral Ho | ome i 21 ratory si | 784 | interval Between |
| ahock, or himmediate Cause (Fir disease or condition resulting in deeth) Sequentielly list condit if any, leading to immecause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS | tiona, diete ing | e. Sare DUE TO DUE TO d. DUE TO | O (OR AS A | CONSEQUE | UENCE OF | B: W oot enter the | ur: in: mod | rie fie de of dy | r F 1d, ing, suc | un M | eral Hoarvland | ratory si | rrest, | interval Between Onset end Deat Supplies the Supplies of the S |
| ahock, or h iMMEDIATE CAUSE (Fir disease or condition resulting in deeth) Sequentielly list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju that initiated events resulting in death) LAS | tiona, diete ing | e. Sare DUE TO DUE TO d. DUE TO | O (OR AS A | CONSEQUE | UENCE OF | B: W oot enter the | ur: in: mod | rie fie de of dy | r F 1d, ing, suc | un M | eral Hoarvland carvland carvland | AUTOPSY | rrest, | interval Between Onset end Deat Support and Deat Support |
| ahock, or himmediate Cause (Fir disease or condition resulting in deeth) Sequentielly list condit if any, leading to immecause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS | tiona, diete ing | e. Sare DUE TO DUE TO d. DUE TO | O (OR AS A | CONSEQUE | UENCE OF | B: W oot enter the | ur: in: mod | rie fie de of dy | r F 1d, ing, suc | un M | eral Hoarvland | AUTOPSY | rrest, | interval Between Onset end Deat Support and Deat Support and Deat b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| ahock, or himmediate Cause (Fir disease or condition resulting in deeth) Sequentielly list condit if any, leading to immecause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS | tiona, diete ing | e. Sare DUE TO DUE TO d. DUE TO | O (OR AS A | CONSEQUE | UENCE OF | B: W oot enter the | ur: in: mod | rie fie de of dy | r F 1d, ing, suc | un M | eral Hoarvland carvland carvland | AUTOPSY | rrest, | interval Between Onset end Deat Support and Deat Support |
| ahock, or himmediate condition resulting in deeth) Sequentially list condit if any, leading to immediate. Enter UNDERLY, CAUSE (Disease or Injuthat Initiated events resulting in death) LAS PART II. Other signification of the condition of the | tiona, diete ing ury street condition | e. Sare DUE TO DUE TO d. DUE TO | O (OR AS A | CONSEQUE | UENCE OF | B: W oot enter the olung: | ur in mod | rie fie of dy | r F 1d, ing, suc | un M | eral Hoarylanc cardlec or respi | AUTOPSY | rrest, | b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| ahock, or h iMMEDIATE CAUSE (Fir disease or condition resulting in deeth) Sequentielly list condit if any, leading to imme cause. Enter UNDERLY, CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other signification AS CU COP 25. WAS CASE REFERRED T EXAMINER? | tiona, diete ing ury street condition | e. Sar DUE TO DUE TO DUE TO DUE TO HOSPITAL: | O (OR AS A D) (OR AS A D) (OR AS A D) (OR AS A D) (OR AS A D) (OR AS A D) (OR AS A D) (OR AS A D) (OR AS A D) (OR AS A D) | CONSEQUENT CONSEQUENT TO THE C | JENCE OF | B: W ot enter the | urin: mod | rie fie de of dy | r F 1d, ing, successful for the | un M h ss | eral Hoaryland caryland caryland cardlec or respi | AUTOPSY | rrest, | interval Between Onset end Deat Support and Deat Support |
| ahock, or himmediate condition resulting in deeth) Sequentially list condit if any, leading to immediate. Enter UNDERLY, CAUSE (Disease or Injuthat Initiated events resulting in death) LAS PART II. Other signification of the condition of the | tiona, diete ing ury street condition | e. DUE TO b. DUE TO c. DUE TO d | O (OR AS A D) (OR | CONSEQUENT TO THE PROPERTY OF | JENCE OF JENCE OF JENCE OF JENCE OF JENCE OF | Discontinuo de la contraction | ur in mod | rie fie de of dy | r F 1d, ing, successful for the | un M h ss Part | eral Hoaryland caryland caryland respectively. | AUTOPSY MED? | 24 | interval Between Onset end Deat Support and Deat Support and Deat b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| ahock, or himmediate Cause (Fir disease or condition resulting in deeth) Sequentielly list condit if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other significates of the cause | ent feilure. itiona, didete iNG urry st. ent condition | b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpellant 2 | O (OR AS A D) (OR | CONSEQUENT TO THE PROPERTY OF | JENCE OF JEN | B: W oot enter the Order OTHER: 4 Nursing E OF 286 | ur: in mod | Ceuse | r F 1 d , ing, successful | un M h ss Part | eral Hoaryland caryland caryland cardlec or respi | AUTOPSY MED? | 24 | interval Between Onset end Deat Support and Deat Support |
| ahock, or himmediate cause (Fir disease or condition resulting in deeth) Sequentielly list condit if any, leading to immediate. Enter UNDERLY: CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other significates and the cause of the cau | eert feilure. siona, diete ing ing ent condition | e. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpetian: 2 28a. DATE O (Month, 1) | O (OR AS A O (OR AS A O (OR AS A O (OR AS A | consequi consequi consequi | JENCE OF JEN | DTHER: 4 Nursing 28c URY M 1 | UIT: in mod mod Home | Ceuse | r F 1 d , ing, successful | Uni M M Part | eral Hoaryland aryland cardlec or respi | AUTOPSY MED? | 244 | b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| ahock, or himmediate Cause (Fir disease or condition resulting in deeth) Sequentially list condition from the cause. Enter UNDERLY, CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other signification from the cause of the | ent feilure. itiona, didete iNG urry st. ent condition | B. DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO A DUE TO DUE TO DUE TO C. DUE TO | O (OR AS A O (OR AS A O (OR AS A O (OR AS A | CONSEQUENT TO THE STATE OF THE | JENCE OF JEN | B: W oot enter the Order OTHER: 4 Nursing E OF 286 | UIT: in mod mod Home | Ceuse | r F 1 d , ing, successful | Uni M M Part | eral Hoaryland caryland caryland respectively. | AUTOPSY MED? NO NJURY OX | 244 | b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician, TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

***9**1

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randose

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

111 PENN STREET, BALTIMORE, MARYLAND

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DIRECTO

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31. DATE FILED (Month, Day, Year) '91

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OR ATTENDING PHYSICIAN: The law

DIVISION OF VITAL

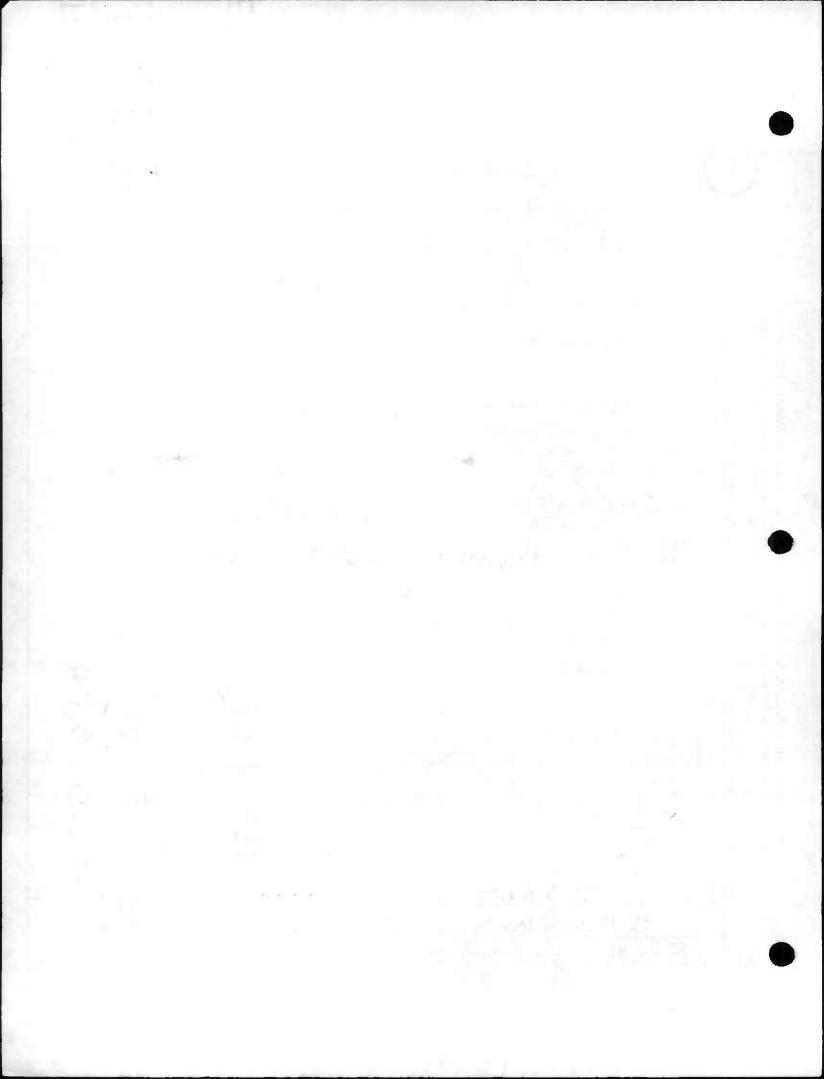
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH **JEROME** 03 GRAY 91 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Washington, D DAYS HOURS 1 M 2 - F Unknown Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH NEW HAMPSHIRE AVENUE 6733 HYATTSVILLE RESIDENCE OF DECEDER 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Takoma Park MD P.G. 1X YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 20912 6733 New Hampshire Avenue U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 If yes, specify Cuban, Maxican, Puerto Ric 1 Never Married 2 Married 1 YES 2 NO Specify. Black 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 12th grade Apprentice N/A 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) LaRue Fulwiley Robert Stoney 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 13900 Castle Blvd. Silver Spring, Md. 20904 LaRue Fulwiley-Stoney 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION -- City or Town, State DATE Lincoln Cemetery Suitland, Md. W.H. Bacon Funeral Home 21, SIGNATURE OF FUNERAL SERVICE LICENSEE rut 3447 14th Street, N.W. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or heart failure. List only one cause on each line. **Onset and Death** IMMEDIATE CAUSE (Final shot wonds disease or condition raaulting in death) Sequentielly list conditions, DUE TO (OR AS A CONSEQUE if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 VES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 QYES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 D Nursing Home 5 Residence 6 K Other (Specify) APARTMENT PARKING LOT 28d. DESCRIBE HOW INJURY OCCURED 27. MANNER OF DEATH 26a. DATE OF INJURY 26b. TIME OF INJURY 28c. INJURY AT WORK? (Month, Day, Year) 03/03/91 1 Natural 5 Pending Investigation 12:18A 1 YES 2 NO SUBJECT SHOT 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide PARKING LOT 6133 NEW HAMPSHIRE AVENUE 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, deta and place, and due to the cause(a) and menner as steted. 🕯 💓 EDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATUR 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) O.C.M.E. 03/03/91 111 PENN STREET, BALTIMORE, MARYLAND 21201

32. REGISTRAR'S SIGNATURE

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign Country) 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 10-27-16 74 MONTHS DAYS MIN. 172-07-5959 1 📉 M 2 🗌 F YRS Pa. COUNTY OF DEATH FACILITY NAME (If not institution LOCATION OF DEATH TOWN OF DIRECTOR 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY LIMITS? Suitland Md. P.G. 1 YES 2 1 100 FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6007 Wesson Drive 20746 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Ri
1 ☐ YES 2 🔯 NO Specify: 1 Never Merried XX Merried BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) Chief 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Civil Service Consolodated Personnel 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname Hugh C. Gilchrist, Sr. Bertha Hugo BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Same as 10a-10f. Ella B. Gilchrist 20a. METHOD OF DISPOSITION 3 - 1 1DATE 1 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name XX Burlel 2 Cremation 3 Removal from State Md. State Veterans 4 Donation 5 Other (Specify) Cem. Cheltenham, Md 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Road Clinton, Md. 20735 21. SIGNATURE OF FUNEBAL SERVICE LICENSEE lare 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on sech line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CO EQUENCE OF If sny, issding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted evants resulting in dasth) LAST PART II. Other significant conditions contributing to death but not resulting in the undarlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 - Residence 8 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending М 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, streat, fectory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINERS: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mgnth, Day, Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 9450 Penn (4 MAR 0 7 'Q 1 32. REGISTRAR'S SIGNATURE



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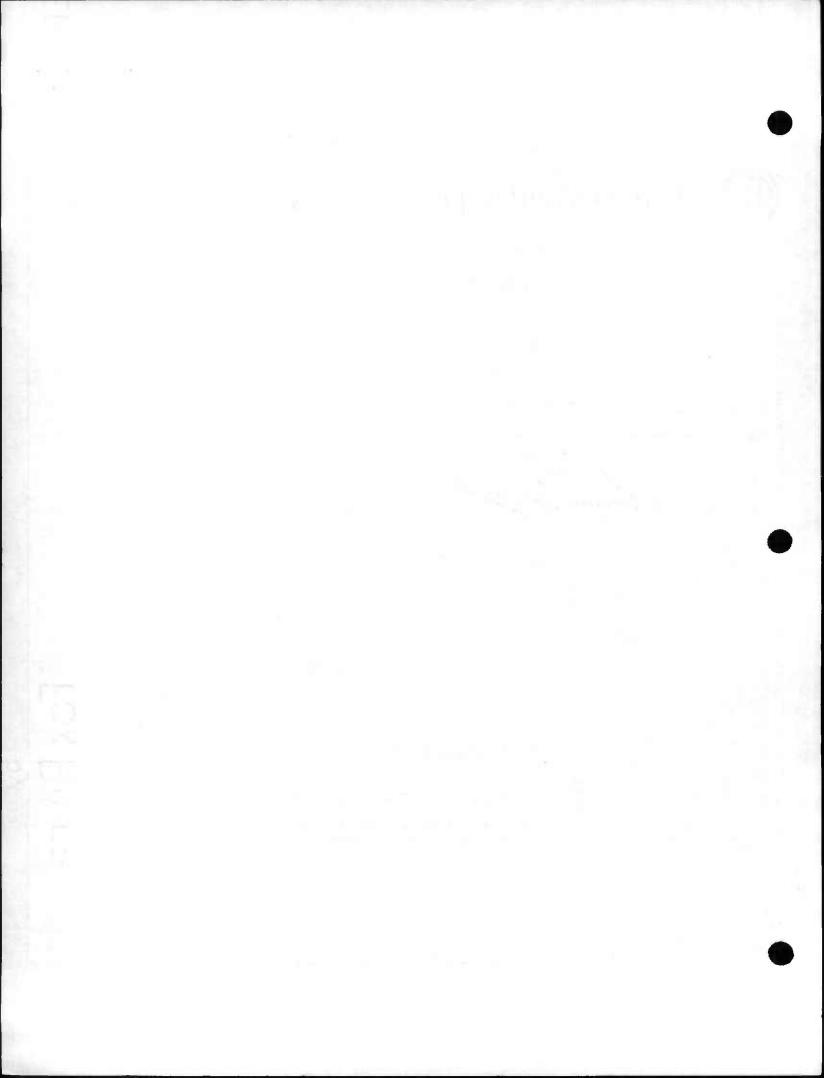
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filled in by the funeral director, page 5 should be detached for use as the bunal-transit ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 ŏ signed by the attending physician and completely fille Health and Mental Hygiene prior to burial, cremation, OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 BOX 68760, DIVISION OF VITAL RECORDS, P.O. has been s Dept. of H n 23 show r this certificate hin with the State C After 1 DIRECTOR: J TO THE HOSPITAL OF THE FUNERAL DIE FILED WITHIN 72 ho

DHMH-16 Rev 1/89



| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 indus after death. Page 6 may be retained by the hospital or attending physician. | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 444 mineral permit of hearth and Merian Moniene prior to burial, cremation, or removal. | IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
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| - STATE REGISTRAR | | STATE OF B | ΛΑΡΥΙ ΑΝΠ | / DEPART | MENT OF HEALTH AND | MENTAL | HYGIENE | | 21 | 0764 |
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| | | OIAIL OI II | | | ATE OF DEATH | MEHINE | REG. NO. | | | |
| 1. DECEDENT'S NAME (Firs | st, Middle, Last) | - | | | | 2. OATE O | | | | E OF DEATH |
| HAZEL | | GIF | ET | | | MONTH | DAY | | 91 /; | 45 0. M |
| 4. SOCIAL SECURITY NUM | | 5. SEX | 8. AGE (In yrs. | last hirthday) | IF UNDER 1 YEAR | 7 DATE OF | FRIETH | | | (State or Foreign |
| 228- 28- 6 | | 1 M 2 X F | 72 | | ONTHS DAYS HOURS MIN. | HOD. | 25,19 | 19 G | Country) | ro, Va. |
| | | | 12 | -421 | | | 23,13 | | | 10, va. |
| 9a. FACILITY NAME (# not | | | | 1 | Db. CITY, TOWN OR LOCATION OF | DEATH | | 9c. COUNTY | | |
| Washingto | | ity Hospi | tal | | Hagerstown | | | | Washin | gton |
| RESIDENCE OF DE | 10b. COUNTY | | | 100 CITY | TOWN OR LOCATION | | | | 104 18 | ISIDE CITY |
| | | | | | | | | | LI | MITS? |
| Maryland | | shington | | паче | erstown | | | | | rES 2 NO |
| 10e. STREET AND NUMBER | | | | | 101. ZIP CODE | | | | OF WHAT CO | DUNTRY? |
| 11 W. Bal | Ltimore | St. | | | 21740 | | | U. S. | . A. | |
| 11. MARITAL STATUS | | 12. WAS DECEDEN | T EVER IN U.S. | ARMED | 13. WAS DECEMBENT OF HIS | PANIC ORIGIN? | (Specify Yee | or No — 14. | RACE - Ame | erican Indien, |
| 1 Never Married 2x | | IF YES, GIVE Y | MAR OR DATES | LINO | If yes, specify Cuben, Mer | | cen, etc.) | | Specify: WT | |
| 3 Widowed 4 Div | /orced | | | | | | | 1 | | |
| 15. DE | CEDENT'S EDU | CATION completed) | 16a. | Give kind of wo | SUAL OCCUPATION ork done during most of working | 16b. I | KIND OF BUS | INESS/INDUS | TRY | |
| Elementary/Secondery | | College (1-4 or 5 | +) | Iffe. Do NOT use | | | | | | |
| 5 | | | | Seamtr | ess | | Cloth | ing Mf | g. | |
| 17. FATHER'S NAME (First, | Middle, Last) | | | | 18. MOTHER'S | NAME (First, Mi | ddle, Maiden | Sumame) | | |
| Harry Ad | ams | | | | | Clara . | Adams | | | |
| 19a, INFORMANT'S NAME | | | T | 19b. MAILING | ADDRESS (Street and Number or Ru | iral Route Numbe | r, City or Town | , State, Zip Co | ide) | |
| Walter S. | Gifft | | | 11 W. | Baltimore St. | , Hage | rstown | n, Md. | 21740 |) |
| 20a, METHOD OF DISPOS | ITION | | 20h Pl / | CE OF DISPOSE | TION (Name of cometery, cremetory | ٨ | 200 1.00 | ATION — CIN | y or Town, Star | to. |
| 1 Burial 2 Cremat | ilon 3 🗆 Ram | ioval from State | othe | er place) | | Oi . | | | | |
| | _ | | BOC | nsporo | Cemetery | | B001 | isporc | , Md. | 21/13 |
| 21. SIGNATURE OF FUNER | Z. C. | AL B | . 76 | | 22. NAME AND ADDRESS OF | PAGILITY | 760 | 6 Boon | sboro | Pike |
| / J | oho H. | Bast, Ji | 7 | | BAST FUNERA | L HOME | , Booi | nsboro | , Mary | yland 2 |
| 23. PART I. Enter the | diseases, or | complications the | at caused the | death. Do no | ot enter the mode of dying, | such ea cerdi | ac or respi | ratory arres | t, / | Approximate |
| shock, or | heart fallure. | List only one ca | use on each | line. | 1110/ | 1 | 1 | 0 | | nterval Batween Onest and Death |
| IMMEDIATE CAUSE (F | inal | /0. | X | Danta | - 1/1/2/2 7 | me | · Via | 1 | | O A |
| resulting in death) | | / / / (| my (| A Mar | un war | Toca | touce | 1 | | 2 Hours |
| i vedicing in openi) | \rightarrow | a. // | OR AS A CON | NSEQUENCE OF | : | | | tine | 1 | 2007 |
| . Journal of County | → | DUE TO | | | | | | ELINY - | ! | - |
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| Sequentially list cond | nediate | b. OUE TO | (OR AS A COM | SEQUENCE OF | (504) | 1 /20 | you | 1. | | 15,000 · |
| Sequentially list cond if any, leading to imm cause. Enter UNDERL | nediate YING | b. O'LE TO | worl | entic | Coronary | 1 Jen | la | sia | 4 | 15 year |
| Sequentielly list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events | nediate LYING njury | b. OUE TO | worl | NSEQUENCE OF | Coronary (| Jers. | la | ria | 4 | /Syear |
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| Sequentielly list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA | nediate LYING njury | d | O (OR AS A COM | NSEQUENCE OF | · · · | Jen. | ld | s ion | 24b WEDE | 15 year |
| Sequentielly list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA | nediate LYING njury | d | O (OR AS A COM | NSEQUENCE OF | the underlying cause given | Jeys | York La | | AMAILA | J5 year |
| Sequentielly list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA | nediate LYING njury | d | O (OR AS A COM | NSEQUENCE OF | · · · | l Jerry | | MED? | AMAILA | ABLE PRIOR TO LETION OF CAUSE |
| Sequentielly list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA | nediate LYING njury | d | O (OR AS A CON | NSEQUENCE OF | · · · |) Person In Part I. | PERFOR | MED? | COMPI OF DE | ABLE PRIOR TO LETION OF CAUSE |
| Sequentielly list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA | nediate LYING njury | d | O (OR AS A CON | NSEQUENCE OF | · · · | l Jeun | PERFOR | MED? | COMPI OF DE | ABLE PRIOR TO LETION OF CAUSE LATH? |
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| Sequentially list condit any, leading to immosuse. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other significant of the condition of | nedlate LYING Igury AST | d | D (OR AS A CON | not resulting in | the underlying cause giver 26. PLACE OF DEATH | (Check only one | PERFOR | MED? | COMPI OF DE | ABLE PRIOR TO LETION OF CAUSE ATH? |
| Sequentially list condif any, leading to Immosuse. Enter UNDERL CAUSE (Disease or In that Initiated events resulting in death) LAPART II. Other significant of the Cause of th | nedlate LYING Igury AST | dna contributing to | D desth but n | not resulting in | 26. PLACE OF DEATH OTHER: 4 Nursing Home 5 Residen | I (Check only one | PERFOR 1 YES 2 | MED? | AMAILA COMP OF DE 1 _ 1 | ABLE PRIOR TO LETION OF CAUSE ATH? |
| Sequentially list condificance, leading to Immicause. Enter UNDERL CAUSE (Disease or In that Initiated events resulting in death) LAPART II. Other significance of the Cause o | nedlate LYING Igury AST | d | D desth but n | not resulting in | 26. PLACE OF DEATH OTHER: 4 □ Nursing Home 5 □ Resider OF USC. INJURY AT WORK? | I (Check only one nce 8 Other 28d, DES | PERFOR 1 YES 2 | MED? | AMAILA COMP OF DE 1 _ 1 | ABLE PRIOR TO LETION OF CAUSE LATH? |
| Sequentielly list conditions, leading to immediate. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LAPART II. Other significant in the s | nediate LYING ast cent condition TO MEDICAL | HOSPITAL 2 280 DATE O (Month, | D desth but n | not resulting in | 26. PLACE OF DEATH OTHER: 4 Nursing Home 5 Resider HY WORK? 1 YES 2 NO | I (Check only one 8 Other 28d. DES | PERFOR 1 YES 2 1) (Specify) CRIBE HOW I | MED? | AMAILA COMPI OF DE 1 1 1 | ABLE PRIOR TO LETION OF CAUSE JATH? YES 2 NO |
| Sequentially list conditions, leading to immosuse. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LAPART II. Other significant in the si | endiate YING OTO MEDICAL Pending Investigation Could not be | HOSPITAL 1 Zee DATE O (Month, | D desth but n | not resulting in | 26. PLACE OF DEATH OTHER: 4 □ Nursing Home 5 □ Resider OF USC. INJURY AT WORK? | I (Check only one and 5 Other 28d, DES | PERFOR 1 YES 2 1) (Specify) CRIBE HOW I | MED? | AMAILA COMP OF DE 1 _ 1 | ABLE PRIOR TO LETION OF CAUSE JATH? YES 2 NO |
| Sequentielly list condit any, leading to Immicause. Enter UNDERL CAUSE (Disease or In that initiated events resulting in death) LA PART II. Other significations are sequentially separate to the significant of the signific | Pending investigation | HOSPITAL 1 Zee DATE O (Month, | D (OR AS A COND D desth but n | not resulting in | 26. PLACE OF DEATH OTHER: 4 Nursing Home 5 Resider HY WORK? 1 YES 2 NO | I (Check only one and 5 Other 28d, DES | PERFOR 1 YES 2 (Specify) CRIBE HOW I | MED? | AMAILA COMPI OF DE 1 1 1 | ABLE PRIOR TO LETION OF CAUSE JATH? YES 2 NO |
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| Sequentially list condification, leading to immicause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other signifit 25. WAS CASE REFERRED EXAMINER? 1 YES 2 MANNER OF DEATH 1 Natural 5 1 | Pending investigation Could not be determined | HOSPITAL: 1 (2 Implient 2 28e. DATE 0 (Month, 28e. PLACE building | D (OR AS A COND D desth but n | not resulting in a subject of the su | 26. PLACE OF DEATH OTHER: 4 Nursing Home 5 Resider RY M 28c. INJURY AT WORK? 1 YES 2 NO | I (Check only one 8 Other 28d. DES: 28f. LOCA City o | PERFOR 1 YES 2 (Specify) CRIBE HOW I ATION (Street or Town, State) | NJURY OCCU | AMALL COMPINED OF DE 1 | NBLE PRIOR TO LETION OF CAUSE ATTH? YES 2 NO |
| Sequentially list condificance if any, leading to immicause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LAPART II. Other significance in the condition of the co | Pending investigation Could not be determined | HOSPITOL 1 Zeo. DATE O (Month, 280. DATE O SICIAN: To the best of | D (OR AS A COND D desth but n | not resulting in a subject of the su | 26. PLACE OF DEATH OTHER: 4 Nursing Nome 5 Resider OF 26c. INJURY AT WORK? M 1 YES 2 NO treet, factory, office d at the time, date and place, and | Check only one 28d. DES 28f. LOCA City of light to the cau | PERFOR 1 YES 2 (Specify) CRIBE HOW I ATION (Street or Town, State) | NJURY OCCU | AMAILA COMPINED OF DE 1 TO 1 TO 1 TO 1 TO 1 TO 1 TO 1 TO 1 T | ABLE PRIOR TO LETION OF CAUSE ATH? YES 2 NO |
| Sequentielly list cond if any, leading to Imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other signifit 25. WAS CASE REFERRED EXAMINER? 1 VES 2 MO 27. MANNER OF DEATH 1 Nature 5 1 2 Accident 3 Suicide 8 4 4 Homicide 29e. CERTIFIER (Check only) | Pending Investigation O TO MEDICAL Pending Investigation Could not be determined | HOSPITOL 1 Zeo. DATE O (Month, 280. DATE O SICIAN: To the best of | D (OR AS A COND D desth but n | not resulting in a subject of the su | 26. PLACE OF DEATH OTHER: 4 Nursing Name 5 Resider OF 28c. INJURY AT WORK? M 1 YES 2 NO lireet, factory, office | Check only one 28d. DES 28f. LOCA City of light to the cau | PERFOR 1 YES 2 (Specify) CRIBE HOW I ATION (Street or Town, State) | NJURY OCCU | AMALL COMPINED OF DE 1 | ABLE PRIOR TO LETION OF CAUSE ATH? YES 2 NO |

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DIRECTOR: After the hours after death w

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executed within requires that the death DR ATTENDING PHYSICIAN: The law

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First Wicklin, Last) 3. TIME OF DEATH 9130 a. m 8. BIRTHPLACE (State or Foreign Country) A SOCIAL SECURITY NUMBER 8. AGE (In yra. lest birthday) 7. DATE OF BIRTH 1 YEAR (Morth, Day, Year) 1/15/01 1 3 2 E 705 10 6802 North Carolin 9e. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b, CITY, TOWN OR LOCATION OF DEATH Washington County Hospital Washington Hagerstown RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington Hagerstown 1 X YES 2 NO 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21740 USA 802 Forrest Drive 11. MARITAL STATUS 14. RACE — American Indien, Black, White, atc. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 2 NO 1 Never Merried 2 Married 3 🛭 Widowed 4 🗌 Divorced White 16a. OECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY 15. OECEOENT'S EDUCATION (Give kind of work done during most of working life, Do NOT use retired.) (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 3 yrs. Rail Road Carpenter 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) John H. Grogan Cora B. Floyd 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1642 Woodlands Run, Hagerstown, Md. 21740 Barbara G. McCann 20a. METHOD OF DISPOSITION
1 X Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION - City or Town, State Rest Haven Cemetery Hagerstown, Maryland 22. NAME AND ADDRESS OF FACILITY
Gerald N. Minnich SIGNATURE OF FUNERAL SERVICE LICENSEE 305 N. Potomac St Funeral Home Hagerstown, 23, PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximate ahock, or heart failure. List only one ceuse on each line. Onset and Death IMMEDIATE CAUSE (Fine) month disease or condition_ retractony resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO JOR AS A CONSEQUENCE OF that initiated events resulting in death) LAST 24s. WAS AN AUTOPSY 24b. WERE AUTOPRY FINDINGS PHYSICIAN: MEDICAL AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I TO YES I THE 1 TES 2 NO 36. PLACE OF DEATH (Check only one 25. WAS CASE REFERRED TO MEDICAL OTHER: T YES 2 4 iont 2 - ENOutpetient 3 - DOA ne 5 🗆 Residence 6 🗀 Other (Specify) 27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) 26c. BLJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 1 Steffund 1 YES 2 NO BY 2 C Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 38f, LOCATION (Sinest and Number or Flural Floute Number, Olly or Team, State) 3 Suicide COMPLETED 4 Homicide dge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2

DHMH-15 Rev 1/89

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| FUNE | within | TANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex |
| | FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f | FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal. |

IMPORTAL

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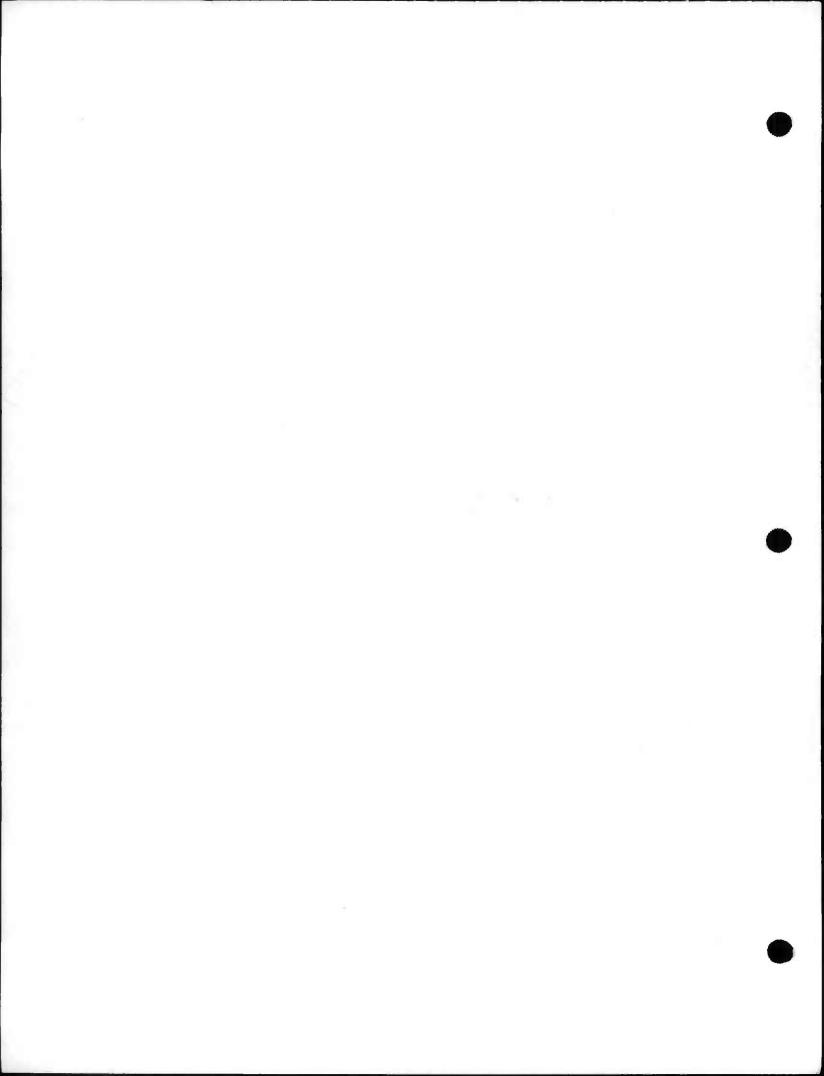
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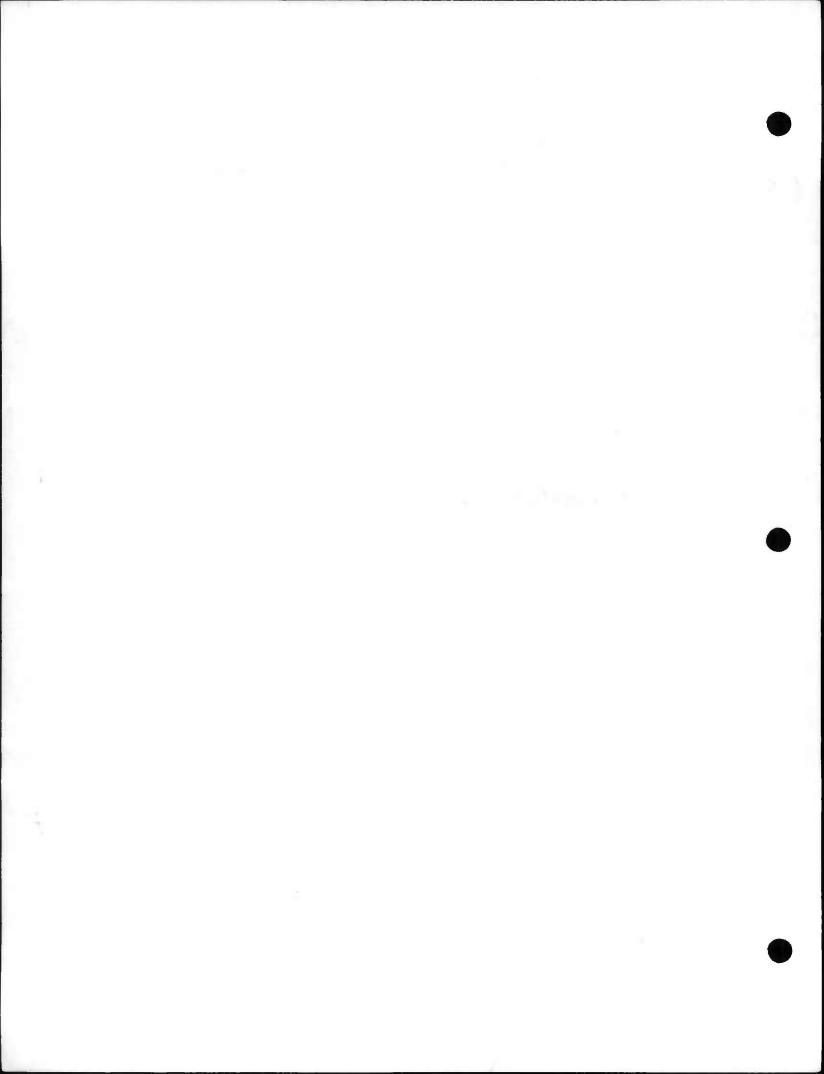
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Meta L. Griffin 3 : 55 91 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1th, Day, Year) 23 1896 94 MONTHS DAYS HOURS 212-40-9600 1 - M 2 X F YRS. Nov. Maryland 9e. FACILITY NAME (If not Institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY. TOWN OR LOCATION OF DEATH Berlin, Maryland Worcester Berlin Nursing Home DIRECTOR RESIDENCE OF DECEDENT 10b, COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY 1 YES 2 X NO Maryland Worcester Bishopville FUNERAL 10s. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Rt.1 Box 79 21813 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Bleck, White, atc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 ☐ YES 2 ☒ NO Specify: 2 NO 1 Never Married 2 Married BY 3 🕅 Widowed 4 🗌 Divorced White COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp. Elementery/Secondary (0-12) College (1-4 or 5+) Homemaker Own Home 5 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Sewell Jones Dora Devereaux BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 11239 St. Martin's Neck Road, Bishopville, MD 2181 Preston Tubbs 20a_METHOD OF DISPOSITION
1 Burlel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Bishopville Cemetery Bishopville, Maryland □ Donation 5 □ Other (Specify) 22. NAME AND ADDRESS OF FACILITY
Hastings Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Selbyville, Delaware 23. PART I. Enter the diseases, or complications that dusto the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ehock, or heart fellure. Liet only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition . Terminal Pneumonia resulting in death) DUE TO (OR AS A CONSEQUENCE OF) ASCVD CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate e. Enter UNDERLYING a Age CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE PART II. Other algrifficant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TYES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TES 2 NO ig Home 5 🗆 Reeldence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1 X Natural м 1 YES 2 NO ВУ 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, 3 Sulcide ETED. 8 Could not be 4 Homicide 29a, CERTIFIER 1 💢 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end manner as stated. 29b. SIONATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D02026 ▶ 3/7/91 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Federico G. Arthes, MD #1622A Ocean Pines, Berlin, MD 21811 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE



| TO BE COMP | TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION |
|--|--|
| examiner must be notified at once. | IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
| ral, | be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal, |
| he funeral director, page 5 should be detached | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached |
| ir death. Page 6 may be retained by the hospi | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 cours after death. Page 6 may be retained by the hospi |
| BALLIMORE, MARYLAND | DIVISION OF VITAL RECORDS, P.O. BOX 13146, |

| | FOR STATE REGISTRAR | STATE OF MARY | | | RTMENT | | | | IENTAL | HYGIEN REG. NO. | | 0 | 7650 |
|---------------|--|--|---------------------------------|-------------------------|---------------------------|------------|-----------------|------------|--------------|-----------------------|------------------|----------------------|--|
| | 1. DECEDENT'S NAME (First, Middle, I | uest) | | , | | | | | 2. DATE C | F DEATH | W Y | CAD | TIME OF DEATH |
| | IRENE | VIRGINIA | | | nre | ene | | | Marc | | | 91 | 0440 M |
| | 4. SOCIAL SECURITY NUMBER | | GE (In yrs. les | t birthday) | IF UNDER | 1 YEAR | IF UNDER | 24 HRS. | 7. DATE O | F BIRTH Day, Year) | 8. | BIRTHPL/ Country) | ACE (State or Foreign |
| | 214-10-7641 | 1 M 2 A | 86 | YRS. | | | | | FEB. | 2,190 |)5 PI | ENNSY | YLVANIA |
| _ | 9a. FACILITY NAME (If not institution, | give street and number) | | | | | | ON OF DEA | ATH | | 9c. COUNTY | | |
| 힏 | PENINSULA GENE | | | | | WICOMICO | | |) | | | | |
| S | 10a. STATE 10b. CC | | | 10c. CIT | Y, TOWN | OR LOCAT | ION | | | | | 10 | d, INSIDE CITY |
| DIRECTOR | MARYLAND WI | COMICO | | | SALI | SBUR | Y | | | | | 12 | LIMITS? |
| | 10e. STREET AND NUMBER | | | | | 10f | ZIP COD | E | | | 10g. CITIZEI | OF WHA | T COUNTRY? |
| FUNERAL | 726 JACKSON S | TREET | | | | | 21 | 801 | | | τ | JSA | |
| 5 | 11. MARITAL STATUS | 12. WAS DECEDENT EVE FORCES? 1 7 | R IN U.S. AR | MED | | | | | C ORIGIN? | (Specify Yes | or No- 14 | . RACE - | American Indian, /hite, etc. |
| BY 6 | 1 Never Married 2 Married 3 X Widowed 4 Divorced | IF YES, GIVE WAR OF | | | | | | Specify | | , | | Specify: | WHITE |
| 60 8 | 15. DECEDENT'S | FDUCATION | 18a. DE | CEDENT'S | USUAL O | CCUPATIO | NO. | | 166 | KIND OF BUI | SINESS/INDUS | TRY | WILLE |
| | (Specify only highest Elamentary/Secondary (0-12) | grade completed) College (1-4 or 8+) | (G | ive kind of Do NOT u | work done se retired.) | during mo | st of working | 79 | | | 01112001111200 | | |
| 립 | 5 YEARS | NO | | HOUS | EWIF | E | | | | | HOME | | |
| COMPL | 17. FATHER'S NAME (First, Middle, Les | it) | | | | | 16. MOT | HER'S NAM | AE (First, M | iddle, Maiden | Sumame) | | |
| I III I | GEORGE | (unk) KEI | LER | | | | CAR | OLIN | E | (unk) |) LI | EAVE | RS |
| TO B | 19a. INFORMANT'S NAME (Type/Print) | | | | | | | | | | n, State, Zip Co | ode) | |
| - | WILLIAM B. GREE | | | | | | | | RE, N | | 1234 | | |
| | 20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 | Ramoval from Stata | 206. PLACE other pl LIBER | | | | netery, cren | natory or | | | CATION - CIT | | , State |
| | 4 Donation 5 Other (Specify) 21. SIGNATURE OF PI NERAL SERVIO | | LIBER | (11 (| | | ID ADDRE | SS OF FAC | H ITY | PAI | RKSLEY | , VA | |
| | 1 // | 1 1 | | | H | OLLO | WAY | FUNE | RAL I | HOME, | | | |
| | | Sellava | <u> </u> | | _ | | | | | | BURY, | | 21801 |
| | 23./PART i. Enter the diseeses shock, or heert fel | , or complications that obu lure. List only one take of | sed the den | eath. Do | not ente | r the mo | de of dy | ing, such | ss card | ac or reep | iratory arres | t, | Approximate interval Between |
| | iMMEDIATE CAUSE (Final disease or condition | | | | - | | | | | | | | Onset and Death |
| | resulting in death) | e. DUE TO (OR A | reum | | | | | | | | | | + |
| _ | | - 500 | 440 | | | ام | | | | | | | |
| ō. | Sequentially list conditions, if any, leading to immediate | DUE TO (OR A | AS A CONSE | QUENCE (| DF): | | | 4 = | | | | | |
| CAI | ceuse. Enter UNDERLYING CAUSE (Disease or injury | a Poss | 756 | AZ | nen | al | INSU | ffice | us | | | | |
| E | that initiated events | DUE TO (OR A | AS A CONSE | QUENCE (| OF): | | 0 | | | | | | |
| CERTIFICATION | resulting in death) LAST | d | | | | | | | | | | | - |
| AL C | PART II. Other significent con- | | h but not | reeuiting | in the u | nderlyin | g ceuse | given in | Part i. | 24s. WAS AN | | | ERE AUTOPSY FINDINGS |
| 2 | 415 Toyo | of chyparlanse | ion | | | | | | _ | PERFO | RMED? 2 AV NO | 0 | MAILABLE PRIOR TO OMPLETION OF CAUSE IF DEATH? |
| MEDIC | HISTON | Coveres As | they | Dis | Le s | , | | | | | | | YES 2. THO |
| | | | | | | | | | | | | | • |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDIC EXAMINER? | HOSPITAL: | | | | | LACE OF D | DEATH (Che | ck only on |) | | | |
| YSIC | 1 ☐ YES 20 HNO | 1 inpetient 2 ER/ | Outpatient 3 | DOA | 4 Nu | | 10 5 🗆 R | esidenca | 6 🗆 Other | (Specify) | | | |
| H | 27. MANNER OF DEATH 1 Natural 5 Pending | 28a. DATE OF INJU (Month, Day, Vo. | | 26b. TI | JURY | WC | JURY AT ORK? | | 28d. DES | CRIBE HOW | INJURY OCCU | RED | |
| B | 2 Accident Investig | ntion | III A. L. | | M | | YES 2 [| _ NO | | TION (0) | and Number or | 0 -10 | 4. N N |
| 0 | 3 Suicide 6 Could n | | Specify) | ome, rarm, | , street, let | ctory, ome | PMI. | - 1 | | or Town, State | | riureii riou | ne Number, |
| LET | 29a. CERTIFIER | 0.0000000000000000000000000000000000000 | | | | | | | | | | | |
| COMPLET | (Check only | PHYSICIAN: To the best of my k AMINER: On the basis of examin | | | | | | | | | | | nd manner as stated. |
| ပ္ပ | | | and and | gat | ,y | -pigiti (| | | | - a pass, a | | | |
| BE | 29b. SIGNATURE AND TITLE OF CEI | 100 | | | | | A LIC | ENSE NUM | 81. | 2 | 290, DATE | T / | fonth, Day, Year) |
| 5 | 30. NAME AND ADDRESS OF PERSO | NUMB COMPLETED CAUSE OF | DEATH (ITE | M 27) (Tve | e, Print) | | 1 | J/ | U (| | _ | 1/6 | / (/ |
| | DD ATVING | 1104 HEALTHWAY | | | | RY, M | 1D 2 | 1801 | | | | | |
| 4 | 31. DATE FILED (Month, Day, Year) | 32. REGISTRAR'S S | | | | | | | | | | | |

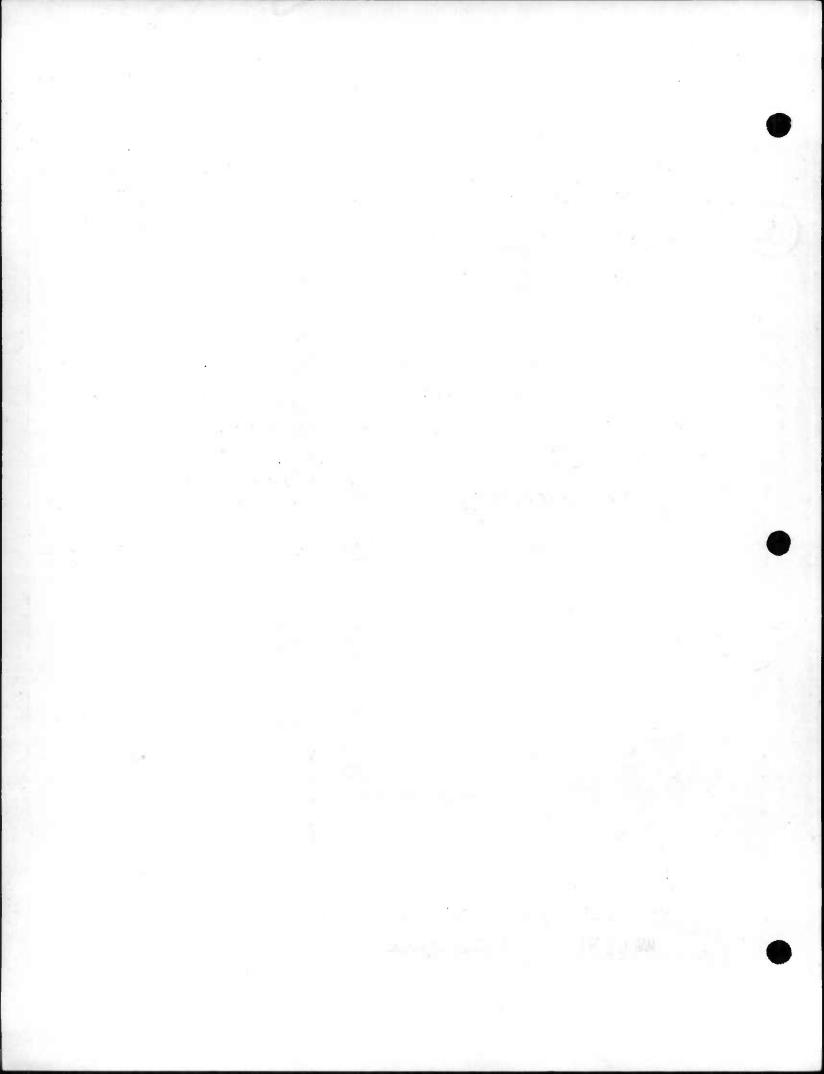


TO BE COMPLETED BY FUNERAL DIRECTOR

| death. Page 6 may be retained by the hosp | e funeral director, page 5 should be detached | | examiner must be notified at once. |
|---|---|--|--|
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp | TO THE FUNERAL CHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
| PHYSICIAN: The law requires that the death | this certificate has been signed by the atter | n with the State Dept. of Health and Mental | s marked, or Item 23 shows any Injury, o |
| TO THE HOSPITAL OR ATTENDING | TO THE FUNERAL DIRECTOR: After | be filed within 72 hours after death | IMPORTANT: If Item 28 is ma |

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

| 1 - FOR STATE REGISTRAR | | STATE OF MARY | | TMENT OF | | MENTAL | HYGIENE REG. NO. | 9 | 07651 |
|---|-------------------------------------|--|--------------------------------------|---------------------|--|--------------------|---------------------|----------------------|---|
| 1. DECEDENT'S NAME (First | , Middle, Last) | | | | | 2. DATE C | F OEATN | VEA | 3. TIME OF DEATN |
| GEORGE | BALSE | | GUETTN | ER | | MARCI | H 3, | 199 I ^{YEA} | 9:25 p м |
| 4. SOCIAL SECURITY NUMBER | 1000 | | E (In yrs. last birthday) | MONTHS DAYS | HOURS MIN. | | Day, Year) | 8. Bi | RTHPLACE (State or Foreign puntry) |
| 217-16-9490 | | M 2 F | 72 YRS. | AL CITY TOWN | OR LOCATION OF D | | 13,1918 | TEI | NNESSEE |
| RT 2, BOX | | | ROAD | | SONSBURG | CAIN | 90 | | COMICO |
| RESIDENCE OF DEC | CEDENT | RECHEBERG | ROND | IAN | DONOBORG | | | MIC | JOHICO |
| 10a. STATE | 10b. COUNTY | | | r, TOWN OR LOC | | | | | 10d, INSIDE CITY LIMITS? |
| MARYLAND 100, STREET AND NUMBER | | OMICO | P. | ARSONSE | | | | | 1 VES 2 NO |
| | | CONCRUDG | OAD | - | of. ZIP CODE | | 10 | | OF WHAT COUNTRY? |
| RT 2, BOX | | 2. WAS DECEDENT, EVE | | 13. WAS DI | 21849 CENDENT OF NISPA | NIC ORIGIN? | (Specify Yea or I | | JSA ACE — American Indian, |
| 1 Never Married 2 | Married | FORCES? 1 YI | S 2 NO | If yes, | pecify Cuban, Maxico S 2 X NO Speci | an, Puarlo Ri | | 8 | leck, White, atc. |
| 3 Widowed 4 Dive | erced | | | | 21 | | | | WHITE |
| (Specify on | EOENT'S EDUCA y highest grade co | TION Impleted) | 16a. DECEDENT'S (Give kind of w | vork done during n | ION nost of working | 16b. | KIND OF BUSINE | SS/INDUSTR | Υ |
| Elementary/Secondary (f | 1-12) | College (1-4 or 5+) | Ille. Do NOT us | | NITCIAN | | DIIDOM | n | |
| 17. FATNER'S NAME (First, M | liddle, Leat) | NO | INSTRUM | ENI IEC | | AME /First M | DUPON' | | |
| SAMUEL | | ENRY | GUETTNER | | ANNIE | Time (Frat, m. | (unk) | | TERROW |
| 19a, INFORMANT'S NAME (| | | | AOORESS (Street | and Number or Rural | Route Numbe | , | | |
| GRACE P. GU | ETTNER- | WIFE | RT 2, | BOX 55 | 9, PARSO | NSBURG | G, MD | 21849 | |
| 20a. METHOD OF DISPOSIT | 10N 3/7 | /91 | 20b. PLACE OF OISPOS other place) | SITION (Name of o | emetery, crematory or | | 20c. LOCATI | ON — City o | r Town, State |
| 4 Donation 8 Other | (Specify) | | JERUSALEM | | | | PARSO | ONSBUI | RG, MD |
| 21. SIGNATURE OF FUNERA | L SERVICE LICH | 7.0 | _ | HOLL | OWAY FUNI | ACILITY ERAT. F | HOME PA | | |
| feet. | n. H | celoun | 1 | | SNOW HILI | | , | JRY, M | ID 21801 |
| 23. PART I. Enter the d | lieeeses, or co | mplicatione that only st only one coust of | ed the death. Do n | | | | | | Approximate |
| iMMEDIATE CAUSE (Fit disease or condition resulting in death) | | | STATIC | CAR | CINOMI | A O | F PRZ | 257A7 | Interval Between Onset and Death E 9MOS |
| | | | S A CONSEQUENCE OF | | | | | | |
| Sequentially list condit | tions, b. | OHE TO (OR A | e a constantino of | D. | | | | | |
| If any, leading to imme | diste | DOE TO (OR A | S A CONSEQUENCE OF | r): | | | | | |
| CAUSE (Disease or Injuthat Initiated events | | DUE TO (OR A | S A CONSEQUENCE OF | F): | | | - | | |
| resulting in deeth) LAS | et d. | | | | | | | | |
| PART II. Other significa | ent conditions | contributing to deat | hut not reculting | in the underlyi | na cause alum la | Bort I | 24a, WAS AN AUT | maey 1 | 24b. WERE AUTOPSY FINDINGS |
| PART II. Other significa | ant conditiona | contributing to deat | Dut not resulting | in the underly | ng cause given ir | Part I. | PERFORME | | AMAILABLE PRIOR TO COMPLETION OF CAUSE |
| | | | | | | | 1 TYES 2 | No | OF DEATH? |
| | | | | | | _ | | - | 1 YES 2 NO |
| 25. WAS CASE REFERRED 1 | O MEDICAL | | | 26. | PLACE OF DEATH (C | heck only one |) | | |
| EXAMINER? | | HOSPITAL: | Autpatient 3 DOA | OTHER: | 1.0 | | | | |
| 27. MANNER OF DEATH | | 28a. DATE OF INJUI | ry 28b. TIM | E OF 28c, J | NJURY AT | | CRIBE NOW INJU | RY OCCURE | D |
| 1 Neturel 5 2 Accident | Pending Investigation | (World), Day, 161 | i) INJ | | YES 2 NO | | | | |
| 3 Sulcide 8 | Could not be | 28a. PLACE OF INJU building, atc. (| JRY — At home, ferm, a | streat, factory, of | lca | | TION (Street and i | Number or Ru | ral Route Number, |
| 4 Homicide | determined | | | | | | | | |
| 29a. CERTIFIER 1 CER | TIFYING PNYSICI | AN: To the best of my k | owiedge, death occum | ed at the time, de | te and place, and du | a to the cau | e(a) and manner | an stated. | |
| one) 2 MEC | DICAL EXAMINER: | On the basis of examin | ntion and/or investigation | on, in my opinion | death occured at th | e time, data | and place, and du | ue to the cau | se(a) and manner as stated. |
| 296. SIGNATURE AND TITLE | OF CERTIFIER | 10. | 1 11 40 | A | 29c. LICENSE NI | IMBER | 29 | d. DATE SIG | NED Month, Day, Yber) |
| John | X-X | ruenas | ky /h | 7 | 17-1.14 | 96 | 0 | 3/ | 4191 |
| JOHN H. | SHEN! | SKY T | MAN TEM 27) (Type | PrinPINE | BRUFF | Ps., | SALIS | BUR | 1081F CM, Y |
| MAR 06 | 91 | 32. REGISTRAR'S S | | | | | | | |



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| BALIIN | eath. P | uneral |
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| 7 | leath (| attend |
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| Y | W Te | s bee |
| ₹ | he | ha. |
| | ICIAN: T | sertificate |
| 5 | PHYS | this |
| | DING | Affer |
| DIVISION OF VITAL RECORDS, P.O. BOX 68/60, | ITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Pag | PAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dis |
| | 0 7 | 0 |
| | E | R |

| ANT: If item 28 is COMPLETED | 20a CERTIFIER | CIAN: To the best of my knowledge, | double assumed as at | Man - Mak | | | |
|---------------------------------|---|--|--|---|---|-------------------------|--|
| | 3 Suicide 8 Could not be | 28e. PLACE OF INJURY — At I building, etc. (Specify) | home, farm, street, fe | ctory, office | 28f. LOCATION (Str. City or Town, St | et end Number o ate) | Rural Route Number, |
| BY PHY | 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation | 28e. DATE OF INJURY (Month, Day, Year) | 28b. TIME OF INJURY M | 28c. INJURY AT WORK? 1 YES 2 NO | 28d. DESCRIBE HO | W INJURY OCCU | RED |
| SICI/ | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YED | HOSPITAL: 1 Inpatient 2 ER/Outpatient | 3 DOA 4 No | 28. PLACE OF DEATH (C ER: ursing Home 5 Residence | | | |
| shows | | | | | | 2° (378) | OF DEATH? |
| 5 0 | PART II. Other aignificant condition | contributing to death but not | | inderlying cause given in | PERI | AN AUTOPSY FORMED? | 24b. WERE AUTOR AMAILABLE P COMPLETION |
| or other | CAUSE (Disease or injury that initiated events resulting in death) LAST | OUE TO (OR AS A CONSI | EOUENCE OF): | | | | |
| | Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING | DUE TO (OR AS A CONS | EQUENCE OF): | | | | |
| event, the | disease or condition resulting in death) | DUE TO (OR AS A CONSI | | Proshale | Cancer | | |
| | 23. PART / Enter the diseasea, or c ahock, or heart failure. I IMMEDIATE CAUSE (Final | lat only one cause on each lin | na. | | | | it, Approinterv |
| examiner m | 4 Donation 5 Other (Specify) | ENSEE / 3 | | NAME AND ADDRESS OF F | | eh Pun | redservice |
| must be no | 20e. METHOD OF DISPOSITION 12 Burlel 2 Cremation 3 Remo | | E AND DATE OF DISI | | OATE 20c. | LOCATION - CH | y or Town, State |
| TO BE | 190. INFORMANT'S NAME (Type/Print) | Coulc | 96. MAILING ADDRES | S (Street end Number or Rural | | Town, State, Zip C | SON |
| once. COMPL | 17. FATHER'S NAME (First, Middle, Lest) | 0 1 | Lab | 16. MOTHER'S NA | AME (First, Middle, Maid | len Sumame) | • |
| ETED E | 15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) | completed) (ii | ECEDENT'S USUAL C Give kind of work done b. Do NQT use retired.) | during most of working | 16b. KIND OF E | BUSINESS/INDUS | JD [Q] |
| BY FUNER | 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES | RMED 13. | WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico 1 YES 2 NO Specific | en, Puerto Rican, etc.) | Yee or No→ 14 | Bleck, White, etc. Specify: |
| ERAL | 100. STREET AND NUMBER RH. 3RDX | 30 | | 101. ZIP CODE | 8 | 10g. CITIZE | N OF WHAT COUNTY |
| DIRECTOR | 10e. STATE 10b. COUNTY | QA | 10c. CITY, TOWN | OR LOCATION | 10 | | 10d. INSIDE LIMITS |
| TOR | 9e. FACILITY NAME (If not institution, give str | eet end number) | 9b. CIT | o ROSON U | 1)e | 9c. COUNTY | Q A |
| | 4. SOCIAL SECURITY NUMBER 29-07-5281 | 5. SEX 6. AGE (In yrs. la | YRS. MONTHS | DAYS HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) | 15- | BIRTHPLACE (State Country) |
| | TENEY | TRESTON | 0 | DUIC | 3 | 7 7 | |
| | 1. DECEDENT'S NAME (First, Middle, Last) | Prople 1 | | - 11 | 2. DATE OF DEATH MONTH | DAY O | S. TIME OF |

WHO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

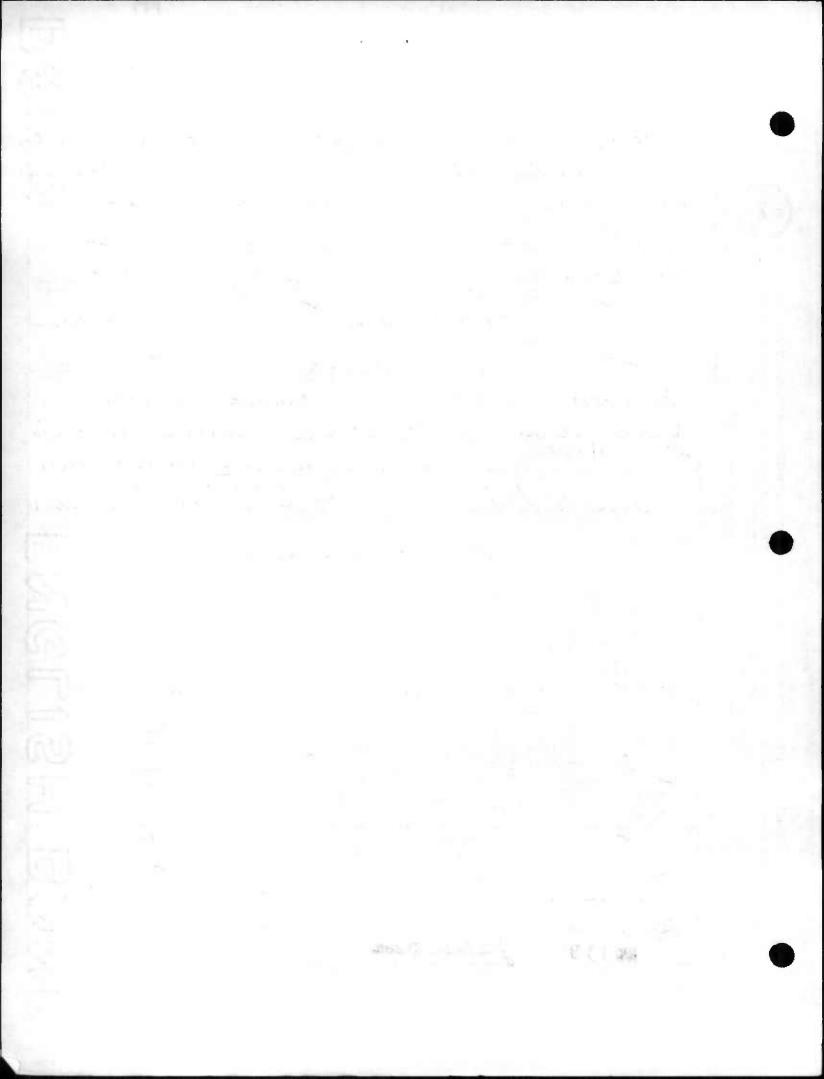
32. REGISTRAR'S SIGNATURE

10

2

31. DATE FILEO (Month, Day, Year)

9



| | 1 - FOR STATE OF MARYLAND A | DEPAR | TMENT OF H | EALTH A DEATH | ND MI | | SIENE | | |
|---------------------|---|---------------------------|--|---------------------|------------------|----------------------------------|---------------|--------------|---|
| | 1. DECEDENT'S NAME (First, Middle, Last) DILLARD GROV | E H | OUSE JR. | | 2 | DATE OF DEA | ATH DAY | YEA 9/ | 3. TIME OF DEATH 7: 30 PM |
| | 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. le | YRS. | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 | HRS. 7 | 7. DATE OF BIR (Month, Day,) | TH ben | اعر ا | RTHPLACE (State or Foreign buntry) rederick MD |
| | 9a. FACILITY NAME (If not institution, give street and number) | | 96. CITY, TOWN O | R LOCATION | OF DEAT | | | COUNTY O | |
| 5 R | Union memorial hospital | | BALTIN | IORE C | CITY | | | | |
| E C | 10a. STATE 10b. COUNTY | 10c. CIT | Y, TOWN OR LOCAT | ION | | - | | | 10d. INSIDE CITY LIMITS? |
| DIE | Md. Frederick | | Middlet | own | | | | | 1 X YES 2 NO |
| RAL | 10e. Street and Number 209 Broad St. | | 101 | . ZIP CODE | 17(0 | | 100 | | OF WHAT COUNTRY? |
| JNE | 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A | RMED | 13. WAS DEC | | 1769 hispanic | ORIGIN? (Spec | Ify Yes or N | | S.A. IACE — American Indian, Black, White, etc. |
| BY FUNERAL DIRECTOR | 1 Never Married 2 Married FORCES? 1 YES 2 Married IF YES, GIVE WAR OR DATES | | If yes, sp | | Mexicen, | Puerto Rican, a | | | Block, White, etc. White |
| 딢 | 1s. DECEDENT'S EDUCATION (Specify only highest grade completed) (6 | ECEDENT'S Give kind of | USUAL OCCUPATION Work done during mose retired.) | ON st of working | | 16b. KIND | OF BUSINES | S/INDUSTR | Y |
| 무 | Elementary/Secondary (0-12) Coffege (1-4 or 5+) | cons | truction | | | | | | |
| COMPLETED | 17. FATHER'S NAME (First, Middle, Last) | supe | rintenda | | R'S NAME | DAV E (First, Middle, I | ing C | ompar | ny |
| BE C | | r. | | | ary | Bake | | | |
| 0 | 196. INFORMANT'S NAME (Type/Print) Evangeline House | | ADDRESS (Street a | | | | | | · . |
| | 20s, METHOD (# DISPOSITION 20b, PLACE | E OF DISPO | 09 Broad | netery, cremet | MILO bry or | | | | L /69 r Town, State |
| | Buriel 2 Cremation 3 Removal from State other p | Diace) | heran Ce | meter | v | | | | own Md. |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE | | 22. NAME AL | D ADDRESS | OF FACIL | ipson F | | | , |
| | Compass mayor | | 31 E. | Main | St. | Midd | 1etow | m Mo | 21760 |
| | 23. PART L Enter the diseases, or complications that caused the d shock, or heart fellure. List only one ceuse on each lin | leath. Do i ne. | not enter the mo | de of dylng | g, such | ss cardlec or | respirato | ry srreet, | Approximate Interval Between |
| | IMMEDIATE CAUSE (Finel disease or condition | 5000 | armost | L | | | | | Onset end Death |
| | disease or condition resulting in death) DUE TO ION AS A CONSI | | | | | | | | at death |
| NO N | Sequentially list conditions, Due to (OR AS A CONSI | EOUENCE O | In tare | Tron | | | | | ~5 day |
| CAT | | | litus | | | | | | |
| CERTIFICATION | that initiated events resulting in death) LAST | EQUENCE O | F): | | | | | | |
| | PART II. Other algoriticent conditions contributing to death but not | regulting | In the underlyin | - cettee ab | ma la Br | art I Dia 1 | WAS AN AUTO | nev T | 24b. WERE AUTOPSY FINDINGS |
| CAL | PANT II. Other asymmetric conditions contributing to death but not | resulting | in the diderryin | g cause giv | ren in Pi | F | ERFORMED | 7 | AVAILABLE PRIOR TO COMPLETION OF CAUSE |
| MEDIC | | | | | | _ ' | YES 2 DH | NO | OF DEATH? 1 YES 2 NO |
| z | | | | | | | | | |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: | | 26, PI OTHER: | ACE OF DEA | ATH (Checi | k only one) | | | |
| HYS | 1 YES 2 MO 1 Propertient 2 ER/Outpetlent 27. MANNEB OF DEATH 28e. DATE OF INJURY | 3 🗆 DOA 28b. TIR | 4 Nursing Horn | | _ | Other (Spec | | Y OCCURE | 0 |
| BY P | 1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation | IN | JURY WO | PRK7 YES 2 🗌 | | | | | |
| <u>a</u> | 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At he building, etc. (Specify) | home, farm, | street, factory, offic | • | 2 | 281. LOCATION City or Town | (Street end h | lumber or Ru | ural Route Number, |
| COMPLET | 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, one) 2 MEDICAL EXAMINER: On the basis of examination and/o | | | | | | | | ree(a) end manner as stated. |
| ᆱ | 296. SIGNATURE AND TITLE OF CERTIFIER Warurose A. Linkellier | als. | MA | 29c. LICEN | ISE NUMB | BER | 290 | d. DATE SIG | NED (Month, Day, Year) |
| 2 | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH OF | EM 27) (Type | o, Print) | Mo | man | in/ H | 05-1 | -0 1 | 3. Himone MA |
| | 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE | 2 | VINOV | 1 / 12 | 7 / 10// | IM IT | 1 | 7 10 | LO HARON C. JACO |
| Ш | MHK 09 1991 July out out out | - | | | | | | | DHMH-16 Rev 1/89 |

| 0412-2140 | ospital or attending physician. | thed for use as the burial-transit permit, Pages 1, 2, 3 should | | MR. |
|--|---|--|--|---|
| 1 | - | SPORT IN CO. |) | notified at on |
| . C. DOA 13149, | ICIAN: The law requires that the death certificate be executed within z-rours after death. Page 6 may minimary pages a spital or attending physician. | is certificate has been signed by the attending physician and completely filled in by the funeral director, pages at the buriat-transit permit. Pages 1, 2, 3 should | the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. |
| DISCON OF WINE PERCONDS, T.O. DOA 13149, | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the atte | be filed within 72 hours after death with the State Dept. of Health and Mental | IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, |

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

| 1. DECEDENT'S NAME (Firs | st, Middle, Last) | | | | | | | | 2. DATE O | F DEATN DA | | YEAR | 3. TIME OF DEATH |
|--|--|--|---|--|--|--------------------|---|--------------|---------------------|----------------------------|------------------------|------------------------------------|--|
| Charles L | ewis H | arrison | | | | | | | 03 | 06 | | 991 | 17:41 + |
| 4. SOCIAL SECURITY NUM | IBER | 5. SEX | 6. AGE (In y | rs. last birthday) | | R 1 YEAR | IF UNDER | | 7. DATE OF | BIRTH | | | HPLACE (State or Foreign |
| 213-18-85 | 48 | 1 M 2 - F | | 69 YRS. | MONTHS | DAYS | HOURS | MIN, | | Day, Year) 28/19: | 2.1 | San | dy Hook, M |
| 9e. FACILITY NAME (If not | institution, give | street and number) | | | 9b. CIT | Y, TOWN | OR LOCATI | ON OF DE | | 20/ 13/ | _ | UNTY OF | |
| Frederick | Memor | ial Hosp | ita1 | | Fr | eder | ick | | Frederick | | | ick | |
| RESIDENCE OF DE | CEDENT | TUT HODE | TOUT | | 1 | CUCI | TCIX | | 1160 | | edei | COLICK | |
| 10e. STATE | 10b. COUNT | Y | | 10c. CI | TY, TOWN | OR LOCA | TION | | | | | | 10d. INSIDE CITY LIMITS? |
| Maryland | Fred | erick | | Br | unsw | ick | | | | | | | 1 X YES 2 NO |
| 10a. STREET AND NUMBER | R | | | | | 10 | f. ZIP COD | E | | | 10g. Cl | TIZEN OF | WHAT COUNTRY? |
| 30 Eighth | Avenu | e | | | | | 21 | 716 | | | US | A | |
| 11. MARITAL STATUS | | 12. WAS DECEDER | | | 13. | | | | IC ORIGIN? | | or No- | 14. RAC | E - American Indian, |
| 1 Never Merried 2 X | | FORCES? | MAR OR DATE | 2NO | | | 2 XNO | | n, Puerto Ric /: | cen, etc.) | | | ck, White, etc. |
| 3 Widowed 4 Div | rorced | WWII | | | | | 71 | | | | | White | |
| | CEDENT'S EOU | | 16 | Sa. DECEDENT'S | S USUAL C | OCCUPATION OF | ON on working | na | 16b. F | UND OF BUS | SINESS/IN | DUSTRY | |
| Elementary/Secondary | | College (1-4 or 5 | +) | Me. Do NOT | use retired.) |) | POL OF BOTAL | 'y | De | ot. o | f Ar | my | |
| 11 | | | | Machin | ist | | | | | rt De | | | |
| 17. FATHER'S NAME (First, I | Middle, Last) | | | | | | 18. MOT | HER'S NA | ME (First, Mi | | The Real Property lies | | |
| Charles W | illard | Harrison | n | | | | Lou: | ise 1 | Matile | da Sho | ores | | |
| 190. INFORMANT'S NAME (| | | | 19b. MAILIN | G ADDRES | S (Street) | | | Route Numbe | | | | |
| Gary L. H | arriso | n | | | | | | | noxvi | | | | 8 |
| 20a. METHOD OF DISPOSI | | 4.5 | 20h. Pi | LACE OF DISPO | | | | | IOAVI. | | | | Town, State |
| 1 X Burlel 2 Cremati 4 Donation 5 Othe | ion 3 🗆 Ren | noval from State | 30 | ther place) WNSVil | | | | | OKI | | | | |
| 21. SIGNATURE FUNER | - | CEMBER | - IDIO | MIIZATI | | | ND ADDRE | | | DI | OWIIS | ATTT | e, MD |
| | | | | | | | | 39 OF FA | CHUIT | | | | |
| Bail | L SERVICE L | 19 1 | 1.1 | //. | | | T. W. | i11i: | ams Fi | mera | 1 Ho | me | |
| 23. PART I. Enter the | diseases, or heert fellure. | complications the | droin | ne deeth. Do | Jonot ente | ohn 00 P | eters | SV111 | | ., Br | unsw | ick, | |
| 23. PART I. Enter the eshock, or immediate CAUSE (Fidisesse or condition resulting in death) Sequentially list condification in the cause. Enter UNDERLY CAUSE (Disease or in) that initiated events | diseases, or heert feliure. | complications the List only one ce | O (OR AS A CO | ulno. | not ente | ohn 00 P | eters | SV111 | le Rd | ., Br | unsw | ick, | Approximate Interval Betw |
| 23. PART I. Enter the shock, or IMMEDIATE CAUSE (Fidisesse or condition resulting in death) Sequentially list conditioning to immediate. Enter UNDERLY CAUSE (Disease or In) | diseases, or heart feliure. | complications the List only one ce s. DUE TO b. DUE TO c. DUE TO d. | O (OR AS A CO | ONSEQUENCE (| not ente | Ohn OO P | eters | svili | le Rd h ss cardii | ., Br | UNSW Iretory s | ick, | Approximate Interval Betw Onset and D Onse |
| 23. PART I. Enter the eshock, or immediate CAUSE (Fidisesse or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLY CAUSE (Disease or injusted in initiated events resulting in deeth) LA | diseases, or heart feliure. | complications the List only one ce s. DUE TO b. DUE TO c. DUE TO d. | O (OR AS A CO | ONSEQUENCE (| not ente | Ohn OO P | eters | svili | le Rd h ss cardii | c or respi | UNSW Iretory s | ick, | Approximate Interval Betw Onset and D. Onset |
| 23. PART I. Enter the shock, or IMMEDIATE CAUSE (Fidisesse or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or injust in that initiated events resulting in death) LA: PART II. Other algnifications are supported by the sequence of the s | diseases, or heart fellure. | complications the List only one ce s | O (OR AS A CO | ONSEQUENCE (| not ente | Ohn OO P or the mo | eters | sviling, suc | le Rd h ss cardii | e or respi | UNSW Iretory s | ick, | Approximate Interval Betw Onset and D. Onset |
| 23. PART I. Enter the a shock, or IMMEDIATE CAUSE (Fidisesse or condition resulting in death) Sequentially list condition from the sequentially list condition resulting in death) Sequentially list condition resulting in death Lause. Enter UNDERLY. CAUSE (Disease or in that initiated events resulting in deeth) Laupentially. PART II. Other algnifications are sequentially in death Laupentially. | diseases, or heart fellure. | complications the List only one ce s. DUE TO b. DUE TO c. DUE TO d. | O (OR AS A CO | ONSEQUENCE (| not ente | Ohn OO P or the mo | eters ds of dy | given in | Part I. | e or respi | UNSW Iretory s | ick, | Approximate Interval Betw Onset and D. Onset |
| 23. PART I. Enter the shock, or IMMEDIATE CAUSE (Fidlsesse or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or in that initiated events resulting in deeth) LA: PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES SANO 27. MANNER OF DEATH | diseases, or heart fellure. | DUE TO | O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO | DISSEQUENCE (DI | OF): OTHE | ohn OO P r the mo | eters ds of dy Ag couse LACE OF D me 5 - R JURY AT | given in | Part I. : | e or respi | AUTOPSY NO | ick, | Approximate Interval Betw Onset and D Onse |
| 23. PART I. Enter the eshock, or IMMEDIATE CAUSE (Fidlsesse or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or in that initiated events resulting in deeth) LA: PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES NO 27. MANNER OF DEATH 1 Natural 5 | diseases, or heart feliure. Inst titions, ediate YING jury ST Cant condition TO MEDICAL | DUE TO | O (OR AS A CO | DISSEQUENCE (DI | OF): OTHE 4 Number of the second of the sec | Ohn OO P or the mo | eters ds of dy All LACE OF E TORK? | given in | Part I. : | 24e. WAS AN PERFOR | AUTOPSY NO | ick, | Approximate Interval Betw Onset and D. Onset |
| 23. PART I. Enter the shock, or IMMEDIATE CAUSE (Fidlesse or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or in that initiated events resulting in death) LA: PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES NO 27. MANNER OF DEATH 1 Natural 5 Accident | diseeses, or heert fellure. Insi Ittions, ediate yilling ury ST Cant condition | b. DUE TO d. HOSPITAL: 1 Inpetient 2) 28e. PLACE | O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO | DNSEQUENCE (DNSEQUENCE (DNSEQUENCE (TOTAL THE STATE OF THE STATE O | OF): OTHE 4 Number of MURRY M | ohn OO P or the mo | eters ds of dy LACE OF C ne 5 R JUHY AT DRK? YES 2 [| given in | Part I. : | 24e. WAS AN PERFOR | AUTOPSY NO NJURY O | ick, rrest, | Approximate Interval Betw Onset and D Onse |
| 23. PART I. Enter the shock, or immediate CAUSE (Fidisesse or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or in) that initiated events resulting in deeth) LAI PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only) | diseases, or heart fellure. Insi heart fellure. Insi heart fellure. Insi heart fellure. Insi heart conditions are conditionally insignated in the fellure installation in the determined investigation. I could not be determined. | b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2) 28e. PLACE building SICIAN: To the best of | O (OR AS A CO O | not resulting and 3 DOA 28b. Till the state of the sta | OF): OF): OF): OTHE 4 Nu ME OF JURY M , street, face | ohn OO P or the mo | eters ds of dy LACE OF E THE S THE STATE DRICH THE S THE STATE OF | given in | Part I | 24e. WAS AN PERFOR 1 YES 2 | AUTOPSY NO NJURY O | CCURED CCURED Care or Rural tated. | Approximate Interval Betw Onset and D. Conset
| 23. PART I. Enter the shock, or immediate CAUSE (Fidisesse or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or in) that initiated events resulting in deeth) LAI PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only) | diseases, or heert feliure. Insi itions, ediate filiure. Insi cant condition To MEDICAL Pending investigation Could not be determined RTIFYING PNYS DICAL EXAMIN LE OF CERTIFIE | DUE TO | O (OR AS A CO O | DISEQUENCE (DISEQ | OF): OF): OF): OTHE 4 Nu ME OF JURY M , street, faction, in my | ohn OO P or the mo | eters ds of dy LACE OF C ne 5 | given in | Part I | 24e. WAS AN PERFOR 1 YES 2 | AUTOPSY NO NJURY O | CCURED course or Rural tated. | Approximate Interval Betw Onset and D. Setwork and |

31. DATE FILED (Moorth, Day, Mar)
MAR 11 1991

DHMH-16 Rev 1/89

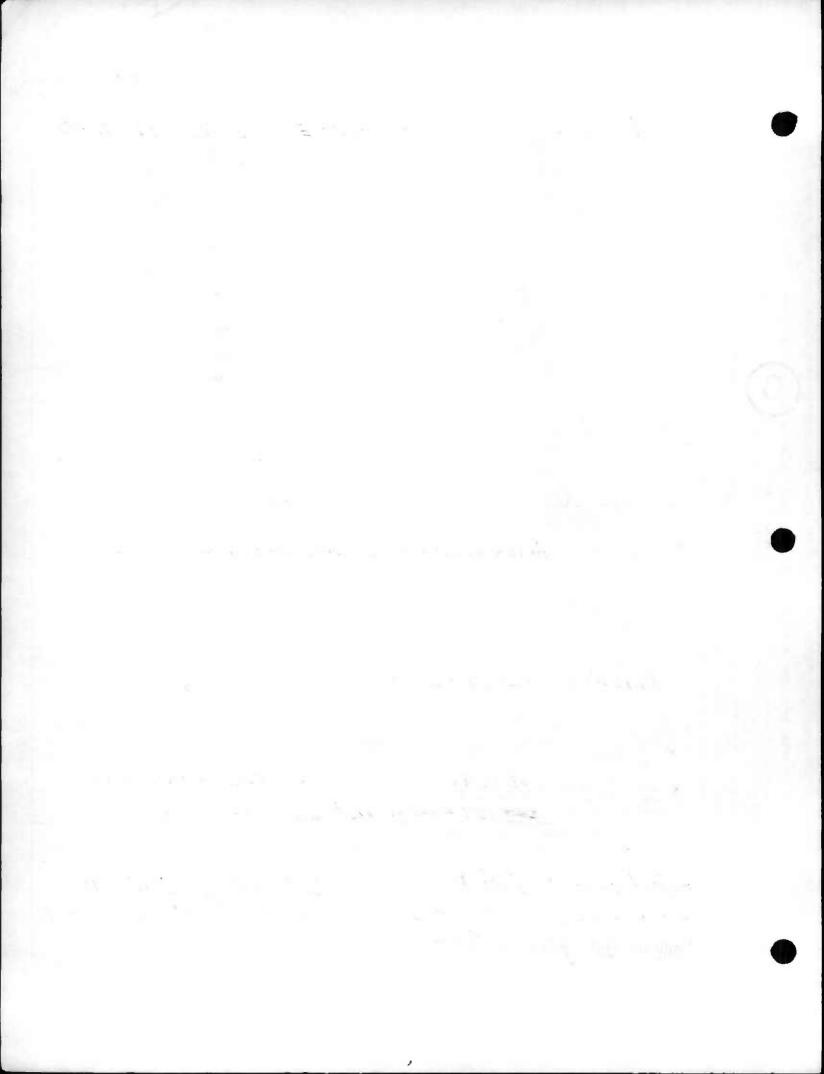
OHMH-16 Rev 1/89

21203-3146

BALTIMORE, M.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

| - 1 | 1. DECEDENT'S NAME (First | | , | | , 1 | 0 0 | | 2. DATE OF OEATH MONTH | DAY | 3. TIME OF | DEATH |
|------------------------------------|--|--|--|---|--|---|---|--|--|--|--|
| | | RNON | - Congress | | | | VNER | BO3 C | 3 | 71 119 | FCA M |
| | 4. SOCIAL SECURITY NUMBER | | 250 | AGE (In yrs. les | | UNDER 1 YE | | 7. DATE OF BIRTH (Month, Day, Year) | | 8. BIRTHPLACE (State Country) | |
| | 235-72-1461 | | | 40 | | COTTY TO | VN OR LOCATION OF D | | | Vest Virg | inia |
| OR | 127 Fairfic | eld Dr | Carl Harrison of the | | | | erick | EATH | 111111111111111111111111111111111111111 | rederick | |
| DIRECTOR | RESIDENCE OF DEC | 10b. COUNT | Y | | 10c. CITY, T | OWN OR LO | OCATION | | | 10d. INSIDI | CITY |
| E | Maryland | Fred | erick | | F | rede | rick | | | 1XXYES | |
| AL | 100. STREET AND NUMBER | | | | | | 10f, ZIP COOE | | 10g. CITI | ZEN OF WHAT COUNT | TRY? |
| E | 127 Fairfi | eld Dr | | | | | 21702 | | (| 1. S. A. | |
| BY FUNERAL | 11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Otive | | 12. WAS DECEDENT EV FORCES? 1 if YES, GIVE WAR | YES 2 V | MED | If yes | DECENDENT OF HISPA I, specify Cuban, Mexica YES 2 1 NO Specif | an, Puerto Rican, etc.) | | 14. RACE — America Black, White, etc. Specify: | n Indian, |
| | 15. DEC | EDENT'S EDU | CATION | 16a. DE | CEDENT'S US | UAL OCCUI | PATION | 16b. KINO OF | BUSINESS/INC | VOIDE | |
| COMPLETED | Elementary/Secondary (0 | y highest grade 1-12) | College (1-4 or 5+) | Me | Do NOT use re | tired.) | g most of working | | | | - 110 |
| MP | 9 years | | | Ele | ctrici | an b | oreman | Electr | | | |
| BE CO | 17. FATHER'S NAME (First, M Ray Heavn | | | | | | | Shanholt: | | | |
| 5 | Mrs. Deboro | | vner | | | | ed and Number or Rural Ld Drive, | | | | 701 |
| | 20a, METHOO OF OISPOSIT 1 & Buriel 2 Crematic 4 Donation 5 Other | on 3 🗆 Rem | oval from State | other of | lene | | church Ce | | | City or Town, State | Va |
| | 21. SIGNATURE OF FUNERA | | CENSEE | a a | P | | E ANO AOORESS OF FA | | | uneral Ho | |
| | Sharon | 0/6 | emille | Cle | ne | 16 | 21 Opossun | | 3 0 | | |
| 7 | IMMEDIATE CAUSE (Fit disease or condition resulting in death) | + | DUE TO (OR | SCLE AS A CONSE | ROTI | ۲, | CARDION | 4 SCULA | a Dis | | et and Death |
| - | Sequentially list condit | | DUE TO (OR | AS A CONSE | QUENCE OF): | | | | | | |
| CATIO | If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inte | ING | C. | | | | | | | | |
| ERTIFICATION | | ing iry | c. DUE TO (OR | AS A CONSE | QUENCE OF): | | | | | | |
| L CERTIFICATION | cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events | ing iry | d | | | the under | lying cause given in | Part I. 24a. WAS | AN AUTOPSY | 24b. WERE AUTO | PSY FINDINGS |
| | cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS PART II. Other significa- | iry IT condition | d | ith but not | resulting in t | | lying cause given in | PER | FORMED? | AVAILABLE COMPLETIO | PRIOR TO ON DF CAUSE |
| MEDICAL CERTIFICATION | cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS PART II. Other significa- | iry IT condition | d | ith but not | resulting in t | | lying cause given in | PER | | AVAILABLE | PRIOR TO ON DF CAUSE |
| MEDICAL | cause. Enter UNDERLY CAUSE (Disease or inji- that initiated events resulting in death) LAS PART II. Other signification Zhang D. 25. WAS CASE REFERRED 1 | int condition | d | ith but not | resulting in t | 1 | lying cause given in | 1 YES | FORMED? | AVAILABLE COMPLETIO DF DEATH? | PRIOR TO ON DF CAUSE |
| MEDICAL | cause. Enter UNDERLY CAUSE (Disease or injuther Initisted events resulting in death) LAS | int condition | d | HOL | resulting in 1 | THER: | | 1 Vet | FORMED? | AVAILABLE COMPLETIO DF DEATH? | PRIOR TO ON DF CAUSE |
| PHYSICIAN: MEDICAL | cause. Enter UNDERLY CAUSE (Disease or injuited inhitisted events resulting in death) LAS PART II. Other signification 25. WAS CASE REFERRED 1 EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 | int condition O MEDICAL | HOSPITAL: 1 Inpatient 2 ER (Month, Day, 1) | WOutpetient | resulting in 1 | THER: Nursing | 8. PLACE OF DEATH (C) | PER 1 VE | FORMED? 3 2 NO 10 NO W INJURY OC | AMALABLE COMPLETIC DF DEATHY 1 YES | PRIOR TO ON DF CAUSE |
| BY PHYSICIAN: MEDICAL | cause. Enter UNDERLY CAUSE (Disease or injuited initiated events resulting in death) LAS PART II. Other signification 25. WAS CASE REFERRED 1 EXAMINER? 1 YES 2 \(\) NO 27. MANNER OF DEATH 1 \(\) Netural S \(\) 2 \(\) Accident | ent condition | HOSPITAL: 1 Inpatient 2 EF | Woutpetient | PEDDA O A STATE OF ST | 22 THER: Nursing F 28c M 1 | 6. PLACE OF DEATH (C) Home 5 Residence . INJURY AT WORK? YES 2 SQ NO | heck only one) 6 Other (Specify) 28d. DESCRIBE HO FELL Da 28f. LOCATION (Sin | FORMED? 3 2 NO W INJURY OC. Deat and Number ago) | MAILABLE COMPLETIC DF DEATH! 1 YES | PRIOR TO NO DF CAUSE 2 NO |
| BY PHYSICIAN: MEDICAL | cause. Enter UNDERLY CAUSE (Disease or injection in the initiated events resulting in death) LAS PART II. Other signification in the initiation in death in the initiation in | ent condition M / C MEDICAL Pending investigation Could not be determined | HOSPITAL: 1 Inpatient 2 ER (Month, Dey, 1) 63 03 28e. PLACE OF IN building, etc. | HOL Woutpatient 3 UNITY — At ho (Specify) | DOA 4 28b. TIME C | THER: Nursing W 1 ot, factory, D PL | 6. PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK? YES 2 M NO office | heck only one) 6 Other (Specify) 28d. DESCRIBE HO FELL Do 28f. LOCATION (Str. City, or Your, S | W INJURY OCI | AMALABLE COMPLETIC DF DEATHY 1 YES CURED STAIRS or Rural Route Number | PRIOR TO NO DF CAUSE 2 NO |
| BY PHYSICIAN: MEDICAL | cause. Enter UNDERLY CAUSE (Disease or injit that initiated events resulting in death) LAS PART II. Other significate 25. WAS CASE REFERRED 1 EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 5 4 Homicide 29a. CERTIFIER (Check only 1 CER | ET Condition O MEDICAL Pending Investigation Could not be determined TIFYING PHYS DICAL EXAMINI | HOSPITAL: 1 Inpatient 2 ER 28a, DATE OF IN (Month, Dey, 1) 28a, PLACE OF IN building, etc. | WOutpatient 3 UNITY — At he (Specify) — T FA knowledge, de inetion and/or | POR TIME CONTROL OF THE CONTROL OF T | THEFT: Nursing OF N N N N N N N N N N N N N | B. PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK? YES 2 NO office Free NO date and place, and du on, death occurred at the | heck only one) 6 Other (Specify) 28d. DESCRIBE HO FELL DI 28f. LOCATION (Str. City or Your, S KCS/C e to the cause(a) and e time, data and place | W INJURY OCCUPATION OF A COLUMN OCCUPATION O | AMALABLE COMPLETIC DF DEATHY 1 YES CURED STAIRS or Rural Route Number ted. te cause(e) and mann | PRIOR TO NO DF CAUSE 2 NO NO NO NO NO NO NO NO NO NO NO NO NO N |
| BE COMPLETED BY PHYSICIAN: MEDICAL | cause. Enter UNDERLY CAUSE (Disease or injit that initiated events resulting in death) LAS PART II. Other significate 25. WAS CASE REFERRED 1 EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 5 4 Homicide 29a. CERTIFIER (Check only 1 CER | ET Condition O MEDICAL Pending Investigation Could not be determined TIFYING PHYS DICAL EXAMINI | HOSPITAL: 1 Inpatient 2 ER 28a, DATE OF IN (Month, Dey, 1) 28a, PLACE OF IN building, etc. | WOutpatient 3 UNITY — At he (Specify) — T FA knowledge, de inetion and/or | POR TIME CONTROL OF THE CONTROL OF T | THEFT: Nursing OF N N N N N N N N N N N N N | B. PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK? YES 2 NO office Free NO date and place, and du on, death occurred at the | heck only one) 6 Other (Specify) 28d. DESCRIBE HO FELL DI 28f. LOCATION (Str. City or Your, S KCS/C e to the cause(a) and e time, data and place | W INJURY OCCUPATION OF A COLUMN OCCUPATION O | AMALABLE COMPLETIC DF DEATHY 1 YES CURED STAIRS or Rural Route Number ted. te cause(e) and mann | PRIOR TO NO DF CAUSE 2 NO NO NO NO NO NO NO NO NO NO NO NO NO N |
| E COMPLETED BY PHYSICIAN: MEDICAL | cause. Enter UNDERLY CAUSE (Disease or Injection that initiated events resulting in death) LAS PART II. Other significate 25. WAS CASE REFERRED TO THE TO | ET Condition O MEDICAL Pending Investigation Could not be determined TIFYING PHYS DICAL EXAMINI | HOSPITAL: 1 Inpetient 2 EF 28e. DATE OF INDUMENTAL O | WOutpatient 3 UNITY — At he (Specify) — T FA knowledge, de inetion and/or | POR TIME CONTROL OF THE CONTROL OF T | THEFT: Nursing of M 1 et, factory, D R in my opinion | B. PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK? YES 2 NO office Free NO date and place, and du on, death occurred at the | heck only one) 6 Other (Specify) 28d. DESCRIBE HO FELL DI 28f. LOCATION (Str. City or Your, S KCS/C e to the cause(a) and e time, data and place | W INJURY OCCUPATION OF A COLUMN OCCUPATION O | AMALABLE COMPLETIC DF DEATHY 1 YES CURED STAIRS or Rural Route Number ted. te cause(e) and mann | PRIOR TO NO DF CAUSE 2 NO NO NO NO NO NO NO NO NO NO NO NO NO N |



| 3 shou | E E | 96. FACILITY NAME (If not institution, g SACRED HEART HO | | | | WN OR LOCATION OF DE | | | Y OF DEATH | |
|--|------------|--|--|----------------------------------|---|--|--|-------------------------------|----------------|---|
| r's | 18 | RESIDENCE OF DECEDENT | | | COMBE | RLAND, MAR | YLAND | LALLE | GANY | |
| permit, Pages 1, | DIRECTOR | Maryland 106. CO | Allegany | 10 | CUMBE | erland | | | | INSIDE CITY LIMITS? X YES 2 NO |
| · 500 | FUNERAL | 100. STREET AND NUMBER Rt 6, | Box 55 | | | 101. ZIP CODE 21502 | | 10g. CITIZI | USA | COUNTRY? |
| 21215-0020 or attending physician. Ir use as the burial-transft | BY FUN | 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced | 12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR | YES 2 ANO | If yes | DECENDENT OF NISPANI s, specify Cuben, Mexican YES 2 NO Specify: | , Puerto Rican, etc.) | ee or No— | Black, Wh | American Indian, lite, etc. White |
| 21215 on attended or attended | COMPLETED | 15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12) | EDUCATION prade completed) College (1-4 or 8+) | (Give k | DENT'S USUAL OCCUI ind of work done durin NOT use retired.) Dultry Fai | g most of working | 16b. KIND OF B | Employ | | |
| 10 | BE COM | 17. FATHER'S NAME (First, Middle, Last | | rick | | 16. MOTHER'S NAME EMM | AE (First, Middle, Meide Na Stur | | | |
| be retain ge 5 sho | 2 | 190. INFORMANT'S NAME (Typo/Print) Owen Hedrick | | 19b. M | Rt 6, | Box 55 C | outo Number, City or To Cumberland | | 2150 | 12 |
| TORE e 6 may ector, pa | | 20e METNOD OF DISPOSITION 1 Buriel 2 Cremetion 3 4 Donetion 5 Other (Specify) 21. SIGNATURE OF THE ERAL SERVICE | | of cemetery, cre- | matory or other place Hill Ceme |) | 3-11-91 | LOCATION — C Upoe | | State |
| | | Kenny | S. Solas | fer | Sch | naeffer Fur tersburg, V | neral Home | | P.O. | Box 455 |
| DS, P.O. BOX 68760, B. death certificate be executed within 24 frours after the attending physician and completely filled in by the Mental Hygiene prior to burlal, cremation, or removal larve or other trainmailte sevent; the mention of the contraction of the c | TIFICATION | shock, or heart fall immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | DUE TO (OI | R AS A CONSEQUE | INCE OF): | | | | | interval Batwe Onset and Da |
| requires that the deat requires that the deat wen signed by the atte of Health and Mental | MEDICAL | PART II. Other aignificent cond | itions contributing to de | eath but not resu | ulting in the under | lying cause given in | PERF | AN AUTOPSY ORMED? 2 XNO | CON OF | RE AUTOPSY FINDIN ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO |
| TAL The law ate has the ate Dept | SICIAN | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | R/Outpatient 3 🗆 | OTHER: | 26. PLACE OF DEATH (Che | | | | |
| O = ================================== | | 27. MANNER OF DEATN 1 \(\) Netural 5 Pending 2 Accident investigat | 28a. DATE OF IN (Month, Day, | JURY 2 | 8b. TIME OF 284 | L INJURY AT WORK? | 28d. DE\$CRIBE NO | W INJURY OCC | URED | |
| TTEND TTOR: A after d | | 3 Suicide 8 Could no 4 Homicide detarmine | t be building, ato | NJURY — At home, c. (Specify) | , ferm, street, fectory, | office | 28f. LOCATION (Stre City or Town, Sta | et and Number o | or Rural Route | Number, |
| E BE | 2 | onel - | NYSICIAN: To the best of my MINER: On the basis of exam | | | | | | | d manner ae stated |
| TO THE HOSPI TO THE FUNEF be filed within | TO BE C | 296. SIGNATURE AND THE OF CER | ul | | M | 29c. LICENSE NUM D358 | 13/ | ≥9d. DATE ▶ 3 | 11/9 | ntti, Digc Year) |
| 4 | - | DR. R. MASON | WILKINS, M.D | ., 224 ¥ | | N STREET, | CUMBERLAN | D, MD | 21502 | |
| | | 31. MARO 1403. 1991 | Siene Tenton- | σησεία. | | | | | | |

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DAYS

IF UNDER 24 HRS.

HOURS

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR

YRS.

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

232-26-0922

HERMAN LEE HEDRICK

5. SEX

1 📈 M 2 🗌 F

20:00 P

B. BIRTHPLACE (State or Foreign Country)

Westvirginia

Approximata intarval Batween **Onset and Daath**

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

2. DATE OF DEATH DAY

8-19-06

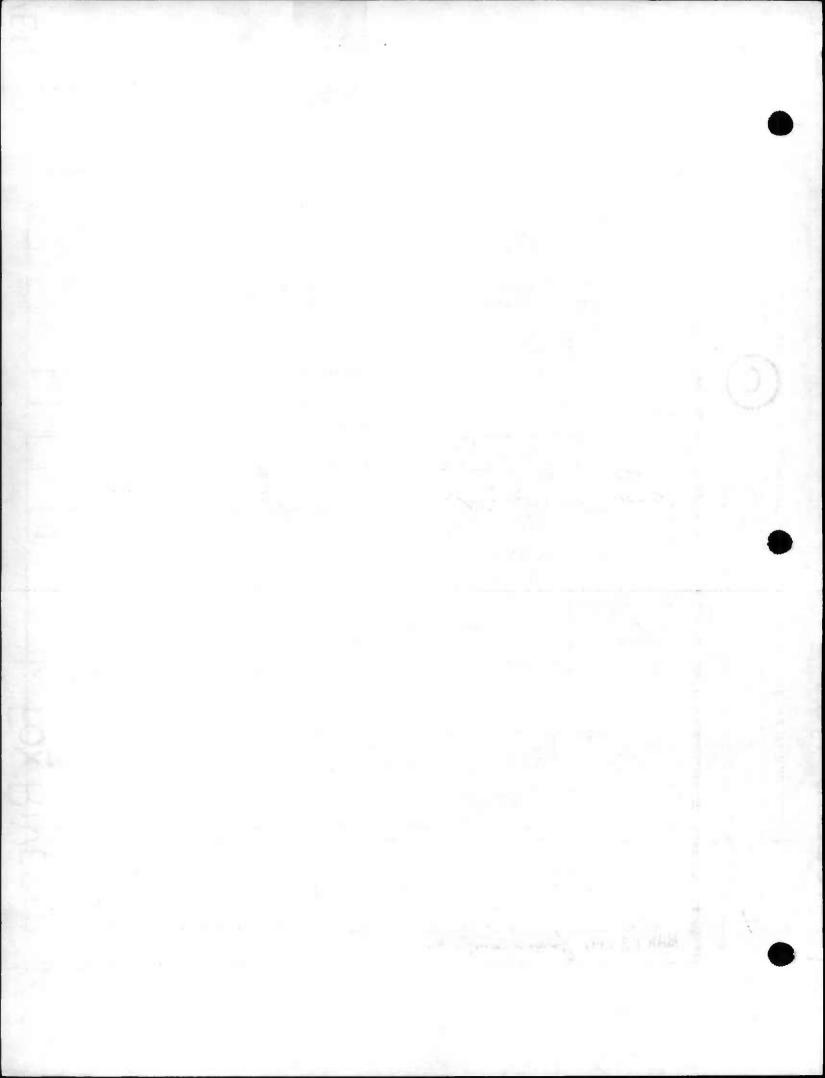
08 1991

9c. COUNTY OF DEATH ALLEGANY

03

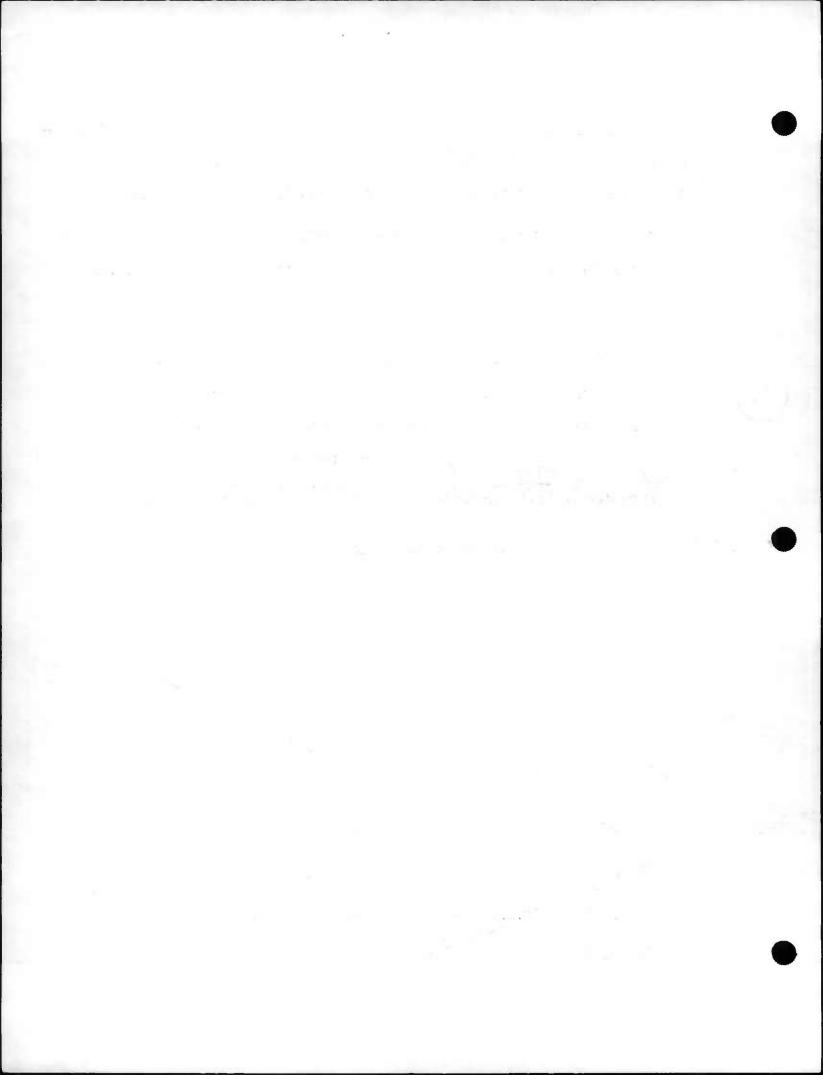
7. DATE OF BIRTN (Month, Day, Year)

DNMH-16 Rev 1/89



| 3146 | TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nours after death. Page 6 may be removed to attending physician. | the burial-transit permit. Pages 1, 2, 3 should | | | |
|--|---|---|---|--|--|
| מצוצ מ | spital or afte | hed for use a | | - | |
| TILAN | 0 | troub to beta |) | Illed at once | |
| OHE, M | ре 6 тау бе г | irector, page 5 | | must be not | |
| BALLIN | after death. Pag | by the funeral of | moval. | Ical examiner | |
| F VIIAL RECORDS, F.O. BOX 13148, BALLIMORE, MITTLE OF 21203-3148 | d within 4- nours | ompletely filled in | with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | ted, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified all once | |
| BOX 1314 | cate be execute | shysician and co | e prior to burial | er traumatic | |
| S, F.O. | he death certifi | the attending p | Mental Hygien | njury, or othe | |
| HECOND | v requires that t | been signed by | t. of Health and | shows any I | |
| F VIIAL | YSICIAN: The lan | s certificate has | th the State Dep | d, or Item 23 | |
| USION O | ATTENDING PHY | CTOR: After this | s after death wil | 28 is marke | |
| | HOSPITAL OR | FUNERAL DIRE | be filed within 72 hours after death with | IMPORTANT: If Item 28 is marked | |
| | THE CH | THE OF | be filed | IMPOR | |

| | REGISTRAR | CERTIFIC | ATE OF DEATH | REG. NO. | |
|--------------------|--|----------------------------|--|---|---|
| | 1. DECEDENT'S NAME (First, Middle, Leet) | | · | 2. DATE OF DEATH MONTH DAY | 3. TIME OF DEATH |
| | Nancy L. Harris | | | | 1991 7:40 AM |
| | 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE | (In yrs. last birthday) | UNOER 1 YEAR IF UNDER 24 HRS. | 7. DATE OF BIRTH | 8. BIRTHPLACE (State or Foreign |
| | 218-32-8920 1□ M 2 🕱 F 55 | YRS. MOI | THE DAYS HOURS MIN. | (Month, Day, Year) Aug 7, 1935 | Maryland |
| | 9a. FACILITY NAME (If not institution, give street and number) | | CITY, TOWN OR LOCATION OF DI | EATH 9c. C | OUNTY OF DEATH |
| DIRECTOR | Residence: 208 Principio Roa | d | Port Deposit | | Cecil |
| 5 | RESIDENCE OF DECEDENT | | | | |
| 뿐 | 10e. STATE 10b. COUNTY | | OWN OR LOCATION | | 10d. INSIDE CITY LIMITS? |
| 0 | Maryland Cecil | Po | rt Deposit | | 1 TES 2XXNO |
| FUNERAL | 10e. STREET AND NUMBER | | 10f. ZIP CODE | 10g. 0 | CITIZEN OF WHAT COUNTRY? |
| <u> </u> | 208 Principio Road | | 21904 | | U.S.A. |
| 5 | 11. MARITAL STATUS 12. WAS DECEDENT EVER FORCES? 1 YES | | 13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexics | NIC ORIGIN? (Specify Yea or No- | 14. RACE — American Indian, Black, White, stc. |
| BY | 1 Never Merried 2 Married FORCES? 1 YES 3 Widowed 4 Divorced FYES, GIVE WAR OR | DATES | 1 YES 2 X NO Specif | | Specify: White |
| COMPLETED | 15. DECEDENT'S EDUCATION (Specify only highest grade completed) | 16e. DECEOENT'S USE | IAL OCCUPATION done during most of working | 16b. KIND OF BUSINESS/ | INDUSTRY |
| <u> </u> | Elementary/Secondary (0-12) College (1-4 or 5+) | life. Do NOT use re | done during most of working lired.) | | |
| Ē | Eight Years | Homema | ker | | |
| Ö | 17. FATHER'S NAME (First, Middle, Last) | | 16. MOTHER'S NA | ME (First, Middle, Maiden Surnam | •) |
| BE | Edward C. Bailey | | | Jesse Tho | mas |
| | 19a. INFORMANT'S NAME (Type/Print) | 19b. MAILING AD | DRESS (Street and Number or Rural | Route Number, City or Town, State, | Zip Code) |
| 2 | John R. Harris | 208 Pr | incipio Road. | Port Deposit. | Maryland 21904 |
| | 20a. METHOD OF DISPOSITION 20 | Db. PLACE OF DISPOSITIO | ON (Name of cemetery, cremetory or | | - City or Town, State |
| | 1 Surial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) | other place) | buru Cemeteru | Port D | eposit, Maryland |
| | 21. SIGNATURE OF FUNERAL SERVICE LIFENSEL | 1 | 22. NAME AND ADDRESS OF FA | | cposic, nargrana |
| | Thomas In Pallerson | L | | erson & Son F | |
| | 23. PART I. Enter the diseases, or complications that cause | ad the deeth. Do not | | Maryland 21 | |
| NC | DUE TO (OR AS | A CONSEQUENCE OF): | CA | | |
| CERTIFICATION | If any, leading to immediate cause. Enter UNDERLYING | A CONSEQUENCE OF): | | | |
| EH | d | | | | |
| | PART II. Other algorificant conditions contributing to death | but not resulting in t | he underiving cause given in | Part I. 24e, WAS AN AUTOP | PSY 24b, WERE AUTOPSY FINDINGS |
| 3 | | | | PERFORMEO? | AVAILABLE PRIOR TO |
| | | | | 1 TYES 2 1 NO | OF DEATH? |
| Σ | | | | — | 1 TYES 2 NO |
| Z | | | | | |
| PHYSICIAN: MEDICAL | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: | 0 | 26. PLACE OF OEATN (C) | heck only one) | |
| ΥS | 1 YES 2 NO 1 Inpetiant 2 ER/Ou | | Nursing Home 5 Residence | | |
| | 27. MANNED OF DEATH 1 Netural 5 Pending Investigation | | F 28c. INJURY AT WORK? M 1 YES 2 NO | 28d. DESCRIBE HOW INJURY | OCCURED |
| D BY | 3 Suicide 6 Could not be 28s. PLACE OF INJUI | RY — At home, farm, stre- | et, factory, office | 28f. LOCATION (Street and Nur City or Town, State) | nber or Rural Route Number, |
| | 4 Homicide determined | | | | |
| COMPLETE | 29a. CERTIFIER (Check only one) 1 CERTIFVING PNYSICIAN: To the best of my known one) 2 MEDICAL EXAMINER: On the best of examinet | | | | |
| BE | 296. SIGNATURE AND TITLE OF CERTIFIER | 1 | D3a | | DATE SIGNED (Month, Day, Year) 3-11-91 |
| 5 | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF | DEATH-(HTEM 27) (Type. Pri | | | |
| | Thomas E. Finucan, M.D., 3 4 | | | st, Maryland | 21901 |
| | 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIG | | | | |
| | MAR 12 '91 Sulia David | on Andell | | | |



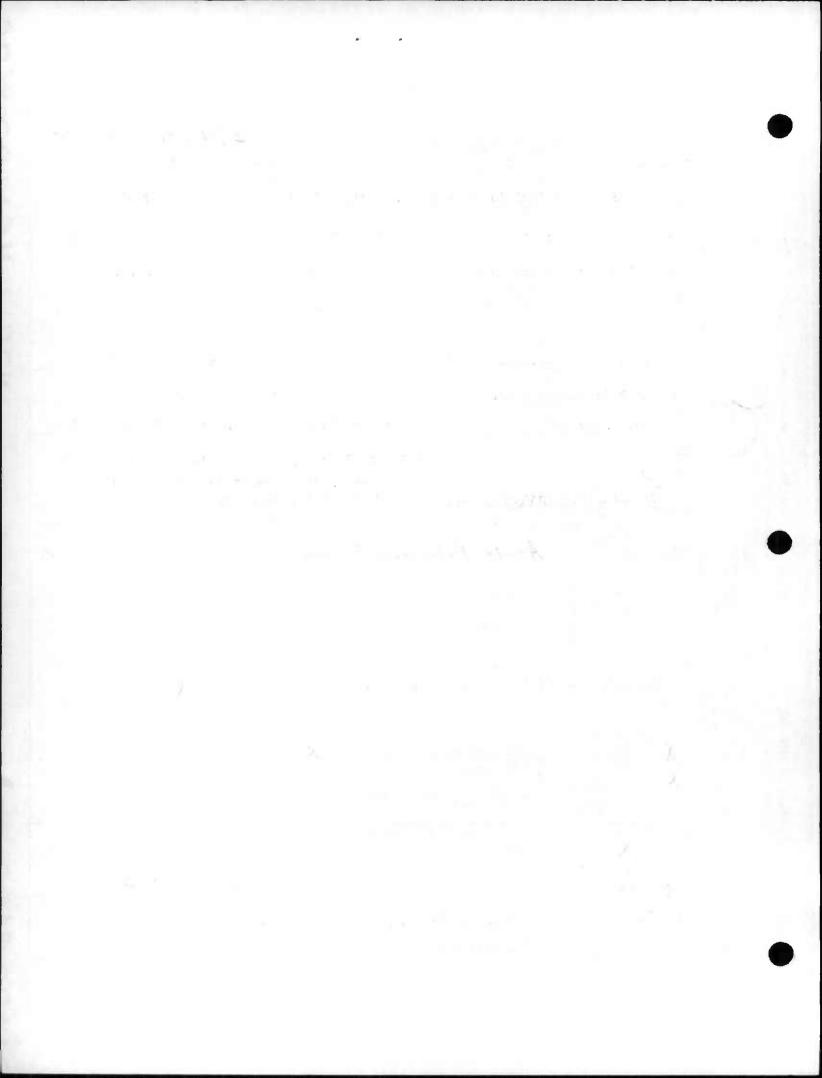
permounted at once,

BALTIMORE, MARYLAND 21203-3146

nours after death. Page 6 may be retained by the hospital or attending physician. add in by the parent director, and the defacthed for use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 m TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the terms derived be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal iMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner may

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| _ ' | REGISTRAR | | | CERTIF | ICATE | OF | DEATH | | REG. N | O. | | |
|------------------|---|------------------------------|----------------|---------------------------------|--------------|-------------------------------------|----------------------------|------------|-----------------------|---------------------|-------------------|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | | | | DATE OF DEATH | | | 3. TIME OF DEATH |
| | Geraldine E | lsie | Howell | | | | | | MONTH 14 | DAY /9/ | YEAR | 041,34A H |
| | 4. SOCIAL SECURITY NUMBER | 5. SEX | 6. AGE (In yrs | | IF UNDER | 1 YEAR | IF UNDER 24 H | ms. 7. | DATE OF BIRTH | 111 | a. BIRTH | PLACE (State or Foreign |
| | 216-98-2160 | 1 □ M 2 🂢 F | 47 | YRS. | MONTHS | DAYS | | IIN. | (Month, Day, Year) | 1943 | Countr | yland |
| | 9a. FACILITY NAME (If not institution, give st | treet and number) | | | 9b. CITY, | 9b. CITY, TOWN OR LOCATION OF DEATH | | | | 9c. COUNTY OF DEATH | | |
| E L | Residence: 1816 P | rincipio | Furna | ce Rd. | P | err | yville | | | | Ceci | i.1 |
| <u>ត</u> ្ត | RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY | , | | 10c, CIT | y, town o | A LOCAT | ION | | | | | 10d. INSIDE CITY |
| E E | Maryland | Cecil | | | | | ille | | | | | 10d. INSIDE CITY LIMITS? 1 YES 2/1/2 NO |
| 4 | 104. STREET AND NUMBER | | | | | _ | . ZIP CODE | | | 10g. CIT | IZEN OF V | VHAT COUNTRY? |
| FUNERAL DIRECTOR | 1816 Principio Fu | rnace Ro | ad | | | | 219 | 03 | | 7 | J.S.Z | 1. |
| בַּ | 11. MARITAL STATUS Never Married 2 Married | 12. WAS DECEDEN FORCES? 1 | T EVER IN U.S. | ARMED | | | | | ORIGIN? (Specify Y | es or No— | 14. RACE Black | E — American Indian, c, White, etc. |
| | 3 Widowed 4 Divorced | IF YES, GIVE V | | | | | 2XXNO S | | , | | Speci | |
| | 15. DECEDENT'S EDUC (Specify only highest grade | CATION | 16a | DECEDENT'S | USUAL OC | CUPATIO | ON at of working | | 18b. KIND OF B | USINESS/INC | DUSTRY | |
| 5 F | Elementary/Secondary (0-12) | College (1-4 or 5 | +) | (Give kind of life. Do NOT u | se retired.) | iuning me | at or working | | | | | |
| <u> </u> | Twelve Years | | N | lever E | Emplo | yed | | | Neve | er Emp | oloye | ed |
| COMPLETED | 17. FATHER'S NAME (First, Middle, Last) | | | | | | 18. MOTHER | 'S NAME | (First, Middle, Maide | n Sumame) | | |
| w L | James Price How | ell, Sr. | | | | | | | ret Abra | | | |
| OW | 19a. INFORMANT'S NAME (Type/Print) | | | | | | | | e Number, City or To | | | |
| 1 | Margaret A. Howel | 1 | | | | | | | | | | . Maryland |
| | 20a, METHOD OF DISPOSITION 1/ Surial 2 Cremation 3 Rem 4 Donation 6 Other (Specify) | oval from State | oth | or place) | | | metery, cremetor Netery | | | ocation — | | wn, Stata Maryland |
| | 21. SIGNATURE OF FUNERAL SERVICE LIC | ENSEE | | | | | ND ADDRESS | | n & Son | E | 7 . 7 | 70-0 |
| | + Thomas M. to | THELDON | ng.c | | | | ville, | | | runei | dl f | iome |
| | PART I. Enter the diseases, or of ahock, or heart feliure. | complications the | t caused the | death. Do | not antar | tha mo | de of dying, | such a | s cardiac or rea | piratory an | rest, | Approximate Interval Between |
| | IMMEDIATE CALISE /Finel | | | | | | , | | | | | Onset and Deati |
| | disease or condition resulting in death) | . A cut. | e Pu | moni | 214 | Ed | ema | | | | | immed. |
| | | DUE TO | (OR AS A COP | NSEQUENCE O | F): | | | | | | | |
| 8 I | Sequentially list conditions, | b | | | | | | | | | | |
| Ě | if any, leading to immediate cause, Enter UNDERLYING | DUE 10 | (OR AS A CO | NSEQUENCE C | NF): | | | | | | | |
| 윤 | CAUSE (Disease or injury that initiated events | c | (OR AS A CO | SEQUENCE O | F): | | | | | | | <u> </u> |
| | reaulting in death) LAST | d. | | | | | | | | | | |
| 2 | PART II. Other aignificant condition | a contribution to | death hut n | ot resulting | In the un | doub.do | | n in Da | 4 1 Dec 1990 | UN AUTOPSY | Lan | WERE ALTERNATION FROM THE |
| 4 | Drabetos mo | | | | | | g cause give | en in Pai | PERF | DRMED? | 240 | WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE |
| EDICAL | Marela, me | 1/1/45- | میره | 160, | hese | | | | 1 TYES | 2 (NO | | OF DEATH? |
| | | | | | - | _ | | | - | | - 1 | 1 YES 2 NO |
| Z | 25. WAS CASE REFERRED TO MEDICAL | | | | _ | 00.0 | ACE OF DEAT | 74 00b b | | | | |
| PHYSICIAN: M | EXAMINER? | HOSPITAL: | - EDIO-de-ell- | | OTHER | ? : | LACE OF DEAT | | | | | |
| Ĕ II. | 27. MANNER OF DEATH | 26a. DATE OF | | 28b. Til | | | URY AT | _ | Other (Specify) | / INJURY OC | CURED | |
| ā | 1 Natural 5 Pending Investigation | (Month, E | Day, Year) | IN | JURY | W | PRK7 YES 2 N | | ou. Deponise 1101 | | | |
| BÁ | 2 Accident Investigation 3 Suicide 6 Could not be | 26e. PLACE C | OF INJURY — A | It home, farm, | atreet, fact | ory, offic | | 20 | If. LOCATION (Street | t and Numbe | r or Rural i | Route Number, |
| COMPLETED | 4 Homicide determined | ballang, | arc. (Specify) | | | | | | City or Town, Ste | (0) | | |
| | 29a. CERTIFIER 1 CERTIFYING PHYSI | ICIAN: To the best of | f my knowledge | , death occur | red at the t | lme, date | and place, an | d due to | the cause(a) and m | nanner as sta | nted. | |
| Š | one) 2 MEDICAL EXAMINE | R: On the basis of a | xamination and | d/or investigati | on, in my o | pinion, | leath occured | at the tim | e, data and place, | and due to t | he cause(| a) and manner as stated. |
| | 296, SIGHATURE AND TITLE OF GERTIFIE | R | | | - | _ | 29c. LICENS | E NUMBE | R | 29d, DA | TE SIGNED | (Mgnth, Day, Year) |
| H H | A Barkos. | MD | | | | | 11/2 | 53 | 14 | 1 | 3/4 | 491 |
| 2 | 30. NAME AND ADDRESS OF PERSON WH | O COMPLETED CAU | SE OF DEATH | (ITEM 27) (Typ | o, Print) | _ | | | | | | |
| | H. Farkas, m | D COMPLETED CAU | ion t | to see | E | 1/61 | on, | NI | 7 | | | |
| | 31. DATE FILED (Month, Day, Year) | 32. REGISTR | AR'S SIGNATU | RE | , | | | | • | | | _ |
| | MAR 0.7 '91 | gedierel | evidon- | Mandelle | • | | | | | | | |
| | | - 17 | | • | | | | | | _ | | |



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| | permit. P | | |
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| die De executed w | ng physician and completely filled in by the funeral director | Hygiene prior to I | or fraums |
| dill cerum | ttending p | tal Hygiene | or othe |
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| samphal A | certificate has been signed by the attendin | the State Dept. of Health and N | tor them 23 shows any injury or other traumatic event the medical evantiner must be notified at once |
| PHYSICIAN, THE IAM TEQUIES | ficate has | State Dept | Ham 22 |
| PHYSICIA | this certif | h with the | noted or |
| I LENDING | TOR: After | after deatl | Se is my |
| TIAL ON A | RAL DIREC | 72 hours | TANT. 16 Hem 28 to marked |
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TO BE COMPLETED BY FUNERAL DIRECTOR DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE-MARYLAND 21203-3146 TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO THE HOSPITAL
TO THE FUNERAL I
be filed within 72 h
IMPORTANT: If I MAR U 8 '91 guia Pavidson Randalle

| 1. DECEDENT'S NAME (First, | | PRI | SCI | LLA JA EGARI | NE I | IINI | EGAR. | DNER | 2, DATE MONT | OF DEATH DA | | YEAR | 3. TIME OF DEATH 5:29 PM |
|--|----------------------------|-------------------------------|-----------|-----------------------|--------------|------------|----------------------|--------------|-----------------|----------------------------------|-------------|-----------|---|
| 4. SOCIAL SECURITY NUMB | | 5. SEX | | in yrs. last birthday | | ER 1 YEAR | | R 24 HRS. | 7 DATE | OE BIRTH | | - / | PLACE (State or Foreign |
| 215-40-7 | | 1 D M 2-1 | 4 | | MONTHS | | _ | MIN. | (Mont | 8-30- | 1041 | Country | |
| 90. FACILITY NAME (If not in | | | 7 | 7 | 9h CI1 | Y TOWN | OR LOCAT | TION OF DE | | 0-)0- | 9c, COUN | | |
| Howard Co | | | Ho | snital | | | Lumb | | 24111 | | | | d County |
| RESIDENCE OF DEC | - | delicial | 110 | opr our | | 00. | Lamb. | | | | 110 | W CALL | a ooan oy |
| 10a. STATE | 10b. COUNTY | 1 | | 10c. C | TY, TOWN | | | | | | | | 10d. INSIDE CITY LIMITS? |
| Maryland | H | oward C | oun | ty | Ell | Lic | ott (| City | | | | | 1 X YES 2 NO |
| 10e. STREET AND NUMBER | | | | | | 1 | of. ZIP CO | DE | | | 10g. CITI | ZEN OF V | VHAT COUNTRY? |
| 3746 Mary: | land . | Avenue | | | | | | 2104 | 3 | | | USA | |
| 11. MARITAL STATUS | | 12. WAS DECEDENT FORCES? 1 | | | 13 | MAS DI | ECENDENT | OF HISPAN | IIC ORIGI | N? (Specify Yee Rican, etc.) | or No— | | — American Indian, |
| Never Merried 2 Never Merried 2 Divo | | IF YES, GIVE W | | | | | ES 2 K NO | | | , | | Speci | "White |
| 15. DEC | EDENT'S EDU | CATION COMPleted | | 16a. DECEDENT | 'S USUAL | OCCUPA | TION most of work | kina | 161 | b. KIND OF BUS | INESS/IND | USTRY | |
| Elementary/Secondary (0 | T | College (1-4 or 5 + |) | life. Do NOT | use retired | .) | root of from | urig | | _ | | | |
| | unkno | wn | | Hom | emal | cer | | | | Doi | mest | ic | |
| 17. FATHER'S NAME (First, M | | | | 1 0 0 0 | | | | | | Middle, Malden | | | |
| Ra | liegh | | Sh | ifflet | t | | | Glad | ys | Mc | Kenz | ie | |
| 19e. INFORMANT'S NAME (7 | | | | | | | | | | nber, City or Town | | | |
| Ronald Si | hiffl | ett | | 404 | Haz] | Let | t Av | enue | , B | altim | ore, | Ma: | ryland 212 |
| 20s. METHOD OF DISPOSIT | ION | and the second | 20b | . PLACE OF DISP | OSITION (| Name of c | cemetery, cre | ematory or | | | CATION | | |
| t/⊾ Buriel 2 | | oval from State | | St. Jo | hn's | s Ce | emet | ery | | | | | ity,MD |
| H. SIGNATURE OF FUNERA | L SERVICE LIC | CENTRE, | | | 2 | 2. NAME | AND ADDR | ESS OF FA | CILITY | lack | Funo | me l | Homo |
| / LU .\ | 00 | /10.1 | | מונים מים | ~ | | . ר רפד | | T 4 | lack . | rune | rat | nome |
| 23. PART I. Enter the d | eller, | Mule | | M0053 | | | | | | | | | 1 21043 |
| iMMEDIATE CAUSE (Fir disease or condition resulting in deeth) | nel / | DUE TO | OR AS | CONSEQUENCE | OF): | F | | AILU | RE | | | | Onset and Death |
| Sequentially liet condit if any, leading to imme ceuse. Entar UNDERLY CAUSE (Disease or Inju- that initiated events resulting in death) LAS | ing ury | DUE TO | OR AS | A CONSEQUENCE | OF): | | | | | | | | |
| PART II. Other significa | ent condition | na contributing to | death t | out not reaultin | g in the | Underly | ing cause | given in | Part I. | 24a. WAS AN PERFOR 1 YES 2 | MED? | 24b | WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| 25. WAS CASE REFERRED T | TO MEDICAL | | | | | 26. | PLACE OF | DEATH (Ch | neck only o | one) | | | |
| EXAMINER? | | HOSPITAL: | ER/Out | patient 3 DOA | OTH 4 N | | ome 5 🗆 | Reeldence | 6 Oth | er (Specify) | | | |
| 27. MANNER OF DEATH | | 28a. DATE OF | | | TIME OF | 28c. | INJURY AT | | | SCRIBE HOW I | NJURY OC | CURED | |
| / | Pending | (Month, D | sy, rear) | | M | | WORK? YES 2 | □ NO | | | | | |
| 2 Accident 3 Suicide | Investigation | 28a. PLACE O | F INJURY | / — At home, ferr | m, etreet, f | ectory, of | ffice | | | CATION (Street | | or Rural | Route Number, |
| 4 Homicide | Could not be determined | building, | etc. (Spe | clfy) | | | | | City | y or Town, State) | | | |
| 29e. CERTIFIER | | | | | | | | | | | | | |
| (Check only | | ICIAN: To the best of | | | | | | | | | | | |
| 2 MED | HCAL EXAMINE | EH: On the beale of e | caminatio | on end/or investig | etion, in m | y opinion | , death occ | cured at the | time, del | te end place, er | d due to th | ne cause(| e) end menner ee stated. |
| 296. SIGNATURE AND TITLE | E OF CERTIFIE | R | | | | | 29c. LI | CENSE NU | | | 29d. DAT | E SIGNED | (Month, Day, Year) |
| Vaul T | urer | | | | | | 0 | 212 | 167 | | • | 3 13 | 191 |
| 30. NAME AND ADDRESS O | F PERSON WI | O COMPLETED CAUS | SE OF DE | EATH (ITEM 27) (7) | ype, Print) | | | | | | | 00/ | umbiA (MD) |
| PAUL - | TURE | R - | | 14 | 1109 | 35 | Little | Pati | VLeu | + Park | UNY | 1 | 21044 |
| 31. DATE FILED (Month, Day, | | 2 32. REGISTRA | R'S SIGN | | | | | | , | | | | - |

1 - FOR STATE REGISTRAR

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| OR | OUR DO | IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, ti |
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| | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withi. | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematic |

| | | | | | - | | 112-1110 | | | |
|--|---|---|--|---------------------------------|------------------|--------------------------------|---|---------------|-------------------|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | Mae S | ll a d | cher | | | 2. DATE OF DEATH | AY | YEAR 3 | . TIME OF DEATH |
| | | | ,,,,,, | | | | | - | | 8 4 |
| | 4. SOCIAL SECURITY NUMBER 216 - 18 - 6118 | 6. SEX 6. A | GE (In yrs. lest birthday YRS. | | | IF UNDER 24 HRS. | 7. DATE OF BIRTH (Month, Dey, Year) | 122 | Mary | ACE (State or Foreign |
| | Se. FACILITY NAME (If not inetitution, give at | treet and number) | 61 | 9b, CITY, T | OWN OR | LOCATION OF DE | ATH | 9c. COU | NTY OF DEA | TH |
| O. H | 7721 HAINES | COURT | | LA | URE | | | PRI | ice G | FEORGE |
| <u>[</u> | RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY | , | 10c. C | ITY, TOWN OR | LOCATIO | N | | | | Od. INSIDE CITY |
| DIRECTOR | MD PR. | IN CE GE | | AUR | | | | | | LIMITS? YES 2 NO |
| \Z | 10e. STREET AND NUMBER | | | | | IP CODE | | 10g. CITI | | AT COUNTRY? |
| 当 | | VES COL | | | | 20707 | | L | | S.A. |
| BY FUNERAL | 11. MARITAL STATUS 1 ☐ Never Merried 2 ☒ Merried 3 ☐ Widowed 4 ☐ Divorced | 12. WAS DECEDENT EVEN FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ES 2 X NO | H y | | Ity Cuben, Mexicen | IC ORIGIN? (Specify Yes n, Puerto Rican, etc.) | or No— | Black, \ Specify: | - American Indien, White, etc. White |
| 0 | 15. DECEDENT'S EDU | | 16e. DECEDENT | | | | 16b. KIND OF BU | SINESS/INC | - | white |
| H | (Specify only highest grade Elementary/Secondary (0-12) | College (1-4 or 5+) | (Give kind o | f work done du use retired.) | ing most | of working | | | | |
| COMPLET | Grade 12 | | Procw | rement | 066 | icer | u.s. G | over | ment | |
| ON ON | 17. FATHER'S NAME (First, Middle, Last) | | | | 1 | IS. MOTHER'S NAM | ME (First, Middle, Malden | Sumame) | | |
| E U | Frank Stetka | | | | | Mary Ti | rau | | | |
| B | 19e. INFORMANT'S NAME (Type/Print) | | 19b. MAILIP | IG ADDRESS (| Street end | Number or Rural R | loute Number, City or Tow | n, State, Zip | Code) | |
| TO BE COM | Mary Ann Ridgely | | 8351 | New Co | it R | oad, Sei | vern, Mary | land | 21144 | 4 |
| Must be | 20a. METHOD OF DISPOSITION 1X Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify) | oval from State | 20b. PLACE OF DISP other place) Meadowri | age Me | of come | tery, cremetory or Lal Park | 20c. LO | | Mary. | |
| non | 21. SIGNATURE OF FUNERAL SERVICE LIC | CENSEE | , | 22. N/ | ME AND | ADDRESS OF FAC | CILITY | | | |
| | · KleWitt Jay | Shakke | Ē | | | | eral Home, ve. Laurel | | | d 20707 |
| | 23. PART I. Enter the diseeses, prosphere shock, pr heert fallure. | | | not entar ti | na mode | of dying, auch | aa cardiac or reap | iratory an | reat, | Approximate Interval Between |
| | IMMEDIATE CAUSE (Final | • | | | | | | | | Onset and Deat |
| 5 - | disease or condition reaulting in death) | MYOC | ardia | 1n | ta | roTio | n | | | Minutes |
| eveni, | | DUE TO (OR | AS A CONSEQUENCE | OF): | 1 | , | 1 1 | 11 | | |
| | Sequentielly ilst conditions, | Myoc DUE TO GOR LANTEN | 10-10/er | otic | a | rdiova | NCUIAT 1 | JUR | ase | years |
| AT I | if any, leading to immediate couse. Enter UNDERLYING | DUE TO (OR | AS A CONSEQUENCE | OF): | | | | | | ' |
| CERTIFICATION | CAUSE (Disease or Injury | c. DUE TO (OR | AS A CONSEQUENCE | OFI: | | | | | | - |
| | that initiated events resulting in deeth) LAST | | | /- | | | | | | |
| 5 5 | | d | | | | | | | | 1 |
| DICAL CE | PART II. Other algnificant condition | na contributing to dea | th but not reaulting | g in the und | erlying | cause given in | Part i. 24a. WAS AN PERFO | | | VERE AUTOPSY FINDINGS WAILABLE PRIOR TO |
| D O | | | | | | | 1 YES : | NO | | COMPLETION OF CAUSE OF DEATH? |
| MEI | | | | | | | _ | | 1 | YES 2 NO |
| Z | | | | | | | | | | |
| E 3 | 25. WAS CASE REFERRED TO MEDICAL, EXAMINER? | HOSPITAL: | | OTHER: | | CE OF DEATH (Chi | ock only one) | | | |
| PHYSICIAN: | 1 X YES 2 NO | 1 Inpatient 2 ER | | 4 🗆 Nursir | g Home | | 6 Other (Specify) | | | |
| IS MARKED, OF INEM 23 SHOWS D BY PHYSICIAN: MEI | 27, MANNER OF DEATH 1 Natural 5 Pending Investigation | 28e. DATE OF INJU (Month, Day, Y | | IME OF 2 | 8c. INJUI WOR | K? | 26d. DESCRIBE HOW | INJURY OC | CURED | |
| Z8 IS M | 2 Accident 3 Suicide 6 Could not be 4 Homicide determined | 26e. PLACE OF IN- building, etc. | JURY — At home, farm (Specify) | n, street, factor | y, office | | 261. LOCATION (Street City or Town, State | | r or Rural Ro | ute Number, |
| E E | 29e. CERTIFIER | | | | | | | | | |
| MPORTANT: If item 2 O BE COMPLET | (Check only | ICIAN: To the best of my IER: On the basic of examin | | | | | | | | end menner se stated. |
| E C | 29b. SIGNATURE AND TITLE OF CEDETIFIE | R. A | Den who | Medic | cul | 29¢. LICENSE NUN | IBER | 29d. DAT | E SIGNED (| Month, Day, Year) |
| MPOR) BE | Then Olch Vel | remo | Exar | nine | - 6 | DO18 | 52 | 13 | -4 | -91 |
| ₹ 0 | 30. NAME AND ADDRESS OF PERSON WH | OPE M | D 4202 | De Print) | achi | re Da | Hyatt | Svill | LMI | 120201 |
| | 31. DATE FILED (Month, Day, Year) | 32 REGISTRAR'S | SIGNATURE | 20191 | Noc | 7 /19 | 114011 | | | |
| | MAR 0 5 '91 | gua David | Ison-Randall | | | | | | | |

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DHMH-16 Rev 1/89

THE PROPERTY OF THE PROPERTY O

Marie M. Delline II. Thought with the marie and the Third II.

Why diagraph of the Control of the State of

| hos | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached | | IMPORTANT: If liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
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| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 yours after death. Page 6 may be retained by the hos | 2 | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | = |
| | | | |

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31. DATE FILED (Month, Day, Year)

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| | FOR 1 - STATE REGISTRAR | STATE OF MARY | | ARTMENT OF | | MENTAL HYGIEN REG. NO. | E 91 | 07661 |
|-----------------------|--|--|---|--|---|---|-----------------|---|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | 11 | | 2. DATE OF DEATH | v ve | 3. TIME OF DEATH |
| | | Charles G | uthrie | Hay | hes, sr | March | 7 199 | 1 1515 M |
| | 4. SOCIAL SECURITY NUMBER | 5. SEX 6. AG | E (In yrs. last birthde | | IF UNDER 24 HRS. | 7. DATE OF BIRTH (Month, Day, Year) | | IRTHPLACE (State or Foreign |
| | 578-09-8422 | 1 M 2 □ F | 71 YRS | MONTHS DAYS | HOURS MIN. | 2-24-20 | ١ | Missouri |
| | 9a. FACILITY NAME (If not institution, give a | treet and number) | | 9b. CITY, TOWN | OR LOCATION OF DE | | 9c. COUNTY | |
| 뜻 | PENINSULA GENERAL | HOSPITAL | | SALISE | URY | | WICOM | ICO |
| 5 l | RESIDENCE OF DECEDENT | | | | | | | |
| DIRECTOR | Md . | Worcester | 10c. | Berlin | ATION | | | 10d. INSIDE CITY LIMITS? 1 YES 2 NO |
| | 10e. STREET AND NUMBER | | | 1 | of. ZIP CODE | | 10g. CITIZEN | OF WHAT COUNTRY? |
| FUNERAL | 20 Drawbridge | | | | 21811 | | USA | |
| 3 | 11. MARITAL STATUS | 12. WAS DECEDENT EVER | R IN U.S. ARMED | | CENDENT OF HISPAN | IIC ORIGIN? (Specify Yes | or No.— 14. | RACE American Indian. |
| | 1 Never Married 2 Married | FORCES? 1 YE | S 2 XNO | | specify Cuban, Mexican S 2 X NO Specify | | | Black, White, atc. Specify: |
| B | 3 Widowed 4 Divorced | | | | , | | | White |
| ED | 15. DECEDENT'S EDU- (Specify only highest grade | | 16a. DECEDEN | T'S USUAL OCCUPAT | TION | 16b. KIND OF BUS | SINESS/INDUST | RY |
| E | Elementary/Secondary (0-12) | College (1-4 or 5+) | life. Do NO | T use retired.) | rost or working | | | |
| 릴 | | 4 | Inve | stigator | | US G | overnme | ent |
| COMPLETED | 17. FATHER'S NAME (First, Middle, Last) | | | | 16. MOTHER'S NA | ME (First, Middle, Maiden | Surname) | |
| | Howard Haynes, | Sr. | | | Mary (| Catherine (| Guthrie | r) |
| BE | 19a, INFORMANT'S NAME (Type/Print) | | 19b. MAIL | ING ADDRESS (Stree | | Route Number, City or Tow | | |
| 2 | Irene S. Haynes | | | 821 Oce | an Pines | Berlin, | Md. | |
| | 20a, METHOD OF DISPOSITION | | | POSITION (Name of c | | | CATION — City | or Town, Stata |
| | 1 Buriel 2 Cremetion 3 Rem | oval from State | Gate o | f Heave r | Cemetery | / S | ilver S | Spring, Md. |
| | 21. SIGNATURE OF FUNERAL SERVICE DO | ENDEE | | | AND ADDRESS OF FA | | 22702 0 | D1 1110/ |
| | Dehill (leli) | L | | U11 | rich Fune | eral Home | Berlin | , Md. |
| | 23. PART I. Enter the diseases, or ahock, or heart failure. | | | o not enter the n | node of dylng, suc | h aa cardiac or resp | iratory arrest, | Approximata Interval Between |
| | IMMEDIATE CAUSE (Final | | 2 2 | | 1 | 0 | | Onset and Death |
| | disease or condition resulting in death) | a | Croce | o gen | Steel | Le_ | | Hern |
| | 1000-0000-000 | DUE TO (OR A | Š A CONSEQUENC | E OF | | 0 0 | | 2 |
| 1 | | and the same of th | | | | | | |
| N | Sequentially list conditions | a Oc | of or | liveo | dule | Reits | | ry |
| ATION | Sequentially list conditions, if any, leading to immediate | b. DUE TO (OR A | S A CONSEQUENCE | EOF): | dul e | fe to | | 19 |
| CATION | if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury | b. DUE TO (OR A | S A CONSEQUENCE | EDI (| delle. | o Vas De | w | year |
| TIFICATION | if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | b. DUE TO (OR A | S A CONSEQUENCE | EDI (| de le | forts | ~ | year |
| ERTIFICATION | if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury | b. DUE TO (OR A | S A CONSEQUENC | EDI (| ale. | forts oVas Do | | year |
| L CERTIFICATION | if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | b. DUE TO (OR A c. DUE TO (OR A d | h but not reaulti | E OF): | and e | Pary 1. 240. WAS AN | | Skor |
| اپ | if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | b. DUE TO (OR A c. DUE TO (OR A d | h but not reaulti | E OF): | and e | Parti. 24a. WAS AN | RMED? | AVAILABLE PRIOR TO COMPLETION OF CAUSE |
| اپ | if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | b. DUE TO (OR A | h but not reaulti | E OF): | and e | Pary 1. 240. WAS AN | RMED? | AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| اپ | if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | b. DUE TO (OR A c. DUE TO (OR A d | h but not reaulti | E OF): | and e | Parti. 24a. WAS AN | RMED? | AVAILABLE PRIOR TO COMPLETION OF CAUSE |
| اپ | if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | b. DUE TO (OR A c. DUE TO (OR A d | h but not reaulti | E OF): | ing cause given in | Parti. 24a. WAS AN PERFOI | RMED? | AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| اپ | if any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | DUE TO (OR A DUE TO (OR A d. HOSPITAL: | h but not reaulti | E OF): E OF): 26. OTHER: | ing cause given in | Part I. 24a. WAS AN PERFOI 1 VES 4 | RMED? | AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| اپ | if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO | DUE TO (OR A d. HOSPITAL: 1 Inpatient 2 ER/C | h but not resulti | E OF): E OF): 26. OTHER: 4 □ Nursing H | Ing cause given in | Part I. 24s. WAS AN PERFOI 1 VES 4 | RMED? | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 |
| PHYSICIAN: MEDICAL | if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH | DUE TO (OR A DUE TO (OR A d. HOSPITAL: | h but not resulti | E OF): E OF): 26. OTHER: A 4 Nursing H TIME OF INJURY 28c. I | Ing cause given in PLACE OF DEATH (Ch. | Part I. 24a. WAS AN PERFOI 1 VES 4 | RMED? | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 |
| اپ | if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Natural 5 Pending investigation | b. DUE TO (OR A c. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A | Dutpatient 3 DO | E OF): 26. OTHER: A 4 Nursing M TIME OF BNJURY M 1 | Ing cause given in PLACE OF DEATH (Ch. DIES 5 Residence NJURY AT VORK? YES 2 NO | Park I. 24a. WAS AN PERFOI 1 YES 4 | INJURY OCCURI | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 |
| BY PHYSICIAN: MEDICAL | if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Natural 5 Pending | b. DUE TO (OR A c. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A | Dutpatient 3 DO | E OF): E OF): 26. OTHER: A 4 Nursing H TIME OF INJURY 28c. I | Ing cause given in PLACE OF DEATH (Ch. DIES 5 Residence NJURY AT VORK? YES 2 NO | Part I. 24s. WAS AN PERFOI 1 VES 4 | INJURY OCCURI | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 |
| BY PHYSICIAN: MEDICAL | if any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | DUE TO (OR A c. DUE TO (OR A d. DUE TO | butpatient 3 DORY 28b. JRY — At home, fail | E OF): 26. OTHER: A 4 Nursing H TIME OF INJURY M 1 [rm., street, factory, of | Ing cause given in PLACE OF DEATH (Ch ome 5 Residence NJURY AT VORK? VES 2 NO | Part I. 24e. WAS AN PERFOI 1 VES 4 1 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) | INJURY OCCURI | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 |
| BY PHYSICIAN: MEDICAL | if any, leading to Immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | DUE TO (OR A c. DUE TO (OR A d. DUE TO | Dutpetient 3 DO | E OF): 26. OTHER: A 4 Nursing H TIME OF INJURY M 1 [rm, street, factory, of | Ing cause given in PLACE OF DEATH (Ch. DIES 5 Residence NUURY AT VORK? YES 2 NO lice | Part I. 24a. WAS AN PERFOI 1 YES 4 Tother (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) to the cause(s) and me | INJURY OCCURI | AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 |
| PHYSICIAN: MEDICAL | if any, leading to Immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | DUE TO (OR A c. DUE TO (OR A d. DUE TO | Dutpetient 3 DO | E OF): 26. OTHER: A 4 Nursing H TIME OF INJURY M 1 [rm, street, factory, of | Ing cause given in PLACE OF DEATH (Ch. DIES 5 Residence NUURY AT VORK? YES 2 NO lice | Part I. 24a. WAS AN PERFOI 1 VES d 1 VES d 26d. DESCRIBE HOW 26f. LOCATION (Street City or Town, State) to the cause(s) and me of time, data and place, and | INJURY OCCURI | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 |

| 29b. SIGNATURE AND TITLE OF CERTIFIER | | 29c. LICENSE NUMBER | 29d. DATE SIGNED (Month, Day Year) |
|---|---|---------------------|------------------------------------|
| Shy SSicon | | D02020 | 13/7/91 |
| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) | | | |
| STah Gan GARRIA | C | Lacher My | 2 |

32. REGISTRARIO SIGNATURE Fundale

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

| 1 | | | FOR STATE REGISTR | AR |
|---|----|---|-------------------------|----|
| | 1. | D | ECEDENT'S | NA |

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1. DECEDENT'S NAME (First, Middin, Last) Mary Estelle Hooe Mary A. SOCAL SECURITY NUMBER 5. SEX A. AGE (in ym. last birthday) S. SEX B. AGE (in ym. last birthday) S. SEX B. AGE (in ym. last birthday) S. SEX B. AGE (in ym. last birthday) S. SEX B. AGE (in ym. last birthday) S. SIMAL SECURITY NOWN OR LOCATION OF DEATH Prince Frederick Calvert Calvert S. COUNTY OF DEATH S. COUNTY OF DEATH S. COUNTY S. SIMAL SEX BIRTHDAY S. COUNTY OF DEATH S. SIMAL SEX BIRTHDAY |
|--|
| ## Social Security Number S. SEX S. |
| 4. SOCIAL SECURITY NUMBER 5. SEX 577 01 1706 1 |
| See Facility NAME (if not institution, give street and number) See CITY, TOWN OR LOCATION of DEATH See COUNTY OF DEATH |
| Calvert Memorial Hospital Prince Frederick Calvert |
| 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY |
| 106. COUNTY 106. CITY, TOWN OR LOCATION 106. INSIDE CITY LIMITS? 1 YES 2 X 1 Y |
| LIMITS? LIMI |
| STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? |
| 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 25 NO If YES 25 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If Yes, apacity Cuban, Markean, Puerto Rican, atc.) 14. RACE — American India Black, White, etc. Specify: White the Miles of Completed in Yes, Give War or Dates 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16. MOTHER'S NAME (First, Middle, Maiden Surmame) 16. MOTHER'S NAME (First, Middle, Maiden Surmame) 16. MOTHER'S NAME (First, Middle, Maiden Surmame) 17. FATHER'S NAME (First, Middle, Maiden Surmame) 18. MOTHER'S NAME (First, Middle, Maiden Surmame) 19. MOTHER'S NAME (First, Middle, Maiden Surmame) 19. MOTHER'S NAME (First, Middle, Maiden Surmame) 19. MOTHER'S NAME (First, Middle, Maiden Surmame) 19. MOTHER'S NAME (First, Middle, Maiden Surmame) 19. MOTHER'S NAME (First, Middle, Maiden Surmame) 19. MOTHER'S NAME (First, Middle, Maiden Surmame) 19. MOTHER'S NAME (First, Middle, Maiden Surmame) 19. MOTHER'S NAME (First, Middle, Maiden Surmame) |
| Never Married 2 Married FORCES? 1 YES 21 NO If yes, specify Cuben, Maxican, Puerto Rican, etc.) Black, White, etc. Specify Wildowed 4 Divorced If YES, GIVE WAR OR DATES I YES 2 NO Specify: White Specify: White Specify: White Specify: White I YES 2 NO Specify: White Specify: White I YES 2 NO Specify: White Specify: White I YES 2 NO Specify: White Specify: White I YES 2 NO Specify: White I YES 2 NO Specify: White I YES 2 NO Specify: White I YES 2 NO Specify: White I YES 2 NO Specify: White I YES 2 NO Specify: White Spec |
| (Specify only highest grade completed) Elemantary/Secondary (0-12) College (1-4 or 5+) 9 housewife 16. MOTHER'S NAME (First, Middle, Lest) Edward Cook 9a. INFORMANT'S NAME (First, Middle, Lest) Teressa A. Dorsey 16. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P.O. Box 203 North Beach 20714 20b. PLACE AND DATE of Disposition (Name of cometary, crematory or other place) 17. SIGNATURE OF FUNERAL SERVICE LICENSEE 18. SIGNATURE OF FUNERAL SERVICE LICENSEE 19. O. Box 45 Owings Maryland 70736 |
| Felementary/Secondary (0-12) College (1-4 or 5+) Iffe. Do NOT use retired.) housewife home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Makden Surneme) Edward Cook Rosie Talbert 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Teressa A. Dorsey P.O. Box 203 North Beach 20714 20a. METHOD OF DISPOSITION (Name of Comments of Southern State) DATE of Comments of C |
| housewife home 17. FATHER'S NAME (First, Middle, Last) Edward Cook Rosie Talbert 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Teressa A. Dorsey 20c. METHOD OF DISPOSITION 1 Select and Date of Disposition (Name of cemetary, crematory or other place) 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State and Number or Rural Route Number, City or Town, State, Zip Code) P.O. Box 203 North Beach 20714 20b. PLACE AND DATE of DISPOSITION (Name of cemetary, crematory or other place) Southern Memorial Gardens 3 21 91 Dunkirk maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE P.O. Box 45 Owings Rausch Funeral Home |
| 18. MOTHER'S NAME (First, Middle, Maiden Surmerne) |
| Teressa A. Dorsey P.O. Box 203 North Beach 20714 200. METHOD OF DISPOSITION 1 Shuffel 2 Cremetion 3 Removal from State 201 Donation 5 Other (Specify) 202. Name and address of Funeral Home 203. Name and Address of Funeral Home 204. Signature of Funeral Service Licensee 205. Name and Address of Funeral Home 206. Method of Disposition (Name of Community of Community) 206. Name and Address of Facility 207. Name and Address of Facility 208. Name and Address of Facility 209. Donation 5 Owings Rausch Funeral Home 209. Name and Address of Facility 200. Box 45 Owings Rausch Funeral Home |
| Teressa A. Dorsey P.O. Box 203 North Beach 20714 20a. METHOD OF DISPOSITION 1 S Burlet 2 Cremetion 3 Removal from State of cemetary, crematory or other place) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P.O. Box 203 North Beach 20714 20b. PLACE AND DATE of DISPOSITION (Name of cemetary, crematory or other place) Southern Memorial Gardens 3 21 91 Dunkirk marvland 22. NAME AND ADDRESS OF FACILITY P.O. Box 45 Owings Maryland 70736 |
| 20b. PLACE AND DATE OF DISPOSITION 15 Burlel 2 Cremetion 3 Removal from State of cemetary, crematory or other place) Southern Memorial Gardens 3 21 91 Dunkirk maryland P. O. Box 45 Owings Rausch Funeral Home |
| Burlei 2 Cremetion 3 Removal from State of cemetary, crematory or other place) Southern Memorial Gardens 3 21 91 Dunkirk maryland |
| Southern Memorial Gardens 3 21 91 Dunkirk marvland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY P.O. Box 45 Owings Maryland 70736 |
| 22. NAME AND ADDRESS OF FACILITY P.O. Box 45 Owings Maryland 70736 P.O. Box 45 Owings Maryland 70736 |
| |
| |
| pppioning |
| ahock, or heert falture. List only one cause on each line. |
| IMMEDIATE CAUSE (Fine) disease or condition resulting in death) a. Rupturell Acric Aneurysm Onset and |
| DUE TO (OR AS A CONSEQUENCE OF): |
| |
| Sequentielly list conditions, If any, leading to immediate |
| csuse, Enter UNDERLYING |
| CAUSE (Disease or Injury Due TO (OR AS A CONSEQUENCE OF): |
| resulting in death) LAST |
| PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FI |
| Ri. usbuld Surface is 1989 PERFORMED? 1 YES 2 PARO DE DEATH? |
| 1 YES 2 1 |
| 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) |
| EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) |
| 27. MANNEY OF DEATH 286. DATE OF INJURY 286. TIME OF 286. INJURY AT 284. DESCRIBE HOW INJURY OCCURED |
| 1 Natural 5 Pending (Month, Dey, Year) INJURY WORK? M 1 YES 2 NO |
| 2 Accident investigation 28e PLACE OF INJURY — 41 home, farm street factory office. 28f LOCATION (Street and Number or Bural Boute Number) |
| 4 Homicide determined building, stc. (Specify) City or Town, State) |
| 29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. |
| (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner ea a |
| 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) |
| 100 250 1 00 000 000 |
| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Right Print) |
| the state of the time of the time |
| I Damalousi M.D. Daines Tooling |
| I. Damalouji, M.D. Prince Frederick, Maryland 20678 31. DATE FILED (MONTH, Doy, 2007) 1991 Julia Davidson, Pandale |



March 1891 05 13M

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

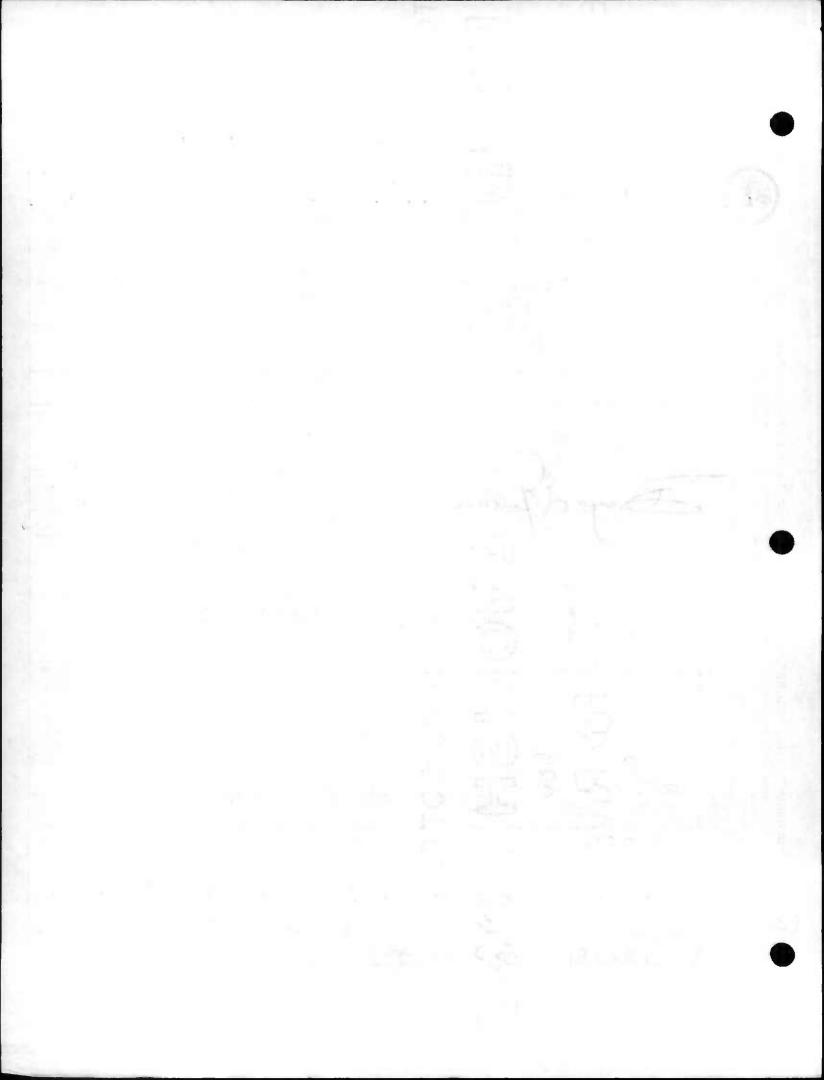
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

| 1 - STATE REGISTRAR | STATE OF MARYLAN | ID / DEPART | | | MENTAL HYGIEN REG. NO. | E | | |
|--|---|---------------------------|--|--------------------------------|---|-----------------------|--|--|
| 1. DECEDENT'S NAME (First, Middle, Last) LILLIAN B | EATRICE HANBA | ACK | | | 2. DATE OF DEATH MONTH DA FEB. 23 | ,1991 YEA | 3. TIME OF DEATH 3:00pm M | |
| 4. SOCIAL SECURITY NUMBER 578-36-3691 | 5. SEX 6. AGE (In) | yrs. lest birthday) YRS. | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Morith, Day, Ybar) Oct. 1419(| Co | ATTHPLACE (Stote or Foreign unity) Shington, D.C | |
| 90. FACILITY NAME (If not institution, give s DOCTORS COMMUNI | | | | OR LOCATION OF DE LAM—SEABR | | PRINCE | F DEATH E GEORGE S CO. | |
| 10e. STATE 10b. COUNTY | Georges | 12. | TOWN OR LOCA | | | | 10d. INSIDE CITY LIMITS? 1 YES 2 X NO | |
| 100. STREET AND NUMBER 6528 Halleck St. | | | 10 | 11. ZIP CODE 20747 | | 10g. CITIZEN C | F WHAT COUNTRY? | |
| 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE | 2 NO | 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 VES 2 XNO Specify: Specify: White | | | | | |
| 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) | CATION (completed) Coffege (1-4 or 5+) | | ork done during m retired.) | ON ost of working | 166. KIND DF BUS | | Y | |
| 17. FATHER'S NAME (First, Middle, Last) | | | | 16. MOTHER'S NA | ME (First, Middle, Melden | | | |
| William McGinni | SS | | | Emma | B. Waldsau | ır | | |
| 19e. INFORMANT'S NAME (Type/Print) | | 19b. MAILING | ADDRESS (Street | and Number or Rural | Route Number, City or Town | n, State, Zip Code |) | |
| Ellis_Hanback | | 6528 | Halleck | St. Dist | rict Heigh | nts, MD | . 20747 | |
| 20s. METHOD OF DISPOSITION 1. Description 3 Rem 4 Donation 8 Other (Specify) | noval teem State of cen | netary, crematory of the | apel Ce | metery 2 | /26/91 Sea | cation - city o | , and the second | |
| THE HAMATURE OF FUNERAL SERVICE LIC | Melbal | 2 | Rober | t E. Will | nelm, Inc. | Suitla | uitland Rd. nd, MD. 20746 | |
| 23. PART I. Enter the discess, or shock, or heart fellure. IMMEDIATE CAUSE TRIAL disease or condition resulting in deeth) | a. Due To (on as a c | te \$ | Res F | ode of dying, suc | TOUS A | iratory arrest, | Approximate Intarval Batween Onset and Death | |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | b. DUE TO (OR AS A C | 3051 | ine | Head | 9-Fee | eleer Sea | 6 | |
| PART II. Other algorificant condition | a contributing to death but | not resulting is | n the underlyle | ng cause given in | Part I. 24a. WAS AN PERFOR | RMED? | 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | 26. I | PLACE OF DEATH (C) | eck only one) | | | |
| 1 TYES 2 NO | Inpetient 2 - ER/Outpet | | 4 - Nursing Ho | | 6 Other (Specify) | | | |
| 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation | 28e. DATE OF INJURY (Month, Day, Year) | 28b. TIME INJU | M 1 | JURY AT ORK? YES 2 ND | 28d. DESCRIBE HOW I | | | |
| 3 Suicide 6 Could not ba 4 Homicide determined | 28e. PLACE DF INJURY building, etc. (Specily | - At home, farm, s | treet, factory, off | Ice | 28f. LOCATION (Street City or Town, State) | end Number or Ru) | rel Route Number, | |
| CONSCA CINY | ER: On the basic of examination a | | | | | | se(a) and menner as stated. | |
| 29b. SIGNATURE AND TITLE OF CERTIFIE | Tellalle | w, | ND | 29c. LICENSE NU | MBER 4274 | 29d. DATE SIG | NED (Month, Day, Year) -24 -9 | |
| 30. NAME AND ADDRESS OF PERSON WE | o completed cause of Deat | TH (STEM 27) (Type, | Print) | laus | #126 | BO | wè Md | |
| 31. DATE FILED (Month, Day, Year) | 32. REGISTRAR'S SIGNAT | TURE Pandal | 2. | | | | 20715. | |



TO BE COMPLETED BY FUNERAL DIRECTOR

| 13146, | |
|----------|--|
| BOX | |
| P.0. | |
| RECORDS, | |
| VITAL | |
| OF | |

| | Pages | 177 | |
|--|---|--|--|
| man and arrestment curveticials. The law manifes that the death manifesta has manufacted within a suffice of the figure 6 may be reliained by the hosbital or affending physician. | 10 THE HUSPITAL OF ALL ENDING PRISHOLAN. THE Idea trightness that the breat countries to execute minimal to the function of the functal director, page 5 should be detached for use as the bunial-transit permit. Pages | The Living Street Course of the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
| 8 | 2 6 | 2 8 | E |

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

| 1 - STATE REGISTRAR CERT | IFICATE (| OF DEATH | MENTAL HYGIEN REG. NO. | | i U | 7664 | | | |
|--|-------------------|--|---|-----------------|------------------------|---|--|--|--|
| 1. DECEDENT'S NAME (First, Middle, Last) Newman | | | 2. DATE OF DEATH DO | NY. | YEAR | IME OF DEATH | | | |
| EDWARD N. HILL | | | 02/27/91 | | | 53AM M | | | |
| 4. SOCIAL SECURITY NUMBER 8. SEX 6. AGE (In yrs. last birth | MONTHS DA | EAR IF UNDER 24 HRS. | 7. DATE OF BIRTH (Month, Day, Year) | | Country) | E (State or Foreign | | | |
| 214-01-0281 XX M 2 □ F 81 YF | RS. | | Nov. 5, 1 | | Wash. | DC | | | |
| 9a. FACILITY NAME (If not institution, give street and number) | 96. CITY, TO | WN OR LOCATION OF DE | ATH | | TY OF DEATH | | | | |
| PRINCE GEORGES HOSPITAL CENTER | CHEVE | RLY | | PRINC | CE GEO | RGE | | | |
| RESIDENCE OF DECEDENT | CITY, TOWN OR L | OCATION | | | 10d. | INSIDE CITY | | | |
| Maryland Prince George's | lyattsvil | le | | | 1 🕽 | LIMITS? YES 2 NO | | | |
| 10e. STREET AND NUMBER | 7 | 10f. ZIP CODE | | 10g. CITIZ | EN OF WHAT | COUNTRY? | | | |
| 5308 Chesapeake Road | | 20781 | | U. | S.A. | | | | |
| 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.ARMED | 13. WAS | DECENDENT OF HISPAN | IC ORIGIN? (Specify Yes | | 14. RACE - A | merican Indian, | | | |
| 1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES | | es, specify Cuban, Maxica YES 2 XNO Specify | | | Black, Wh Specify: | Ita, atc. | | | |
| 3 Widowed 4 Divorced | '' | , res a XIII openiy | | | whit | e | | | |
| | ENT'S USUAL OCCU | | 16b. KIND OF BU | | | | | | |
| Elementary/Secondary (0-12) College (1-4 or 6+) No. Do A | VOT use retired.) | | Washing | | Gas Li | ght | | | |
| 7th Supe | rvisor | | | pany | | | | | |
| 17. FATHER'S NAME (First, Minths, Last) | | The second second | ME (First, Middle, Malden | Sumame) | | | | | |
| Henry Hill | | Mary N | | | | | | | |
| | | treet and Number or Rural I | | | | | | | |
| | | peake Rd. | | | | | | | |
| to HETHOD OF DIMPOSITION Southal 3 Committee 3 Permoval from State 20b. PLACE OF D Committee 5 Other (Southy) | ncoln Co | of comotory, cromatory or emetery | | | od, Ma | aryland | | | |
| m graduill be unexal describe houses | 22. NAI | ME AND ADDRESS OF FA | CILIC CON | c Fu | NEDA | ПОИЕ | | | |
| 1 Jack / Frohour | 7 4739 | NCIS GAS Balt. Ave | ., Hyatts | ville, | Md. | 20781 | | | |
| 23. PART I. Enter the diseases, or complications that caused the deeth. | Do not anter the | e mode of dying, suc | h aa cerdlec or reap | iratory am | est, | Approximate Interval Between | | | |
| IMMEDIATE CAUSE (Final | | 4 | | | | Onset and Death | | | |
| disease or condition | 100 | SUR | 27 | | | | | | |
| DUE TO (OR AS A CONSECUL | KCE OF | | 1 | | | | | | |
| Sequentially list conditions, b. DUE TO GO & A CONSCIUEN | N BB | Who | 1000 | | | | | | |
| Sequentielly list conditions, if any, leeding to immediate | ICE OF): | 1 | | | | | | | |
| cause. Enter UNDERLYING | | | | | | | | | |
| CAUSE (Disease or Injury | IOF OF | 0 | | | | | | | |
| CAUSE (Disease or injury that initiated events | ICE OF): | • | | | | | | | |
| CAUSE (Disease or Injury | ICE OF): | • | | | | | | | |
| CAUSE (Disease or Injury that initiated events | | priying cause given in | Part I. 24a. WAS A | | 24b. WE | RE AUTOPSY FINDINGS | | | |
| cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST d. | | erlying cause given in | PERFO | RMED? | CO | HABLE PRIOR TO MPLETION OF CAUSE | | | |
| cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST d. | | orlying cause given in | | RMED? | CO OF | HABLE PRIOR TO MPLETION OF CAUSE DEATH? | | | |
| cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST d. | | orlying cause given in | PERFO | RMED? | CO OF | HABLE PRIOR TO MPLETION OF CAUSE | | | |
| cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST d. | iting in the unde | priying cause given in | PERFO | RMED? | CO OF | HABLE PRIOR TO MPLETION OF CAUSE DEATH? | | | |
| cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not result | Iting in the unde | | PERFO 1 YES | RMED? | CO OF | HABLE PRIOR TO MPLETION OF CAUSE DEATH? | | | |
| Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not result to the conditions conditions contributing to death but not result to the conditions conditio | OTHER: | 26. PLACE OF DEATN (C/ | PERFO 1 YES | RMED? 2 X NO | AMM CO OF 1 [| HABLE PRIOR TO MPLETION OF CAUSE DEATH? | | | |
| Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not result to the conditions conditio | OTHER: | 26. PLACE OF DEATN (C/ | PERFO 1 YES seck only one) 6 Other (Specify) | RMED? 2 X NO | AMM CO OF 1 [| HABLE PRIOR TO MPLETION OF CAUSE DEATH? | | | |

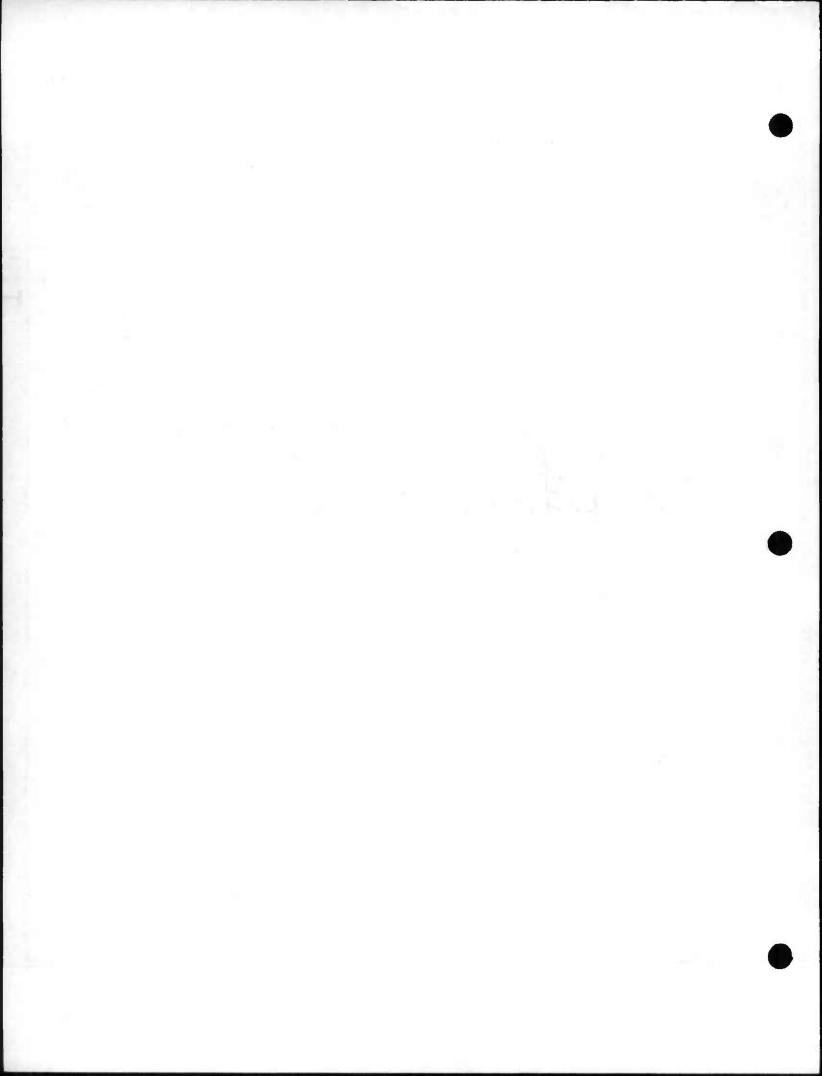
296. SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER

31. DATE FILED (Month, Day, FEB 0 1 *****91

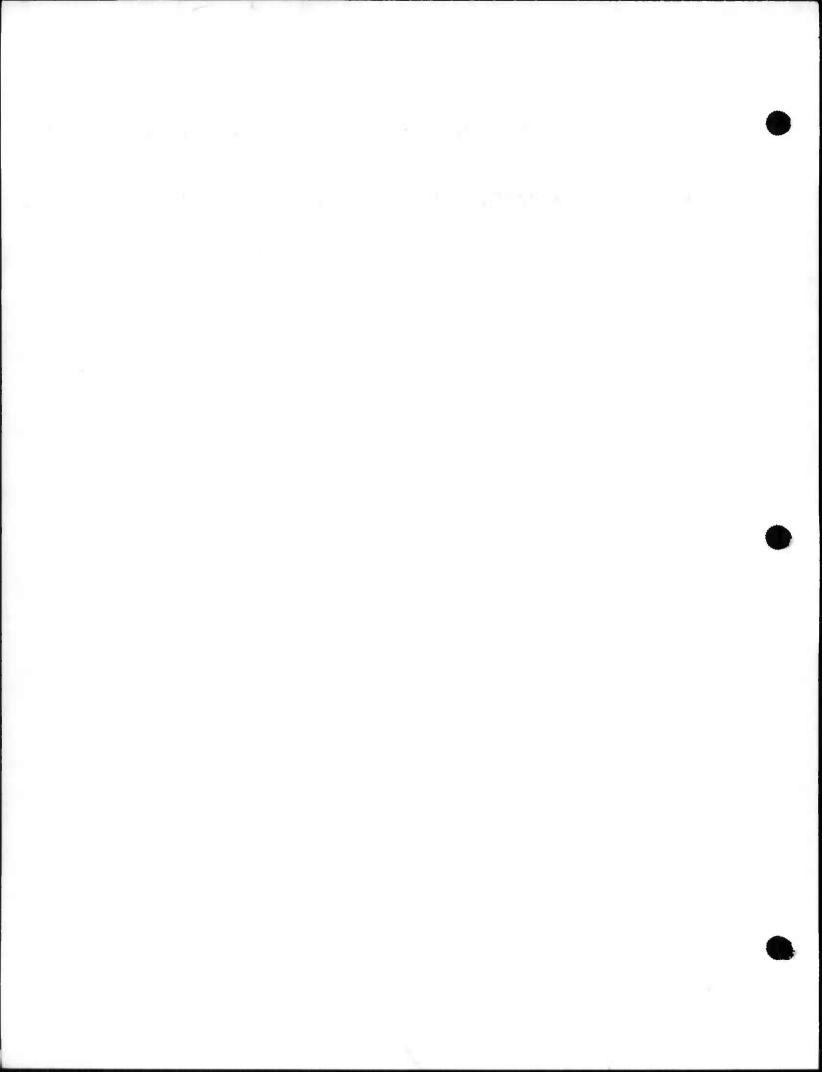
32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall





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| | 1. DECEDENT'S NAME (First, Mid | ddle, Last) | 0 | | 1 | / | | | | | 2. DATE OF | DEATH | Y | YEAR | 3. TIME OF DEATH |
|---|---|-----------------------|--------------------|--------------------------------------|-------------|--|--------------------------|---------|---------------------------|--------------|-------------------------|-----------------------|--------------------------------------|--------------------|---|
| | ErNes | <u>s+</u> | <u>K.</u> | | 10 | rt | Jr. | | | | 02 21 9111:35 AN | | | | 1:35 A H |
| | 4. SOCIAL SECURITY NUMBER | | 5. SEX | 6. AGE (1 | in yrs. les | t birthday) | IF UNDER | DAY | | 24 HRS. | 7. DATE OF (Month, L | BIRTH Day, _Year), | | 8. BIRTH County | IPLACE (State or Foreign |
| | 249 44 0625 | | 1 🚰 M 2 🗌 F | 00 | | YRS. | months | DATE | - HOONS | | Jan | 25,19 | 31 | S.C | arolina |
| I | 9e. FACILITY NAME (If not Institu | itlon, give stre | - 4 | | Λ I | | 9b. CIT | r, Tow | N OR LOCATI | ON OF DE | ATH | | 9c. COU | NTY OF D | EATH |
| 5 | Prince G | ieo. | Hos | D. (| 7+ | -r. | | h | QVE | 201 | | | 18-1 | NC | e (30.00%) |
| 5 | RESIDENCE OF DECED 10e. STATE 10 | b. COUNTY | | 1 | | 40 000 | | | | | | | | | |
| 별 | | | e Georg | 10 | | | r town wie | OR LO | CATION | | | | | | 10d. INSIDE CITY LIMITS? |
| - 1 | | FIIIC | e Georg | | | ВО | MIE | | | | | | | | 1 XXYES 2 □ NO |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 100. STREET AND NUMBER 2521 Kenhill | Driv | e | | | 10f. ZIP CODE 10g. CITIZEN C 20715 United | | | | | | States | | | |
| | | | | | | | | | | L | | | | | |
| 2 | 11. MARITAL STATUS 1 Never Married 2 Mer | | YES | 2 NO If yee, specify Cuben, Mexicen, | | | | | n, Puerto Ric | | or No- | 14. RACI Blac | E Americen Indien, k, White, etc. | | |
| IF YES, OIVE WAR OR DATES 1 YES 2 NO Specify: Specify: | | | | | | | | | | my: asian | | | | | |
| | 15. DECEDE | NT'S EDUCA | | | 16e, DE | CEDENT'S | USUAL C | CCUP | ATION | | 18b. K | IND OF BUS | INESS/INC | | astan |
| COMPLETED | (Specify only hig Elementary/Secondary (0-12) | | College (1-4 or 5 | | (Gi | ive kind of v Do NOT us | vork done e retired.) | during | most of worki | ng | | | | | |
| 2 | | | 4 | " | E1e | ctro | nics | E | nginee | r | | ARING | Cor | р. | |
| 5 | 17. FATHER'S NAME (First, Middle | e, Lasi) | | | | - | | | 16. MOT | HER'S NA | ME (First, Mic | idie, Meiden | Surname) | | |
| 0 | Ernest R. Ha | art, S | r. | | | | | | Mir | nnie | Willi | ams | | | |
| ן מ | 19e. INFORMANT'S NAME (Type/ | (Print) | | | 191 | b. MAILING | ADDRES | S (Stre | et end Numbe | r or Rural F | Route Number | City or Town | n, State, Zip | Code) | |
| 2 | Vera F. Hart | | | | S | Same | as # | 1 | 0. | | | | | | |
| | 20a. METHOD OF DISPOSITION | | | 20b | PLACE | OF DISPOS | SITION (N | ame of | cemetery, crei | netory or | | | CATION — | | |
| 1 | 1 DKBuriel 2 Cremation 4 Donation 5 Other (Sp. | | rel from State | Ne | w Si | llver | Bro | ok | Cemet | ery | | Ande | erson | ı, S. | С. |
| | 21. SIGNATURE OF FUNERAL SI | ERVICE LICE | NSEE | | | _ | 22 | NAMI | E AND ADDRE | SS OF FA | CILITY | 1 Uor | , T |) A | |
| | >KNUNT | 6 (| MAIN | 0 / | 1 7 | nen | | | 11 – Eva 00 Anr | | | | | | 1715 |
| - | 23. PART I. Enter the dise | saes, or co | mplications the | t caused | the de | eth. Do r | | | _ | | | | | | Approximate |
| | shock, or hear | | ist only one can | | | | | | | | | | | | Interval Between |
| | IMMEDIATE CAUSE (Finel disease or condition | | Cal | 1.00 | | 0.11 | 1 | | | | | | | | Onset and Death |
| | resulting in death) | е. | | | | CULL QUENCE O | | | · · | | | | | | |
| | | | 7.1 | | | 4 | | rd. | icuas | 1.0 | A DI | sen 1 | 0 | | 10+4111 |
| 5 | Sequentially list condition | | | | | OUENCE O | | 1011 | 12043 | u | | (- 100 | | | 10.72 |
| CERTIFICATION | If eny, leeding to immedia cause. Enter UNDERLYING | | | | | | | | | | | | | | |
| Ĭ | CAUSE (Disesse or injury that initiated events |) " | DUE TO | (OR AS A | CONSE | QUENCE O | F): | | | | | | | | |
| <u> </u> | resulting in death) LAST | d. | | | | | | | | | | _ | | | |
| - 1 | PART II. Other significent | conditions | contribution to | death h | ut not i | regulting | In the u | oderi | vina cause | alven la | Part I | 4a. WAS AN | AUTOROV | 1 24 | . WERE AUTOPSY FINOINGS |
| ₹ | Chrence | | a fail | | | waditing | III LIIO U | 110011 | ying couse | Aisen ur | Part I. | PERFOR | MED? | - 240 | AVAILABLE PRIOR TO COMPLETION OF CAUSE |
| EDICAL | Chicac | 10011 | 1-617 | | | | | | | | — I | YES 2 | NO | | OF DEATH? |
| Σ | | | | | | | | | | | | | | | 1 TYES 2 NO |
| PHYSICIAN: | 25. WAS CASE REFERRED TO M | EDICA: T | | | | | | | BI ACT OF 1 | DEATH OF | ant out it is | | | | |
| 5 | EXAMINER? | | HOSPITAL: | | | | OTHE | R: | B. PLACE OF I | | | | | | |
| 2 | 1 YES 2 NO | | 1 Inpetient 2 | , | patient 3 | 28b. TIM | | | Home 5 A | esidence | | Specify) | N HIRV OC | ~ IDEA | |
| 2 | 1 Natural 5 Per | nding | | Day, Year) | | 200. IN | JURY | 100 | WORK? | T NO | 260. DESC | HIBE HOW | NJUNY OC | COMEO | |
| a a | 2 Accident Invi | estigation | 28e. PLACE (| DE IN HIEV | / _ A1 ha | me form | etenet fo | | | 140 | 201 1 0 0 41 | ION (Stenat | and Mumba | e or Orani | Route Number, |
| 3 | | uid not be ermined | building | etc. (Spec | clfy) | 2717 0 , 1811111, | atrout, ta | ctory, | OTTICE | | | Town, State) | | V Ur NUTBI | Hodre Number, |
| <u> </u> | 290. CERTIFIER | | | | | | _ | | | | | | | | |
| MPLE | (Check only | | IAN: To the best o | | | | | | | | | | | | |
| 5 | 2 L VEDICA | L EXAMINER | : On the basis of | oitanjui | n and/or | Investigation | on, in my | opinic | on, death occu | ired at the | 1lme, date e | nd place, er | nd due 10 t | he cause(| e) end menner ee stated. |
| ME C | 29b. SIGNATURE AND THE OF | POERTIFIER | 1/ | // | | 2 | | | 29c. LIC | ENSE NUI | MBER | | | | D (Month, Day, Year) |
| 2 | 1 | n | 1 as | 1.01 | in | | | | 10- | -180 | 089 | | | | 1,1991 |
| - | 30. NAME AND ADDRESS OF PL | | | M.D. | ATH (ITE | M 27) (Type | Green) | ابره | way C | TK. | DC (| Sreer | helf | Me | 120770 |
| | FEB 01 Day 969 | | 38. REGISTA | AR'SISIGN | ATYPE | pholo | | | | | | | | | |



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| file | ion, | the |
| IERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled | al, cremat | IT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the m |
| and | pnu | atte |
| ysician | prior to | r traum |
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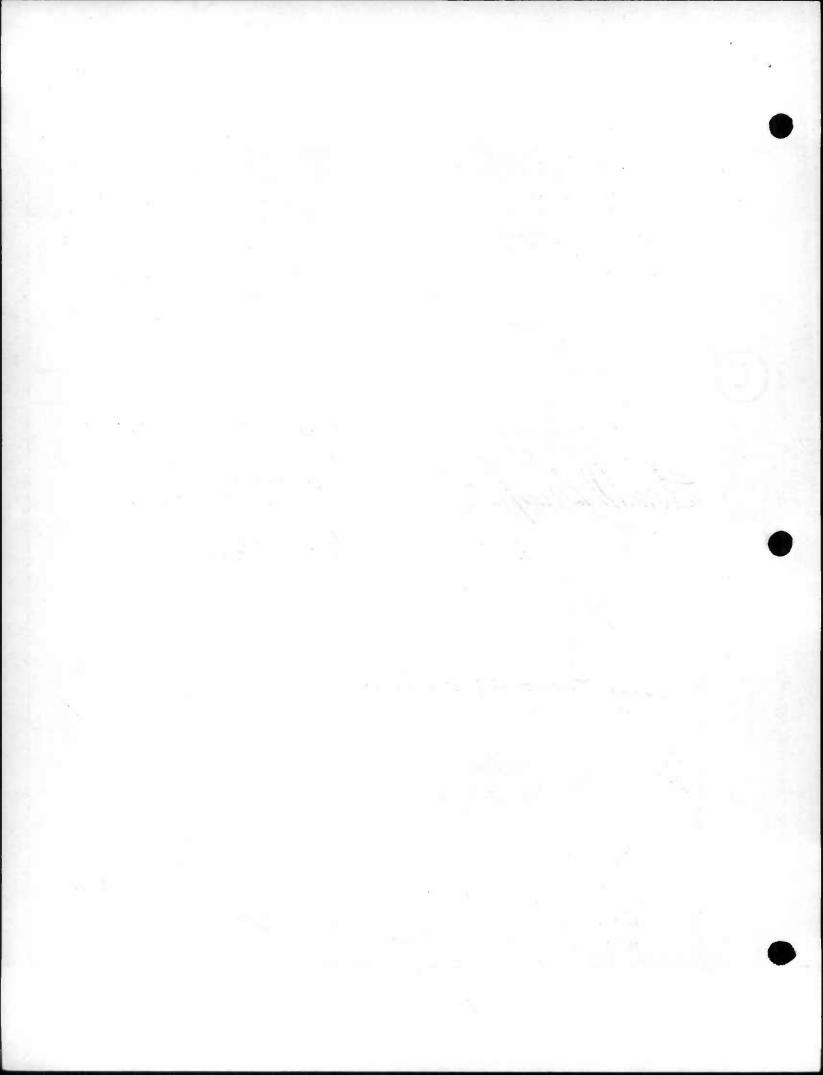
IMPORTAN

| | 1 - STATE REGISTRAR | | CATE OF | | REG. NO. | | | | | |
|---------------|---|--|--------------------|-----------------------------|---|------------------|--|--|--|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | 2. DATE OF DEATH | Y YEA | 3. TIME OF OEATH | | | |
| | FRANK | HARR | INGTON | | | 1991 | 7:45 P M | | | |
| | riale | yrs. lest birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF BIRTH (Month, Day, Year) | | RTHPLACE (State or Foreign puntry) | | | |
| | 077 20 5038 x⊠ м ₂ □ F 87 | YRS. | | | July 22, 1 | 903 Ne | w York State | | | |
| DIRECTOR | 90. FACILITY NAME (# not institution, give street and number) At Home Chester Harbor RESIDENCE OF DECEDENT | | | Stertowi | | Queen | Anne Co | | | |
| S | 10e. STATE 10b. COUNTY | 10c. CITY | TOWN OR LOCATI | ON | | | 10d. INSIDE CITY LIMITS? | | | |
| E | Maryland Queen Anne Co. | Che | stertown | 1 | | | 1 YES 2X NO | | | |
| | 10e. STREET AND NUMBER | | 101. | ZIP CODE | | 10g. CITIZEN C | OF WHAT COUNTRY? | | | |
| E | Rte # 4 Box # 504 A | | | 21620 | | USA | | | | |
| BY FUNERAL | 11. MARITAL STATUS Married 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEOENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE | 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 YES 2 NO Specify: NO Specify: NO Specify: NO | | | | | | | | |
| | 15. DECEDENT'S EDUCATION (Specify only highest grade completed) | 6e. DECEDENT'S U | JSUAL OCCUPATIO | N I of working | 16b. KIND OF BUS | SINESS/INDUSTR | Y | | | |
| COMPLETED | (Specify only highest grade completed) College (1-4 or 5+) College (1-4 or 5+) Real Estate Broker | | | | | | | | | |
| Ö | 17. FATHER'S NAME (First, Middle, Last) | | | 16. MOTHER'S NAI | ME (First, Middle, Maiden | Surneme) NI | ot known | | | |
| BE | Daniel Harrington | | | Marga | ret | 11/ | ot known | | | |
| 9 | 196. INFORMANT'S NAME (Type/Print) Ethel Harrington | | | | Route Number, City or Yow Chestertow | | | | | |
| | 1 K Buriel 2 Cremation 3 Removal from State | PLACE OF DISPOS | TION (Name of cert | etery, crematory or | | cation - city o | | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE | 0 | 22. NAME AN | D ADDRESS OF FA | CILITY P | .0. Box | # 264 | | | |
| | * Hillis Wel | ls | J. Wil | llis Wel | ls Chest | ertown, | Md. 21620 | | | |
| | 23. FART Entar the diseases, or complications that caused to shock, or heart feilure. List Dnly one cause on asc IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A C | h line. | | | | ratory arrest, | Approximate Interval Between Onset and Death | | | |
| _ | DUE TO (OR AS A C | ONSEQUENCE OF |): | | | | | | | |
| CERTIFICATION | Sequentially list conditions, If eny, leading to immediate cause. Enter UNDERLYING | ONSEQUENCE OF |): | | | | | | | |
| TIFIC | CAUSE (Disesse or Injury that initiated events resulting in death) LAST | ONSEQUENCE OF |): | | | | | | | |
| E | d | | _ | | | | | | | |
| | PART ii. Other significent conditions contributing to deeth but | not resulting i | n the underlying | cause given in | Part I. 24s. WAS AN PERFOI | | 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO | | | |
| DICAL | | | | | 1 YES : | R □ NO | COMPLETION OF CAUSE OF DEATH? | | | |
| M | | | | | _ | | 1 TYES 2 NO | | | |
| ż | | | | | 1 | | | | | |
| PHYSICIAN: ME | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: | | 26. PL | ACE OF DEATH (Ch | eck only one) | | | | | |
| IXSI | 1 YES 2 NO 1 Inpatient 2 ER/Output 27. MANNER OF DEATH 28e, DATE OF INJURY | | | | 6 Other (Specify) | | | | | |
| | 1 Natural 5 Pending (Month, Day, Year) | 28b. TIMI | URY WO | RK? | 28d. DEŞCRIBE HOW | INJUNY OCCURE | | | | |
| B | 2 Accident Investigation 3 Suicide 8 Could not be | - At home, ferm, s | | | 281. LOCATION (Street | end Number or Re | ural Route Number, | | | |
| ETED | 4 Homicide determined building, etc. (Specify | r) | | | City or Town, State |) | | | | |
| COMPLET | 29e. CERTIFIER 1 (Check only one) 2 MEDICAL EXAMINER: On the basic of examination of | | | | | | use(e) and menner as stated, | | | |
| BE | 29b. SIGNATURE AND TITLE OF CERTIFIER | | | 29c. LICENSE NUI D-13824 | MBER | | NED (Month, Day, Year) 13, 1991 | | | |
| 2 | 30. JAME AND ADDRESS OF JERSON WHO COMPLETED CAUSE OF DEAT | TH (ITEM 27) (Type, | Print) | | | | | | | |
| 2 | JOHN C. SEYMOUR, MD Chester | rtown, M | ld. 21620 | 0 | | | | | | |
| 3 | 31. DATE FILED (Month, Day, Year) S2. REGISTRAR'S SIGNAT | | | | | | | | | |
| | FFB 19'91 Julia Devis | Way-Mond | 100 | | | | DHMH-16 Rev 1/89 | | | |

BALTIMORE, MARYLAND 21203-3146

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|---|--|---|
| TO THE HOSPITAL OR ATTENDING PHYSIGIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retirment by | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 unusures has find within 72 hours after death with the State Dent of Health and Mental Honline prior to burial, cremation, or removal. | IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be neithed at |
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| d with | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the testing within 20 hours after death with the State Dent of Health and Merial Horisone enfort to build: cremation, or removal. | event |
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| ficate | physic ne pri | ser tr |
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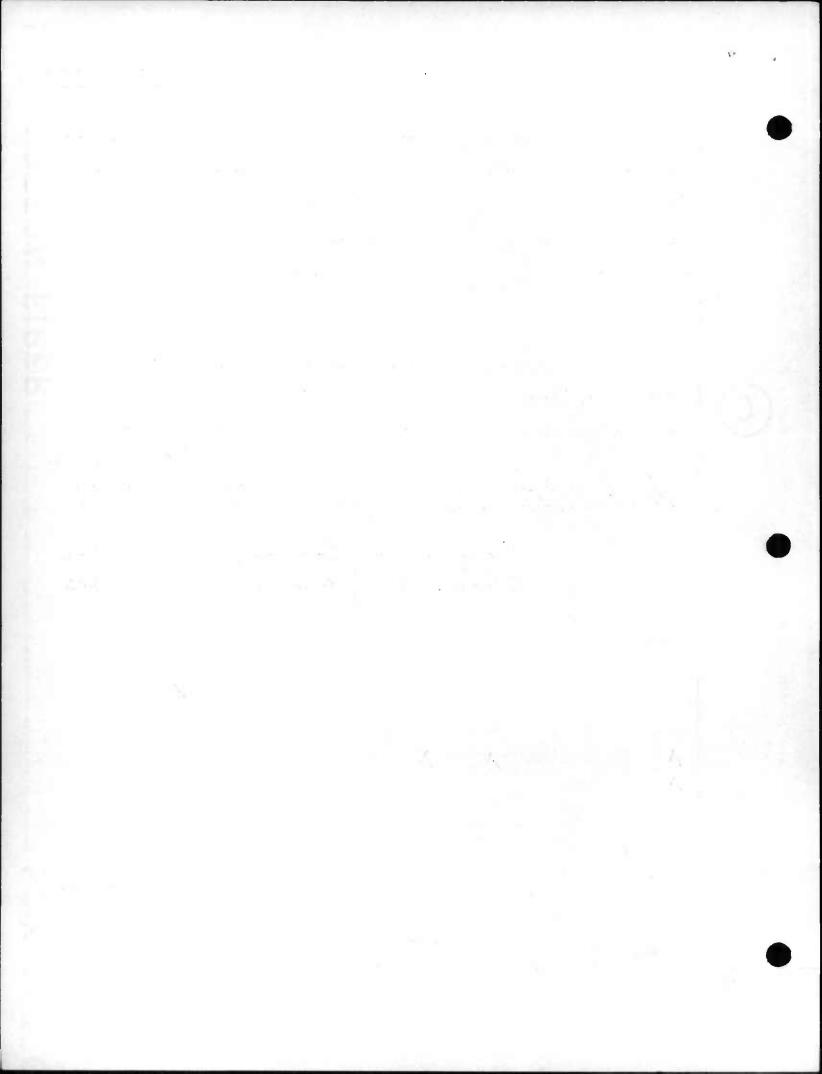
| | REGISTRAR | | CERTIF | ICATE O | F DEATH | RE | G. NO. | | | | | |
|---------------|--|---|---------------------------|--------------------|--|------------------------------|---|--------------------------------------|--|---------|--|--|
| | 1. OECEDENT'S NAME (First, Middle, Last) | | | | | 2. DATE OF O | EATH | | 3. TIME OF OEA | TH | | |
| | JOSEPH FRAN | KLIN HEBB | | | | FEB. | 18, 19 | 91 | 8:34 | A.M | | |
| | 4. SOCIAL SECURITY NUMBER 5 | SEX 6. AG | E (In yrs. last birthday) | IF UNDER 1 YEA | R IF UNDER 24 HRS. | 7. DATE OF BI | RTH | 8. BIRTH | PLACE (State or F | | | |
| | 222 21 1010 | X M 2 □ F | 81 YAS. | MONTHS DAY | | MAY 7, | 1909 | | RYLAND | | | |
| OR | 9a. FACILITY NAME (if not inetitation, give stree ST. MARY'S HOSPIT | | | | N OR LOCATION OF O | EATH | | UNTY OF DI | | | | |
| 5 | RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY | | 100 CIT | Y, TOWN OR LO | CATION | | | | 10d, INSIDE CIT | _ | | |
| DIRECTOR | | MARY'S | | CLEMEN | | | | | LIMITS? | | | |
| FUNERAL | RT. #2, BOX 115 | | | | 101. ZIP CODE 20624 | | | 10g. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | |
| BY | 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | 2. WAS DECEDENT EVER FORCES? 1 TYPE IF YES, GIVE WAR OR | S 2 NO | If yes, | BECENDENT OF HISPA specify Cuban, Mexico (ES 2 X NO Specific | en, Puerto Ricen, | GIN? (Specify Yea or No. 14. RACE — American In | | | len, | | |
| COMPLETED | | TION mpleted) College (1-4 or 5+) | life. Do NOT us | vork done during | | 16b. KIND | OF BUSINESS/IN | IDUSTRY | | | | |
| | 4 FARMER 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) | | | | | | | | | | | |
| BEC | ALLIE HEBB SARAH JANE ASHTON | | | | | | | | | | | |
| 0 | 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) | | | | | | | | | | | |
| | THOMAS W. ASHTON 220 KAVANAUGH RD., MECHANICSVILLE, MD. 20659 20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of comolory, crematory or 20s. LOCATION — City or Town, State | | | | | | | | | | | |
| | 1X Burial 2 ☐ Cremation 3 ☐ Remove 4 ☐ Donation 5 ☐ Other (Section) | il from State | other place) OLD ST. | | | | LEONARDTOWN, MARYLAND | | | | | |
| | 21 SHITTAY OF FUHERAL PREVIOUS WHEN | SEE | / | 22. NAME | AND ADDRESS OF F | ACILITY | | | , mani | AND | | |
| | BRINSFIELD FUNERAL HOME, P.A. P.O. BOX 279, LEONARDTOWN, MD. 20650 | | | | | | | | | | | |
| CERTIFICATION | IMMEDIATE CAUSE (Final disease or condition resulting in death) s. Authorized Advantage of the policy of the poli | | | | | | | | | | | |
| MEDICAL | PART II. Other significant conditions | | but not resulting. | | ying cause given in | 1 5 | 24e. WAS AN AUTOPSY PERFORMED2 1 YES 2 NO | | WERE AUTOPSY I MAILABLE PRIOF COMPLETION OF OF DEATH? 1 YES 2 | CAUSE | | |
| ₹ I | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | | | | PLACE OF DEATH (C | heck only one) | | | | | | |
| SK | | OSPITAL: | utpatient 3 DOA | OTHER: 4 Nursing i | lome 5 - Residence | 6 Other (Spe | icffy) | | | | | |
| PHYSICIAN: | 27. MANNER OF DEATH 1 Antitural 5 Pending | 28a, DATE OF INJUR (Month, Day, Year | Y 28b. TIM | JURY | INJURY AT WORK? | 28d. OESCRIB | E HOW INJURY O | CCURED | | | | |
| D BY | 2 Accident Investigation 3 Suicide 6 Could not be | 28e. PLACE OF INJU building, etc. (S | RY At home, farm, | | YES 2 NO | 28f. LOCATION City or Tox | (Street and Numb | er or Rural F | Route Number, | | | |
| | 4 Homicide determined | | | | | | | | | | | |
| COMPLETED | 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA CONTROL EXAMINER: | IN: To the best of my kn | | | | | | | i) and manner as | etated. | | |
| | 29b. SIGNATURE AND TITLE OF CERTIFIED | | | | 29c. LICENSE NU | | | | (Month, Day, Year | | | |
| BE | | | | | D199 | | 290. 0/ | | 22-91 | , | | |
| 우 | JAMES C. BOYD. M. | | | | | | MADWI ANI | | | | | |
| | 31. DATE FILED (Month, Day, Year) | | EFFERSON | | LEUNARI | TOWN, I | MARYLANI | 206 | 50 | | | |
| | MAR 1 2 '91 | Silve Day | dson-Randal | l'a | | | | | | | | |



| BALTIMORE, MARYLAND 21203-3146 | ter death. Page 6 may he made hospital or attending physician. | the funeral director, pay 5 small be hached for use as the burial-transit permit. Pages 1, 2, 3 should wal. | al examiner must be neutrined at ince. | TO BE COMPLETED BY FUNERAL DIRECTOR |
|--|--|--|---|---|
| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may Incomed to attending physician, | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, part 5 should be lied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be confident at moce. | TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION |

BALTIMORE, MARYLAND 21203-3146

| HEGISTHAN | | | · · · · · · · · · · · · · · · · · · · | CENTIF | CAIL | . 01 | DLA | | | REG. NO. | | | |
|---|--------------------------------|---------------------|---------------------------------------|-----------------|---|------------|--------------------|------------|----------------------|--------------|-------------|--------------|--|
| 1. DECEDENT'S NAME (First CORNELIA | | IRENE | | HUSEM | IAN | | | | 2. DATE OF MONTH FEB | D.4 | 991 | YEAR | 3. TIME OF OEATH |
| 4. SOCIAL SECURITY NUMBER | BER | 5. SEX | 6. AGE (In yrs. | last birthday) | IF UNDER | | IF UNDER | | 7. DATE OF | BIRTH | | | IPLACE (State or Foreign |
| 578-10-2553 | | 1 🗆 M 2 💢 F | 73 | YRS. | MONTHS | DAYS | HOURS | MIN. | JAN. | 15, 1 | 918 | ALA | BAMA |
| 9a. FACILITY NAME (If not in | stitution, give a | street and number) | | | 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH | | | | | | DEATH | | |
| ST. MARY'S | HOSPTI | ral. | | | LJ | EONZ | ARDIO | NW | | | ST | . MA | RY'S |
| RESIDENCE OF DEC | CEDENT | | | | | | | | | | | | |
| 10a. STATE | 10b. COUNT | • | | 10c. CIT | Y, TOWN O | | | | | | | | 10d. INSIDE CITY LIMITS? |
| MARYLAND | ST. | MARY'S | | | HO | LLYV | MOOD | | | | | | 1 TYES 2 NO |
| 10a. STREET AND NUMBER | | | | | | 101 | f. ZIP COD | _ | | | 10g. CITI | ZEN OF | WHAT COUNTRY? |
| RT. 3 BOX | 663A | | | | | | 206 | 36 | | | | U.S | .A. |
| 11. MARITAL STATUS | | 12. WAS DECEDEN | T EVER IN U.S. | ARMED | 13. 1 | WAS DEC | ENDENT (| OF HISPA | NIC ORIGIN? (| Specify Yea | or No- | 14. RAC | E — American Indian, k, Whita, etc. |
| Never Married 2 X | | | WAR OR DATES | _No | | | 2 10 | | | irt, otc.) | | Spec | offy: |
| | | | | _ | | | | | | | | WH | ITE |
| | EDENT'S EDU y highest grade | | 16a. | Give kind of | work done o | during mo | ON ost of worki | ng | 16b. KI | ND OF BUS | INESS/INE | DUSTRY | |
| Elementary/Secondary (I | 3-12) | College (1-4 or 5 | +) | ille. Do NOT us | | | | | | _ | | - 120 East 1 | |
| | | 2 YRS. | | PERSC | NNEL | OF | 7 | | | .s. 0 | | NMEN | M. |
| 7. FATHER'S NAME (First, M | | 7211214 | | | | | | | ME (First, Mide | | Surname) | | |
| | | RAHAM | | | | | | EELY | | | | | |
| 19a. INFORMANT'S NAME (| | | | | | | | | Route Number, | | | | |
| JAMES STANL | EY HUS | SEMAN | | RT. | 3 BO | X 66 | 3A, | HOLI | TAMOOD | , MAF | YLAN | D 2 | 0636 |
| 20a, METHOD OF DISPOSIT | ION | ovel from State | | CE OF DISPOS | | | | matory or | | | CATION — | | |
| □ Donation 5 □ Other | | TOTAL TIOM STATE | MEM | ORY HI | LL C | EME'I | ERY | | | ALE | ERTV | ILLE | , ALABAMA |
| 1. SIGNATURE OF FUNERA | L SERVICE LI | CEMBER // | 1 - | | 22. 1 M | NAME A | NO ADORE | SS OF FA | CHITY NIE | ALLE C | EDAT. | HOME | , P.A. |
| Much | as lot | Harri | 11. | | | | | | LEON | | | | |
| 23. PART /. Enter the d | 1000000 | namplications the | me | dooth Do | | _ | | - | | | _ | | |
| | | List only one car | | | not anter | LITER TITE | Just Of dy | my, auc | al de Cardie | c or reap | retory an | rest, | Approximate Interval Between |
| IMMEDIATE CAUSE (FI | nel | Λ | | | _ | | - | | ~ | | | | Onset and Dea |
| disease or condition | \rightarrow | 10 | em | nal | lon | 46 | er | re | 21 | | | | Sec |
| | | DUE TO | OR ASTA COM | ISEQUENCE O | e): | 1 | 1 | | N | | | | |
| Sequentially list condit | done C | b. C | irm | er l | 01 | 10 | Lu- | ecu | 4 | | | | YIZS |
| if any, leading to imme | diate | OUE TO | (OR AS A CON | ISEOUENCE O | F): |) | | | | | | | |
| cause. Enter UNDERLY CAUSE (Disease or inje | | C | | | | | | | | | | | |
| that initiated events | | DUE TO | (OR AS A CON | ISEQUENCE O | NF): | | | | | | | | |
| reaulting in death) LAS | " L | d | | | | | | | | | | | |
| PART II. Other aignifica | ant condition | na contributing to | death but n | ot moulting | In the un | derivin | C COURA | alven In | Dort I 2 | Ia. WAS AN | Atmoney | 24 | b. WERE AUTOPSY FINDING |
| PART II. Other algitud | ant condition | The Contributing to | desti but in | or reading | in the on | luariyiii | ig cause | Sisan III | Part I. | PERFOR | | 24 | AMILABLE PRIOR TO |
| | | | | | | | | | 1 | YES 2 | XNO | | COMPLETION OF CAUSE OF DEATH? |
| | | | | | | | | | | | | | 1 - YES 2 - NO |
| | | | | | | | | | | | | | |
| 25. WAS CASE REFERRED T EXAMINER? | O MEDICAL | HOSPITAL: | | | | | LACE OF E | DEATH (C | heck only one) | | | | |
| 1 YES 2 NO | | 1 Inpatient 2 | ER/Outpation | N 3 DOA | 4 Num | | ne 5 🗆 R | esidence | 8 Other (S | Specify) | | | |
| 27. MANNER OF DEATH | | 28a. DATE O | FINJURY Day, Ybar) | 20b. Till | ME OF | 28c. IN. | JURY AT ORK? | | 28d. DESCR | HBE HOW I | NJURY OC | CURED | |
| 1 Natural 5 Z Accident | Pending Investigation | (William), | ony, routy | | M | | YES 2 | ON | | | | | |
| 0 0 0 1-14 | Could not be | 28e. PLACE | OF INJURY - A | d home, ferm, | street, fect | ory, offic | De | | | | | r or Runal | Route Number, |
| 4 Homicide | determined | bunding | , etc. (Specify) | | | | | | City or | Town, State) | | | |
| 29a. CERTIFIER | TIEVING BUYO | NCIAN: To the heat | 6 mu banastasi | dooth com | and at at a | lme A-* | a mad ct- | | a ba the com | (a) and = | | dad. | |
| contact only | | ER: On the best of | | | | | | | | | | | (a) and manner as stated. |
| /(- | | | AATHHIATION AND | or niverigati | on, m my c | диноп, (| westn occu | ned at the | ume, data ar | ru piace, ar | to the to t | ne cause | aj and manner as stated. |
| 296 SIGNATURE AND TITLE | E OF CERTIFIE | ER / | | | | | 29c. LIC | ENSE NU | MBER | _ | 29d. DAT | E SIGNE | D (Month, Day, Year) |
| (m | 14 | may you | Com | | | | 1 | 14 | 285 | | • | 3- | 2-21 |
| 30. NAME AND ADDRESS O | F PERSON WI | HO COMPLETED CAL | SE OF DEATH | (ITEM 27) (Type | e, Print) | | | | | | | | |
| WILLIAM | D. BO | DYD. II. | M.D. | LEO | NARD | TYNAIN | J MA | RVI.7 | יכ כווע | 0650 | | | |
| 31. DATE FILED (Month, Day, | | 32. REGISTR | AR'S SIGNATUR | E de De | | - CAIL | | 111/ | N N L | 10.10 | *** | | |
| MAR 5 | '91 | Julia Da | ntdoon-N | - Ila | | | | | | | | | |
| i-ii-ii) | J | Francis ion | | | | | | | | | | | |



PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE GUNA DAVIDSON PROBLEM

1R-BC

2

31. DATE FILED (Month, Day, Year) MAR 08

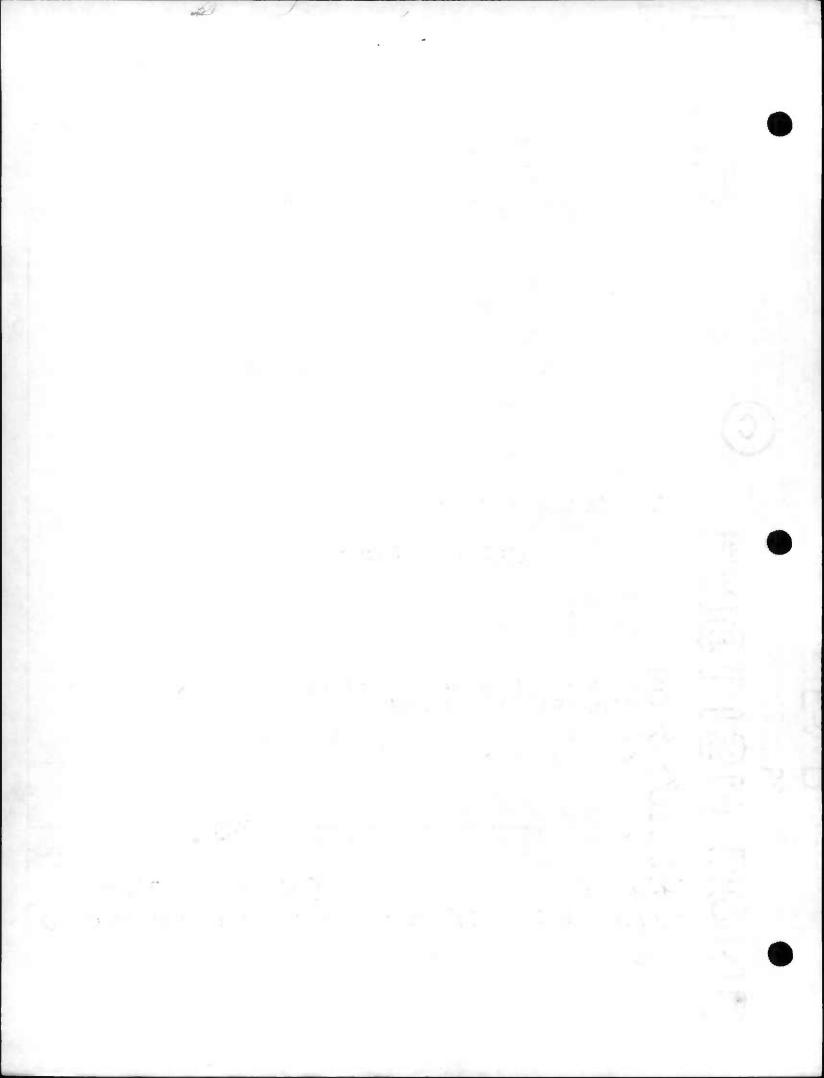
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| | 2. 0 | ATE OF | DEATH | v | YEAR | 3. T | IME OF DEATH |
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| HRS. MIN. | 7. 0 | Month, I | BIRTH 3071 | 1 | Count | y) | |
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| | | | | 10g. CIT | IZEN OF | VHAT | COUNTRY? |
| 78 | | | | U.S | S.A. | | |
| HISPAN | IIC OI | RIGIN? (| Specify Yes | or No- | 14. RACI Blac | E — A | imerican Indian, ite, atc. |
| Specify | | | | | Spac | ″y: 11 t | -6 |
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| | | | | Surname) | | | |
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| ATH (Ch | eck o | nly one) | | | - 9 | | |
| idence | 8 🗆 | Other (| Specify) | | | | |
| | 280 | . DEŞC | RIBE HOW I | NJURY O | CCURED | | |
| NO | REG. NO. 2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH WONTH WONTH DAY YEAR YEAR YEAR YEAR YEAR YEAR YEAR YE | | | | | | |
| | 281 | City or | TOWN, State) | end Numbe | er or Aurel | Floute | Number, |
| | _ | 010.000 | F 10.500 | | | | |
| | | | | | | | resolution of the |
| d at the | time | , date e | nd place, ar | nd due to | the cause | (e) en | s manner as stated. |
| ISE NU | MBER | 2 | | | | | rith, Day, Year) |
| 11 | 1 | 1 | | | 3/6 | 12 | |
| | | | | | | | |

W. BELLE AUE, ABERDUEN, MD

DHMH-15 Rev 1/89



| | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Envirours after death. Page 6 may be retained by the hosp | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dent, of Health and Mental Houjeve bring to burial, cremation, or removal. | IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. |
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| 3 | after | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fired within 72 hours after clearly with the State Deat; of Health and Mental Hydiene prior to burial, cremation, or removal. | lical |
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| 1 | FOR STATE REGISTRAR | STATE UF MA | RYLAND / DEPAR CERTIF | ICATE OF | | MENTAL HYGI REG. | | | | |
|-----------------|--|---------------------------|--|----------------------------------|--------------------------------|--|-------------------------------------|---|--|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | 9R4 5 | H | ESS | | 2. DATE OF DEAT | | YEAR 3. TIME OF DEATH | | |
| | 4. SOCIAL SECURITY NUMBER 212-21-2188 | 5. SEX 6. 1 M 2 F | AGE (In yrs. lest birthday) 82 YRS. | IF UNDER I YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Yea 9-22-3 | ir) | BIRTHPLACE (State or Foreign Country) Md | | |
| OR | 9a. FACILITY NAME (If not institution, give: Frostburg Nur | | le | | or Location of D | | Allegany | | | |
| DIRECTOR | 10a. STATE 10b. COUNT | | | TY, TOWN OR LOCA | | | | 10d. INSIDE CITY | | |
| | Md. A. | Llegany | | Frostbu | on. ZIP CODE | | 10g. CITIZE | 1 VES 2 NO | | |
| FUNERAL | Rt. 3. Box 2 | 12. WAS DECEDENT E | VED IN II C A DIAFFO | Les une or | 21532 | NIC ORIGIN? (Specif | | S.A. | | |
| COMPLETED BY FU | 1 Never Married 2 Married 3 Widowed 4 Divorced | FORCES? 1 | YES 2 NO | If yes, s | | en, Puerto Rican, etc | | 4. RACE — American Indian, Black, White, atc. Specify: White | | |
| | 15. DECEDENT'S EDU (Specify only highest grad Elementary/Secondary (0-12) | | (Give kind of the Do NOT u | , | ost of working | The second | BUSINESS/INDU | | | |
| COMP | 8 17. FATHER'S NAME (First, Middle, Last) Edgar Shanno | an . | Cle | aning | 18. MOTHER'S NA | Bu: AME (First, Middle, Ma Ba Robe) | ilding: olden Surname) cts | 5 | | |
| TO BE | 190. INFORMANT'S NAME (Type/Print) Lois Hughes |)tt | 196. MAILING 223 | G ADDRESS (Street Braddo | and Number or Rural | Route Number, City of | Town, State, Zip (| a. 21532 | | |
| | 20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ren 4 Donation 5 Other (Specify) | noval from State | 20b. PLACE OF DISPO other place) Prostbu | | | | LOCATION - C | ty or Town, State | | |
| 4 | 21. SIGNATURE OF FUNERAL SERVICE L | Horn | / | Durst Funeral Home, Frostburg, M | | | | | | |
| NO | 23. PART 1. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, our properties of the caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, intervel Between Onset and Death Onset and Death Due To (OR AS A CONSEQUENCE OF): | | | | | | | | | |
| CERTIFICATION | Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | | | | | | | | | |
| MEDICAL | PART II. Other aignificant condition | ma contributing to de | eath but not resulting | in the underlyi | ng cause given in | PE | S AN AUTOPSY RFORMED? ES 2 NO | 24b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | QTHER: | PLACE OF OEATH (C | heck only one) | | | | |
| HYSI | 1 TYES 2 NO | 28a, DATE OF IN | | 4 Vajursing Ho | IJURY AT | 6 Other (Specify, | | JRED ** | | |
| ВУ Р | Netural 5 Pending Investigation | (Month, Day, | | M 1 | YES 2 NO | | | | | |
| | 3 Suicide 6 Could not be 4 Homicide detarmined | building, ato | NJURY — At home, farm, :. (Specify) | street, factory, on | | City or Town, | | r Rural Route Number, | | |
| COMPLETED | fortour only | SICIAN: To the best of my | | | | | | d. cause(a) and manner as stated. | | |
| BE C | 296. SIGNATURE AND TITLE OF CERTIFIE | en YZ2 | | | 29c. LICENSE NU | | 29d. DATE SIGNED (Month, Day, Year) | | | |
| 2 | 30. NAME AND AODRESS OF PERSON W | HO COMPLETEO CAUSE | | | D212 | | | 18141 | | |
| | Jesus Ta | an, M.D., | Frostbu | rg Pla | za. Fro | athura. | Md. 2 | 1532 | | |

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| AND AIR | the hospital or | detached for u | once. | |
|---|---|--|--|--|
| HAPIT | y be retained by | page 5 should be | be notified at | |
| DALIMONE, MANILAND AIL | death. Page 6 ma | funeral director, p | examiner must | |
| | hin ours after | tely filled in by the | t, the medical | |
| DIVISION OF VIEW DECORDS, 1.O. BOX 13146, | te be executed wit | sician and comple | traumatic even | |
| 3, 7.0 | he death certifical | the attending phy Mental Hyniene | njury, or other | |
| יייייייייייייייייייייייייייייייייייייי | law requires that t | s been signed by | 23 shows any i | |
| 2011 | PHYSICIAN: The | this certificate ha | rked, or item | |
| DIVISION | OR ATTENDING | DIRECTOR: After houth | item 28 is ma | |
| | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up and active of the funeral process. The state plant and Mental Hunione prior to hard a companion of removal | IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. | |

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|-------------------|---|---|--------------------------------|--|---|-------------------|--|--|--|--|--|
| | FOR STATE REGISTRAR | STATE OF MARYLAND / | | OF HEALTH AND | MENTAL HYGIEN REG. NO. | E | . 0/0/1 | | | | |
| 100 | 1. DECEDENT'S NAME (First, Middle, Last) MARTHA | HAMM | 1E | | 2. DATE OF DEATH MONTH 3 | | 3. TIME OF DEATH | | | | |
| | | SEX 6. AGE (In yrs. lest 59 | birthday) SF UNDER YRS. MONTHS | 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) 2-79-32 | . 40 | BIRTHPLACE (State or Foreign Country) MD - | | | | |
| OR | 90. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH | | | | | | | | | | |
| DIRECTOR | RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION MARYLAND CARROLL MANCHESTER 100. | | | | | | | | | | |
| | 100. STREET AND NUMBER | SNULL | MAIN | 101. ZIP CODE | | 10g. CITIZEI | 1 PYES 2 NO | | | | |
| FUNERAL | 3332 MAIN S | | | 21102 | | us | A | | | | |
| BY FUI | 11. MARITAL STATUS 12 12 13 Widowed 4 Divorced | NWAS DECEDENT EVER IN U.S. ARI FORCES? 1 TYES 2 THE IF YES, GIVE WAR OR DATES | 0 1 | yes, specify Cuben, Mexic YES 2 NO Speci | en, Puerto Ricen, etc.) | or No 14 | RACE — American Indian, Black, White, etc. Specify: | | | | |
| | 15. DECEDENT'S EDUCATI (Specify only highest grade con | | CEDENT'S USUAL OC | CUPATION | 16b. KIND OF BU | I BINESS/INDUS | TRY | | | | |
| COMPLETED | | College (1-4 or 5+) | Housewif | | | | | | | | |
| CO | 17. FATHER'S NAME (First, Middle, Last) | | | 18. MOTHER'S N | AME (First, Middle, Meiden | Sumsme) | | | | | |
| BE | 199. INFORMANT'S NAME (Type/Print) | DASIN | MARINO ADDRESS | ETHE | L WET | TER | | | | | |
| 5 | Jeff Loh | MEVET 3 | 908 SL | (Street and Number or Rural LNSCTP | r. ItAMP | stea | 1 Md 21074 | | | | |
| | 20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify) | John L | wither Mille | er Memorial Ce | metery Wes | bainster | y or Town, State C, Piaryland | | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENS Atual W | SEE | 22, 1 | NAME AND ADDRESS OF F | ACIUTY Eline | | al Home d, Md. 21074 | | | | |
| | 23. PART I. Enter the diseases, or com shock, or heart fellure. List | plicetions that caused the deat tonly one ceuse on each line. | eth. Do not antar | the mode of dying, su | ch es cardiec or resp | retory srres | t, Approximata interval Between | | | | |
| | IMMEDIATE CAUSE (Final disease or condition resulting in death) | Cerebra | e Va | ular | acud | ent | Onset and Death | | | | |
| 7 | - | DUE TO (OR AS A CONSEO | DUENCE OF): | | | | 8 | | | | |
| ATIO | Sequentially list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING | DUE TO (OR AS A CONSEO | DUENCE OF): | | | | | | | | |
| CERTIFICATION | CAUSE (Disease or injury that initiated events resulting in deeth) LAST | DUE TO (OR AS A CONSEO | DUENCE OF): | | | | | | | | |
| L CE | PART II. Other significant conditions of | ontributing to death but not n | esuiting in the un | dariving ceuse given is | n Part I. 24s. WAS AN | AUTOPSY | 24b. WERE AUTOPSY FINDINGS | | | | |
| PHYSICIAN: MEDICA | multipl | e Inform | ct P | emente | PERFOI | RMED? | AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | | | |
| Ä | | | | | | | | | | | |
| ICIA | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | OSPITAL: | OTHER | | | | | | | | |
| HYS | 1 VES 2 DAG 1 | □ Inpatient 2 □ ER/Outpatient 3 28e. DATE OF INJURY | 26b. TIME OF | ing Home 5 Residence 28c. INJURY AT | 8 Other (Specify) 28d. DESCRIBE HOW | NJURY OCCU | RED | | | | |
| ву р | 1 Natural 5 Pending 2 Accident Investigation | (Month, Day, Year) | INJURY M | WORK? 1 YES 2 NO | | | | | | | |
| | 3 Suicide 8 Could not be determined | 28e. PLACE OF INJURY — At hor building, atc. (Specify) | | | | | | | | | |
| COMPLETED | anal and | N: To the best of my knowledge, dec On the basis of examination end/or is | | | | | | | | | |
| E CO | 29b. SIGNATURE AND TITLE OF CERTIFIER | | | | | | NGNED (Months Day, Year) | | | | |
| TO BE | 30. NAME AND ADDRESS OF PERSON WHO C | and MD | M OT Gas Birth of | DO | 1386 | +3 | 110/91 | | | | |

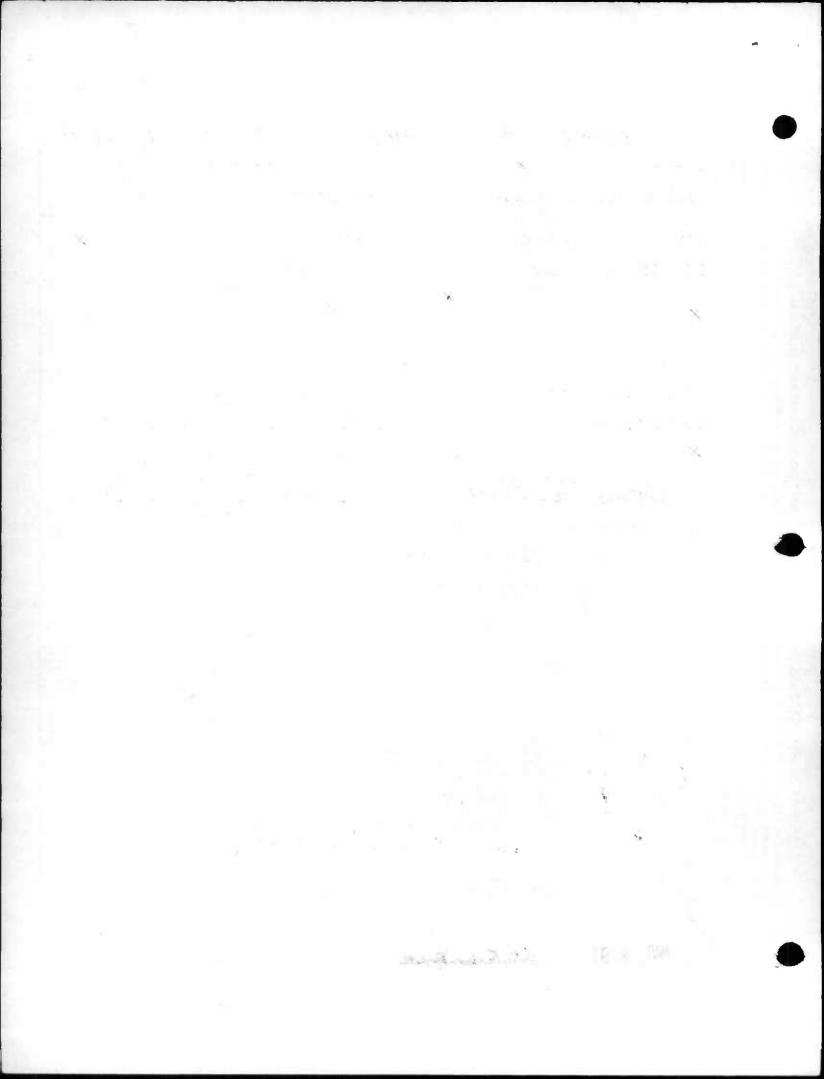
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| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within amount after death. Page 6 may be retained by the hos | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache | be high within 72 hours after death with the bash begin, or regard and wentar hygiene prior to burlay, cremation, or retrieval. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once, |
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| C THOME (FW) | t, Middle, Last) | | | CERTIF | IOAIL | . 01 | ULA | 111 | 2. DATE | REG. NO | DAY | VEAD 3. | TIME OF DEATH | |
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| ^ | DAR | 1 A | • | HA | mi | 0 | | | 3 | | 7 | YEAR | 11 A | |
| 4. SOCIAL SECURITY NUM 212-74-2609 | BER | 5. SEX | 6. AGE (In yrs | t. last birthday) YRS. | IF UNDER | 1 YEAR DAYS | IF UNDE | MIN. | 7. DATE (Mort 08- | 29-189 | 4 | Gountry) | ACE (State or Foreign | |
| Westminster Nu | rsing Ho | | Center | | 96. CITY, TOWN OR LOCATION OF DEAT Westminster | | | EATH | | | arrol | | | |
| RESIDENCE OF DE | 10b. COUNT | γ | | 10c CIT | Y, TOWN O | B LOCAT | ION | | | | | 10 | d, INSIDE CITY | |
| Maryland 100. STREET AND NUMBER | Maryland Baltimore | | | | | lti | nore | | | | I do aver | 1 | LIMITS? YES 2 NO T COUNTRY? | |
| 1814 Alto V | | , | | | | | 2 | 1207 | | | | USA | COUNTRY | |
| 11. MARITAL STATUS 1 Never Married 2 S 3 Wildowed 4 Div | | 12. WAS DECEDEN FORCES? 1 IF YES, GIVE V | YES 2 | NO | | f yes, sp | | an, Maxico | en, Puerto | IN? (Specify Ye Rican, etc.) | ea or No— | 14. RACE Black, W Specify: | RACE — American Indian, Black, White, etc. Specify: White | |
| | CEDENT'S EDU aly highest grade (0-12) | | | Give kind of life. Do NOT u | work done (se retired.) | during mo | ON ast of work | ing | 16 | b. KIND OF BL | JSINESS/IND | DUSTRY | | |
| 17. FATHER'S NAME (First, I | | uth | | | | | | | | Middle, Meider | n Surname) | | | |
| 190. INFORMANT'S NAME Carolyn E. | Type/Print) | | | 19b. MAILING 1814 | Alto | Street a | sta | or or Rural Driv | Route Nur | P. Baltinore, Md. 21207 | | | | |
| | METHOD OF DISPOSITION 20b. PLAN | | | | E OF DISPOSITION (Name of cometery, cremetory or Disposition Cemetery | | | | | 20c. LOCATION — City or Town, State Baltimore, Marylar | | | | |
| 21. SIGNATURE OF FUNER | | | | | 22. | NAME A | ND ADDRI | ESS OF FA | CILITY | Elina | Funer | al Ho | ne | |
| 23. PART I. Enter the | | complications the | at caused the | | | | | | tree | t, Ham | pstea | d, Md | 21074 | |
| | titions, sodiate ring | a. Due to | of caused the | NSEQUENCE O | not enter | | | | tree | t, Ham | pstea | d, Md | . 21074 Approximata Interval Between | |
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| ahock, Dr IMMEDIATE CAUSE (F disease Dr condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other aignific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 2 26. Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only) | titions, ediate // in | DUE TO | OR AS A CONTROL OF CON | NSEQUENCE O | OTHER Num street, fact | 26. Pl | g cause LACE OF FURY AT DRK? YES 2 | given in | Part I. | 24a. WAS A PERFC 1 YES | N AUTOPSY PRIMED? 2 NO INJURY OCI | 24b. WMA CC DI 1 CURED | Approximate interval Betwee Onset and Deal Onset an | |
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| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained and with the State Date of Health and Mental Hoviere notor to having contradion, or removal. | IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on |
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| | 1 - STATE REGISTRAR | S | TATE OF N | ARYLAND / | DEPAR | | | | | MENTAL | REG. NO. | E (|) | 076 | 73 |
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| , | 1. DECEDENT'S NAME (First, | | HERMAN | F. H | OLLAN | ND . | | | | 2. DATE MONTH 03 | OF DEATH | | YEAR 91 | 3. TIME OF 0 | |
| | 4. SOCIAL SECURITY NUMBER | | M 2 D F | 6. AGE (In yrs. les | | IF UNDER | 1 YEAR | IF UNDER | 24 HRS. | 7. DATE | OF BIRTH | | Country) | | or Foreign |
| | 214-32-6984 | | | 83 | YRS. | 1100000 | | 1112-1 | | | (Month, Dey, Year) 03-26-07 Country) Marylan | | | | |
| | 90. FACILITY NAME (If not ins | | | | | | | R LOCATIO | - | | | | | | |
| Ō. | RESIDENCE OF DEC | | me) | | | | risi | ield | | | | Son | erse | t | |
| Signal Control | 10a. STATE 10b. COUNTY | | | | | Y, TOWN | OR LOCAT | ION | | | | | | 10d, INSIDE | CITY |
| 눔 | MD | | | C | risf | ield | | 10 | | | | 1 YES 2 | | | |
| ¥ | 10s. STREET AND NUMBER | | - | | 10f | ZIP CODE | | | | 10g. CIT | IZEN OF WI | HAT COUNTR | 177 | | |
| ER I | 33 Asbu | ry Ave. | | | | | | 218 | 17 | | | | USA | | |
| BY FUNERAL DIRECTOR | 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EYER IN U.S. AF FORCES? 1 YES 2 1 IF YES, GIVE WAR OR DATES | | | | | | If yes, sp | endent of cube | n, Mexican | 1, Puerto F | i? (Specify Yes Ricen, etc.) | or No- | | American White, etc. | |
| COMPLETED | 15. DECE (Specify only Elementary/Secondary (O- H.S. Graduat | | N lieted) flege (1-4 or 5 + | ·) (G | ECEDENT'S live kind of i. Do NOT u | work done se retired.) | during mo | N at of worldn | 9 | | adio R Batt | epai | | | |
| BE COM | 17. FATHER'S NAME (First, Mic Perry Cl | | and | | | | | | er's nai Alic | | Middle, Maiden SON | Surname) | | | |
| 10 B | 190. INFORMANT'S NAME (7) | n Holla | | 19 | | ADDRES | | | | | ber, City or Town | n, State, Zij | p Code) | | |
| | 20g METHOD OF DISPOSITION | N 03-04- | 91 | 20b. PLACE other pi | lecel . | | | | | | 20c. LO | CATION — | City or Tow | m, State | |
| | 4 Donation 6 Other | Specify) | | Sunny | ridg | | | | | | Cr | isfi | eld, | MD | |
| | 21. SIGNATURE OF FUNERAL | | | | | 22. | | dsha | | | Funer | al H | OMO | | |
| | Ka | leut I. | The | ud ha | w | | | | | | - Cri | | | D 21 | 817 |
| | 23. PART I. Enter the disabook, or he IMMEDIATE CAUSE (Find disease or condition resulting in deeth) | ert fellure. List | only one cau | ncer of | Pros | tate | | de of dy | ing, sucr | n se card | sisc or respi | ratory er | Test, | Interv | el Between and Death |
| CATION | Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING | | | | | | | | | | | | | | |
| CERTIFICATION | that initiated events resulting in death) LAST | | | | | | | | | | | | | | |
| MEDICAL | PART II. Other significan | nt conditions co | entributing to | death but not | resulting | in the u | nderlyln | g cause | given in | Part I. | 24a. WAS AN PERFOR 1 TYES 2 | RMED? | 24b. | WERE AUTOP AVAILABLE P COMPLETION OF DEATH? 1 YES 2 | RIOR TO I OF CAUSE |
| M | 25. WAS CASE REFERRED TO EXAMINER? | | | | | | | ACE OF D | EATH (Ch | eck only or | ne) | | | | |
| SIC | 1 YES 2 NO | | OSPITAL: | ER/Outpatient | 3 DOA | OTHE 4 Nu | R: raing Hon | . 5XR | esidence | 5 🗆 Othe | er (Specify) | | | | |
| BY PHYSICIAN: | | Pending nvestigation | 25e. DATE OF (Month, D | | 25b. TH | ME OF JURY M | W | URY AT ORK? YES 2 [|] NO | 28d. DE | SCRIBE HOW I | NJURY O | COURED | | |
| | 3 Suicide 6 | Could not be letermined | | PF INJURY — At h etc. (Specify) | ome, ferm, | street, fac | tory, offic | • | | | CATION (Street or Town, State) | | er or Rural R | oute Number, | |
| COMPLETED | (Check brilly | FYING PHYSICIAN | | | | | | | | | | | | and manner | as stated. |
| TO BE C | 296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER D 10214 D 03-02-91 | | | | | | | | | | | Yber) | | | |
| | James A. | Sterling | , M.D. | 32 | - / | | n St | (| Cris | fiel | d, MD | 2 | 1817 | | |
| | 31. DATE FILED (Month, Day, | 5°91 | 32. REGISTS | AR'S SIGNATURE | , ja, | delle | | | | | | | | | |

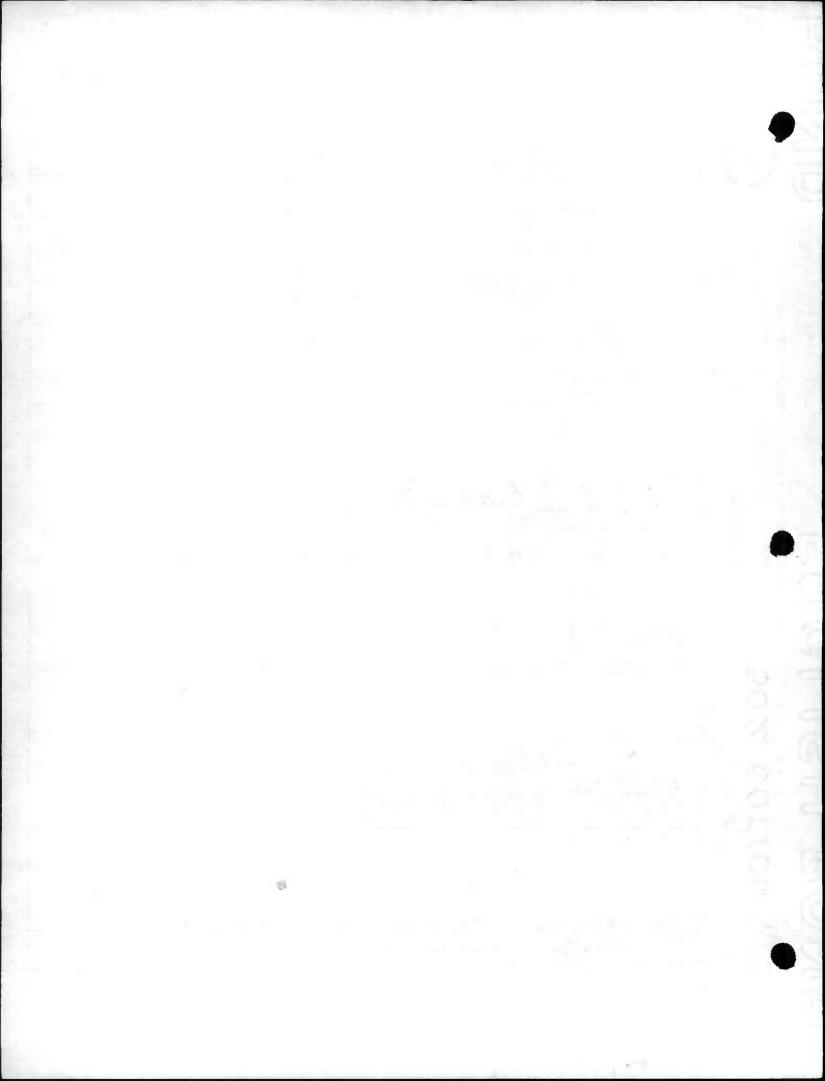
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| | | 1 | 1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. |
|------------------|---|---------------|--|
| | | | 1. DECEDENT ME (First Middle, 1 out) Stella M. Shaver Haffner 2. DATE OF DEATH MONTH 3. TIME OF DEATH MONTH 3 9 DAY 9 PEAR 3. TIME OF DEATH MONTH 3 9 DAY 9 PEAR 4 PEAR MONTH 3 9 DAY 9 PEAR 4 PEAR MONTH 3 9 DAY 9 PEAR 4 PEAR MONTH 3 9 DAY 9 PEAR 4 PEAR MONTH 3 9 DAY 9 PEAR 4 PEAR MONTH 3 9 DAY 9 PEAR MONTH 3 9 DAY 9 PEAR 4 PEAR 4 PEAR MONTH 3 9 DAY 9 PEAR 4 PE |
| | P | | 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 1 M 2 XF 6. AGE (In yrs. lest birthday) 1 DAYS 4. HOURS 5. SEX 1 DAYS 4. BIRTHPLACE (State or Foreign Country) 1 DAYS 1 DAY |
| (| | e e | 96. FACILITY NAME (If not institution, give street and number) DEATEN HOSP & MEdical CENTER Balto Balto B. CITY, TOWN OR LOCATION OF DEATH Md. |
| • | Page | DIRECTOR | RESIDENCE OF DECEMENT 10c. CTY, TOWN OR LOCATION 10d. INSIDE CTY LIMITS? 1 Uses XX No |
| THE- WALL | art permit. | | 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? |
| 'LAND 21203-3146 | the burial-transit | BY FUNERA | 2646 Wellworth Way 11. MARITAL STATUS 1 Never Merried 2 Merried |
| 21203-3146 | for use as | COMPLETED | 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Coffege (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use netired.) 16b. KIND OF BUSINESS/INDUSTRY |
| QN | be detached for at once. | OMP | High School Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) |
| YLA | d be d | BE C | William Grant Myers Sarah Lucille Baker |
| MARYLAND | e 5 should notified | 10 | 198. INFORMANT'S NAME (Types/Print) 199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2646 Wellworth Way West Friendship, Md. 21794 |
| ORE, | ector, page must be | | 20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetary, crematory or other place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State Woodlawn Cemetery Baltimore, Md. |
| BALTIMORE, N | e funeral director, II. examiner musi | | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY POBL 95 Language 1784 Language 17 |
| B affe | G e g | | 23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory screat, shock, or heart fellure. List only one cause on each line. Approximate interval Between Onset and Desth |
| diffusion S | the the | | IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due To (or As A Consequence or): |
| P.O. BOX 13146, | ittending physician and contral Hygiene prior to burial, | CERTIFICATION | Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. ——OSTesqueleS— DUE TO (OR AS A CONSEQUENCE OF): The ded De cultipulces DUE TO (OR AS A CONSEQUENCE OF): d. |
| RECORDS, | has been signed by the Dept. of Health and Mer 23 shows any injur | MEDICAL | PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO |
| OF VITAL | this certificate his with the State D | BY PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 |
| DIVISION | after de 28 is | ETED B | 3 Suicide 8 Could not be determined 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28. LOCATION (Street and Number or Rural Route Number, City or Town, State) |
| 5 | 2 hour | APLE | 29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. |
| Pideour Pi | TO THE FUNERAL be filed within 72 IMPORTANT: If | BE COMPL | 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner ea stated. 29b. SIGNATURE AND TITLE OF CHARIFFE TO BE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) |
| F | 2 P & X | TO E | 20 NAME AND ADDRESS OF DEDGON WHO CONDUSTED CAUSE OF DEATH (ITEM 27) (Sing Delet) |
| | | | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print) 7 445 FURNACE BRANCH Rd Cler Brine 17d 21060 |
| | | | 31. DATE FILED (Month, Day, Your) 32. REGISTRAR SIGN TUBE |

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| DINOUS C | State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | r flow 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
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| FOR 1 - STATE REGISTRAR | STATE OF MARYL | | MENT OF H | | MENTAL HYGI | | 0,0,0 |
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| 1. DECEDENT'S NAME (First, Middle, Last) | | OLITTI | OAIL OI | DEATH | 2. DATE OF DEATH | | 3. TIME OF DEATH |
| Elva S. | HALL | | | | MARCH 01 | DAY Y | EAR |
| 4. SOCIAL SECURITY NUMBER | | (In yrs. lest birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF BIFTTH | | BIRTHPLACE (State or Foreign |
| 215 10 9873 | 1 🗆 M 2 🖰 F | | MONTHS DAYS | HOURS MIN. | (Month, Day, Year) | | Country) |
| 9a. FACILITY NAME (If not institution, give | etraet and number) | 70 | 9h CITY TOWN | OR LOCATION OF D | Dec. 14 | 9c. COUNTY | Baltimore Md. |
| DOCTORS COMMU | | L | LANHAM | | | | CE GEORGE |
| RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT | Υ | 10c, CITY | TOWN OR LOCAL | TION | | | 10d, INSIDE CITY |
| Manusland Duin | ce Georges | | | | | | LIMITS? |
| Maryland Prin | te Georges | | Bowie 10 | . ZIP CODE | | 10a, CITIZEI | N OF WHAT COUNTRY? |
| 12904 9th Street | | | | 20720 | | | |
| 11. MARITAL STATUS | 12. WAS DECEDENT EVER I | IN U.S. ARMED | 13. WAS DEC | | NIC ORIGIN? (Specify | | ed States RACE — American Indian, |
| 1 Never Married 2 Married | FORCES? 1 YES | 2 X NO | If yes, sp | ecity Cuban, Maxico | in, Puerto Rican, atc.) | | Black, White, etc. |
| 3 Widowed 4 Divorced | IF YES, GIVE WAR OR D | No | 1 YES | 2 NO Specif | v: No | | Specify: White |
| 15. DECEDENT'S EDU | | 16a. DECEDENT'S U | JSUAL OCCUPATI | DN | 16b. KIND OF | BUSINESS/INDUS | TRY |
| (Specify only highest grad Elementary/Secondary (0-12) | completed) College (1-4 or 5+) | (Give kind of w life, Do NOT use | ork done during me retired.) | ast of working | | | |
| 7 | | Beautio | cian | | Shop | | |
| 17. FATHER'S NAME (First, Middle, Last) | | | | 16. MOTHER'S NA | ME (First, Middle, Mak | den Surname) | |
| Walter J. Brown | | | | College I Harris | Sears | | |
| 19e, INFORMANT'S NAME (Type/Print) | | 19b. MAII ING | ADDRESS (Street | | Route Number, City or | Town State 7to O | orde) |
| Francis H. Hall | | | | | vie Maryl | | 720 |
| 20a. METHOD OF DISPOSITION | 1 20 | b. PLACE AND DATE | | | | LOCATION - CIT | |
| 1 N Buriel 2 □ Cremetton 3 □ Ren | noval from State | cemetary, crematory | or other place) | t anne | . 1. | | |
| 4 Donation 5 Other (Specify) 21. StGNATURE OF FUNERAL SERVICE LI | | ort Linea | | ND ADDRESS OF F | | rentwood | l Maryland |
| 1 1 1 | 56 | D | | | Funeral H | Home, P. | .A. |
| Tober | G. Cuan | w. Inc | | | | | aryland 20715 |
| IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditione, If any, leading to immediate cause. Enter UNDERLYING | b | A CONSEQUENCE OF |): | - unkno | un prin | any | 3 week |
| CAUSE (Disease or injury that initiated events resulting in death) LAST | DUE TO (OR AS | A CONSEQUENCE OF |): | <u> </u> | | | |
| | d | | | | | | |
| PART II. Other aignificent condition | ne contributing to deeth | but not resulting is | n the underlylr | g cause given in | PER | AN AUTOPSY FORMED? | 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| | | | | | | | 1 YES 2 NO |
| 25. WAS CASE REFERRED TO MEDICAL | T | | | 1 100 00 DEATH (C) | | | |
| EXAMINER? | HOSPITAL: | | OTHER: | LACE OF DEATH (C | | | |
| 1 TYES 2 NO | 1 Inpatient 2 ER/Out | | | | 6 Other (Specify) | words were live | |
| 27. MANNER OF DEATH 1 Natural 5 Pending Investigation | 26s. DATE OF INJURY (Month, Day, Year) | 26b. TIMI INJ | URY W | JURY AT DRK? YES 2 NO | 28d. DESCRIBE HO | W INJURY OCCU | RED |
| a Dautsta | 28a. PLACE OF INJUR | IY — At home, farm, a | treet, factory, offi | ce | 28t, LOCATION (Str | eet and Number or | Rural Route Number, |
| 4 Homicide 6 Could not be determined | building, atc. (Spi | ecify) | | | City or Town, S. | tate) | |
| onel | SICIAN: To the best of my know | | | | | | cause(s) and manner as stated. |
| 296. SIGNATURE AND TITLE OF CERTIFIE | ER / / | | | 29c, LICENSE NU | IMBER | 29d. DATE S | SIGNED (Month, Day, Year) |
| fat h | Way M | n | | 7 | E 3200 | • | 3/1/91 |
| 30. NAME AND ADDRESS OF PERSON W | HO COMPLETED CAUSE OF D | EATH (ITEM 27) (Type | Print) | 1775 | 350 | | 71/1 |
| Peter Eckbers | MO 1430 | o Gallar | + === | Lann | #110 8 | owie | 40 |
| 31. DATE FILED (Month, Day Mar) | 32. REGISTBAR'S SIG | NATURE | 301 | and ARC. | -770 | 5510 | , |
| MAR 08 '9 | THO COMPLETED CAUSE OF D 14 700 32. REGISTRAR'S SIG | avidson-Rank | dell | | | | |



DHMH-16 Rev 1/89

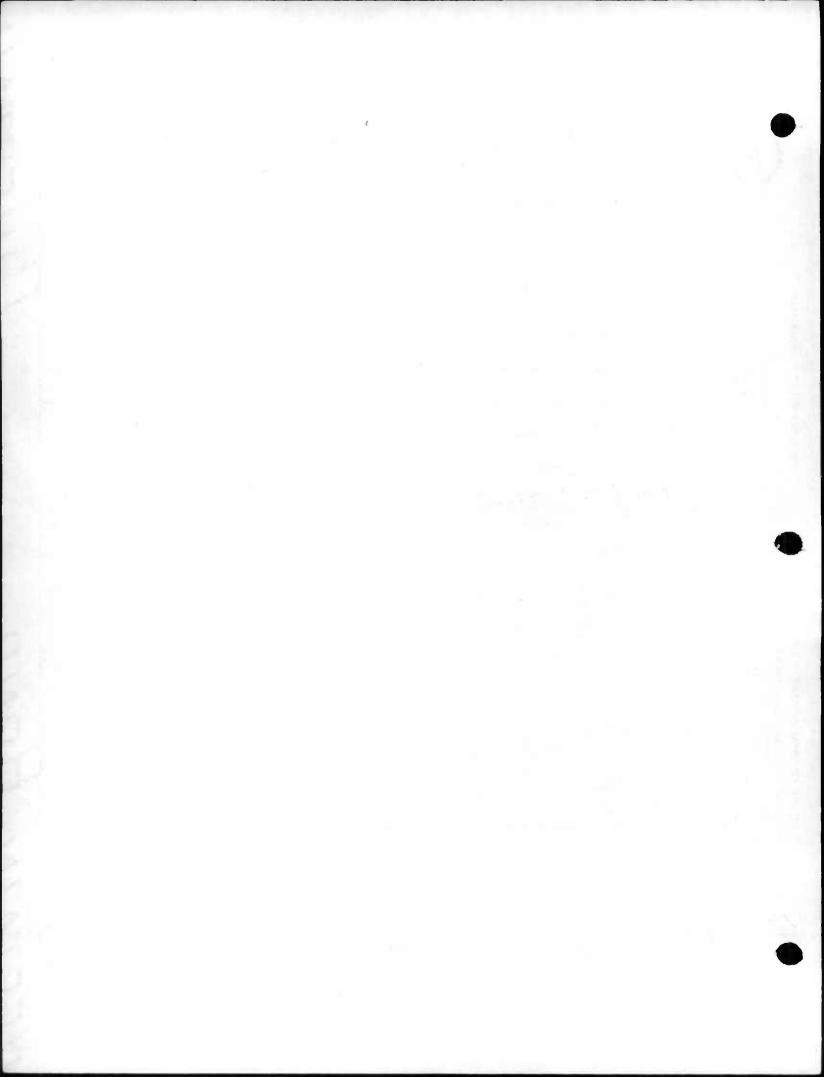
TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

| 1 - STATE REGISTRAR | | SIAIE UF I | WANTE | | RTIF | ICATE | OF | DEA | TH | MEN | REG | | | | | |
|--|--------------------------|------------------------------|-------------|-----------------|-----------|-------------------------------|-----------|--------------|-----------|-----------|------------------------|--------|-------------|-------------|---------|------------------------|
| 1. DECEDENT'S NAME (First | , Middle, Last) | | | | | | - | | | | TE OF DEA | тн | | | 3. T | IME OF DEATH |
| Katharine | J. Hal | 11 | | | | | | | | | rch | 5 | AY 1 | 991 | | 555 A M |
| 4. SOCIAL SECURITY NUM | BER | 5. SEX | 6. AGE | 'In yrs. last b | irthday) | IF UNDER 1 Y | YEAR | IF UNDER | R 24 HRS. | 7. DA | TE OF BIRT | | _ | 8. BIRT | HPLAC | E (State or Foreign |
| 578 20 938 | 38 | 1 M 2 X F | 6 | 55 | YRS. | MONTHS | DAYS | HOURS | MIN. | | onth, Day, Ye rch 1 | | 1025 | Coun | try) | ylvania |
| 9e. FACILITY NAME (If not in | nstitution, give : | street end number) | | | | 9b. CITY, TO | OWN O | R LOCATI | ON OF D | | LCII I | 1 | | INTY OF I | | |
| 12422 Stone | | Lane | | | | Bowi | e | | _ | | | | Pri | ice (| Geo | rges |
| RESIDENCE OF DE | 10b. COUNT | Υ | | 1 | 10c CIT | Y, TOWN OR | LOCAT | ION | | | | = | - | | 104 | INSIDE CITY |
| Maryland | | e George | c | | | owie | 2001 | | | | | | | | | LIMITS? |
| 10e. STREET AND NUMBER | | e debige | | | | OWIE | 10/ | ZIP COD | E | | | _ | 100 CD | TIZEN OF | | COUNTRY? |
| 12422 Ston | | Lane | | | | | | 2071 | | | | | | ted | | |
| 11. MARITAL STATUS | | 12. WAS DECEDEN | | | | | | | | | GIN? (Speci | | a or No- | | | merican Indian, |
| 1 Never Merried 2 3 Widowed 4 Divi | | FORCES? | | ATES | o | | | 2 X NO | | | to Ricen, et No | C.) | | Spec | othe | White |
| | CEDENT'S EDU | | | 16a. DECE | DENT'S | USUAL OCC | UPATIO | N | | | 16b. KIND O | F BU | SINESS/IN | DUSTRY | _ | |
| (Specify on Elementary/Secondary (| ly highest grade | completed) College (1-4 or 5 | 4) | (Give | kind of u | work done dur se retired.) | ing mo | at of worki | ing | | | | | | | |
| 12 | _ | | | Rec | ord | s Cle | rk | | | | Parl | c I | olic | e | | |
| 17. FATHER'S NAME (First, A | Aiddle, Last) | | | | | | | 16. MOT | HER'S N | AME (Fire | st, Middle, M | laiden | Surname) | | | |
| Charles L | . Rank | cin | | | | | | Kat | har | ine | Ever! | lv | | | | |
| 19a. INFORMANT'S NAME (| | | | 19b. I | MAILING | ADDRESS (S | Street e | | | | | _ | n, State, Z | o Code) | | |
| Barbara H. | Green | nan | | | | Stone | | | | | | | | | 71 | 5 |
| 20e. METHOD OF DISPOSIT | TION | norm State | 20t | o, PLACE OF | DISPO | SITION (Name | of con | netery, cre | matory or | | 20 | e. LO | CATION - | - City or T | lown, S | Stata |
| 4 Donation 6 Othe | | noval from State | _ F | | | oln C | eme | tery | 7 | |] | Bre | entwo | od M | lar | yland |
| 21. SIGNATURE OF FUNERA | | | | | | | | D ADDRE | | | | | | | | |
| Robert | t E. | Elmin. | ~ / | Pre | | | | | | | eral | | | | | |
| 23. PART I. Enter the c | | | -7- | | | 1 10 | | | | | | | | | lan | d 20715 Approximate |
| | | List only one ca | | | | not anter tr | io ilio | ua Oi uy | my, au | CII ee C | ardiec or | reap | matory a | reat, | | Interval Between |
| IMMEDIATE CAUSE (F) | nel | | 1 | 1100 | - 17 00 | | | 4 | 11. | | | | | | | Onset and Death |
| resulting in death) | \rightarrow | 8 | /02.40 | aen | 0 C. EC | rano | ma | - | 1 20 | me | | | | | | 1/2 year |
| | | DOE IC | (UH AS A | CONSEOU | ENCE O | P): | | | | | | | | | i | 0 |
| Sequentially list condi | | b. DUE TO | IOR AS A | A CONSEOU | ENCE O | €. | | | | | | | | | | |
| if any, leading to imme cause. Enter UNDERLY | | | (0 | | | . ,. | | | | | | | | | į | |
| CAUSE (Disease or Injustrational Injustration Injustratio | | e. DUE TO | (OR AS A | CONSEQU | ENCE O | F); | | | | | | | | | | - |
| reaulting in death) LAS | ST | | • | | | , | | | | | | | | | | |
| | | d | | | | | | | | | | | | | - | |
| PART II. Other algolfic | ant conditio | na contributing to | death b | out not rea | ulting | In the unde | erlying | cause | given ir | n Part I | | | AUTOPSY | 24 | | RE AUTOPSY FINDINGS |
| | | | | | | | | | | | | | 2 XNO | | CON | PLETION OF CAUSE |
| | | | | | | | | | | | | | 1 | | | YES 2 NO |
| | | | | | | | | | | | | | | | | |
| 25. WAS CASE REFERRED | TO MEDICAL | | | | | | 26. PL | ACE OF I | DEATH (C | Check onl | y one) | | | | | |
| EXAMINER? | | HOSPITAL: | ☐ ER/Out | patient 3 | DOA | OTHER: | g Hom | • 5 EKR | lesidence | 6 🗆 0 | Other (Specif | (v) | | | | |
| 27. MANNER OF DEATH | | 28e. DATE O | | | 28b. TIN | E OF 2 | 8c. INJ | URY AT | | 7 | DESCRIBE I | | INJURY O | CCURED | | |
| | Pending Investigation | (Month, I | Day, Year) | | IN | JURY M | | RK? (ES 2 | □ NO | | | | | | | |
| 2 Accident 3 Suicide | Could not be | 26e. PLACE | OF INJURY | / — At home | e, ferm, | streel, factor | y, office | | | 261. | LOCATION (S | Street | end Numb | er or Rural | Route | Number, |
| 4 Homicide | determined | building | , etc. (Spe | city) | | | | | | (| City or Town, | State |) | | | |
| 29a. CERTIFIER (Check only | TIFYING PHYS | SICIAN: To the best o | f my know | riedge, deat | h occur | red at the time | e, date | end plac | e, end du | ue to the | cause(a) er | nd ma | inner as st | ated. | | |
| Torribon bring | | ER: On the beele of | | | | | | | | | | | | | (e) end | I manner se stated. |
| 29b. SIGNATURE AND TITL | 6 OF CERTIE | ÉR | 1 | _ | | | | 29c. LIC | ENSE NU | UMBER | | | 29d. DA | TE SIGNE | D /M4/ | nth, Day, Year) |
| Much | and to | Krand | n | 12) |) | | | (| | | 87 | | • | 3/5 | -/0 | 7/ |
| 30. NAME AND ADDRESS O | F PERSON W | HO COMPLETED CAL | SE OF DE | EATH (ITEM | 27) (7/0/ | o. Print) | W | , - | 1-71 | C. | | | 1'. | | 12 | crand |
| 13051 | one on | willing | 000 | | 100 | m C | a | 4 | 18 | J | | 10 | 1.66 | al l | 10 | un a |
| 31. DATE FILED (Month, Day | | 32. REGISTR | AR'S SIGN | ATURE | David. | 00- | | | | | | | | | | |
| MAR O | 8 '91 | gui | a New | idson-1 | Jaslon | | | | | | | | | | | |



| | DG: |
|------------|--|
| | 1 |
| BOX 13146, | executed within a sou |
| × | 2 |
| O. BC | aw required that the death certificate he executed |
| P.0. | death |
| S | the |
| 문 | that |
| RECORDS | rantirac |
| 100 | 28.64 |
| TAL | É |
| OF VI | DUVCICIAN. |
| DIVISION | THE OF ATTEMPTIME DAVELETAN. The Is |
| | č |
| | E. |

| | | FOR - STATE REGISTRAR | STATE OF MARYL | | TMENT OF H | | MENTAL HYGIEN REG. NO | | | 01011 |
|--|---------------|---|---|----------------------------|---|-----------------------|--|-------------------|-----------------------|--|
| | | DECEDENT'S NAME (First, Middle, Last) MILDRED | Т | HINES | | | 2. DATE OF DEATH | 2 9 1 | 3. T | ME OF DEATH 40 A M |
| | | 4. SOCIAL SECURITY NUMBER | 5. SEX 6. AGE (| (In yrs. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF BIRTH (Month, Day, Year) | | IRTHPLAC | E (State or Foreign |
| (P) | | 577 68 8031 96. FACILITY NAME (If not institution, give str | | 31 YRS. | 9b. CITY, TOWN O | R LOCATION OF DE | July 16 1 | | shin | |
| 2, 3 | DIRECTOR | PRINCE GEORGE'S | | NTER | | ERLY | | PRIN | ICE_G | EORGE!S |
| Pages 1. | REC | 10a. STATE 10b. COUNTY | | | Y, TOWN OR LOCATE | | | | | INSIDE CITY LIMITS? |
| permit. F | | Maryland Prince | Georges | Up | per Marl | ZIP CODE | | 10g. CITIZEN | | COUNTRY? |
| n. Insit p | ERAL | 16608 Central Ave | е. | | | 20772 | | Unite | d St | ates |
| 3146 ing physician. the burlaf-transit | BY FUN | 11. MARITAL STATUS 1 | 12. WAS DECEDENT EVER I FORCES? 1 1 YES IF YES, GIVE WAR OR D | 2 K NO | If yes, spe | | HC ORIGIN? (Specify Yen, Puerto Ricen, etc.) | | Black, Wh Specify: | merican indien, He, etc. White |
| Se as | 0 | 15. DECEDENT'S EDUC (Specify only highest grade | CATION completed) | (Give kind of | USUAL OCCUPATIO work done during mos | N st of working | 16b. KIND OF BU | SINESS/INDUST | | |
| 212 spital or ed for u | PLET | Elementary/Secondary (0-12) | College (1-4 or 5 +) | Homema | | | Own Hor | me | | |
| AND 2. The hospital detached to | COMPL | 17. FATHER'S NAME (First, Middle, Last) | | | | 18. MOTHER'S NA | ME (First, Middle, Maiden | Surname) | | |
| 3 8 6 L | BE (| Henry D. Gulian | | | | | G. Stevens | - C 7- C | 4-3 | |
| MAHY retained to 5 should notified | 2 | 19a. INFORMANT'S NAME (Type/Print) Betty Purdy | | | | | Route Number, City or Tow oper Marlb | | | d 20772 |
| OME, N 6 may be ctor, page nust be r | | 20e, METHOD OF DISPOSITION 1 To Buriel 2 Cremetion 3 Remo | oval trom State | | SITION (Name of cen | | 20c. LC | OCATION — City | or Town, | State |
| 9 9 - | | 4 Donation 8 Other (Specify) | | ort Line | | etery | | rentwoo | d Ma | ryland |
| death. e funera | | ► Kobert E. | Evans | Pres | Beal 1600 | 1-Evans O Annapo | Funeral Holis Rd. B | owie Md | . 20 | 715 |
| within an wours af within the command or removed the medical state of the medical state of the medical state of the medical state of the medical state of the medical state of the medical state of the medical state of the medical state of the medical state of the st | | 23. PART i. Enter the diseases, or o shock, or heart felture. I IMMEDIATE CAUSE (Final disease or condition resulting in death) | List only one ceuse on e | | try | arre | h aa cerdlac or resp | iratory arreat | | Approximate Interval Between Onset end Death |
| BOX 131, ficate be execute physician and cone prior to burian and cone prior to burian ter traumatic | RTIFICATION | Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events.) | DUE TO (OR AS | A CONSEQUENCE O | DF): | | | | | |
| J. S. B. F. P. | CERT | resulting in death) LAST | d | | | | | | | |
| RECORDS, P. w requires that the death been signed by the atter pt, of Health and Mental 3 shows any Injury, o | 4 | PART II. Other significent condition | | | | g cause given in | Part I. 24a. WAS A PERFO | RMED? | COL | RE AUTOPSY FINDINGS JLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO |
| | AN: | 25. WAS CASE REFERRED TO MEDICAL | | | 26 Pi | LACE OF DEATH (C) | neck only one) | | | |
| ₹ # # # | SICI | EXAMINER? | HOSPITAL: | tpetient 3 DOA | OTHER: | F-100 T-2 11 | 8 Other (Specify) | | | |
| PHYSIC this cel with th | BY PHYSICIAN: | 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation | 28a. DATE OF INJURY (Month, Day, Year) | | ME OF 28c. INJ | IURY AT DRK? YES 2 NO | 28d. DESCRIBE HOW | INJURY OCCUR | ED | |
| ISIO TTENDI TOR: A after d | <u>a</u> | 3 Suicide 8 Could not be 4 Homicide determined | 28e. PLACE OF INJUR building, etc. (Sp. | IY — At home, farm, ecily) | , atreet, factory, offic | 00 | 281. LOCATION (Street City or Town, State | t and Number or i | Rurel Route | Number, |
| 크리타토 | COMPLET | (Critical oriny / | CIAN: To the best of my kno | | | | | | euse(s) en | d manner ee stated. |
| TO THE HOSPITAL TO THE FUNERAL De fled within 72 | BEC | 296. SIGNATURE AND TITLE OF CENTURE | mer. M | D. | | 29c. LICENSE NU | MBER 735 | 29d. DATE SI | IGHED (Mo | orth, Day, Yoar) |
| 2 | ТО | 30. NAME AND ADDRESS OF PERSON WH | | | | | | | | |
| Q) | | Clark Homes MD 31. DATE FILED (Morth, Day, Year) | 14314 O1d | MATURE | | per Marl | boro Mary | Land | | |
| | | MAR 08 '91 | Julia David | son-Randall | 2 | | | | | |
| | | | U | | | | | | | DHMH-18 Rev 1/6 |

| | 1. DECEDENT'S NAME (First, Middle, Last) | Alice Mar | y Hele | enius | | | 2. DATE OF DE | ATH DAY | QYEAR | 3. TIME OF GEATH | | | | | | | | | |
|--|--|---|--|--|---|---|--|---|----------------------|--|--|--|--|--|--|--|--|--|--|
| | 4. SOCIAL SECURITY NUMBER 5. | SEX 8. A | GE (In yrs. last | 4 | IF UNDER 24 HRS. | 7. DATE OF BIR (Month, Day, | HPLACE (State or Foreign | | | | | | | | | | | | |
| | 085 22 5132 | □M2 F | 88 | YRS. MONTH | | HOURS MIN. | July 1 | | | California | | | | | | | | | |
| 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF CEATH 9c. COUNTY OF DEATH | | | | | | | | | | | | | | | | | | | |
| DIRECTOR | Montgomery General Hospital Olney Montgomery RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100. N | | | | | | | | | | | | | | | | | | |
| | 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION | | | | | | | | | | | | | | | | | | |
| | Maryland Montgomery Silver Spring | | | | | | | | | | | | | | | | | | |
| | 10g. STREET AND NUMBER 10g. CITIZEN OF WHAT CO | | | | | | | | | | | | | | | | | | |
| | 14400 Homecrest R | oad . WAS DECEDENT EVI | ED IN II C ADA | MED I | | 20906 | NIC ORIGIN? (Spe | | _ | States E - American Indian, | | | | | | | | | |
| | 1 Never Merried 2 Merried | FORCES? 1 Y | ES 2 N | | | Ify Cuban, Mexico | an, Puerto Rican, i | ek, White, etc. | | | | | | | | | | | |
| | 3 Wildowed 4 Divorced | 11 120, 0172 11111 0 | III ONI CO | No | 1 1 163 | 2 53840 abecu | No | | - Sport | White | | | | | | | | | |
| | 15. DECEDENT'S EDUCATI (Specify only highest grade con | | (Gh | CEDENT'S USUAL | one during most | of working | 16b. KIND | OF BUSINESS/II | NOUSTRY | | | | | | | | | | |
| | 10 | College (1-4 or 5+) | | omemake | | - | | . II | | | | | | | | | | | |
| | 17. FATHER'S NAME (First, Middle, Last) | | Н | шетаке | Ľ | 48 MATHERIO NI | - | wn Home | | | | | | | | | | | |
| - 1 | | | | | | | | | | | | | | | | | | | |
| 16a INSCRIBANT'S NAME (RealPoint) 16b MAII INC ADDRESS (Send and Aurabas of Good Real Aurabas | | | | | | | | | | | | | | | | | | | |
| | Donald John Helenius 12208 Rockledge Dr. Bowie Maryland 20715 | | | | | | | | | | | | | | | | | | |
| | 20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal | from State | 20b. PLACE (| OF DISPOSITION | - | tery, crematory or | | 20c. LOCATION - | | own, State | | | | | | | | | |
| | 4 Donatton 6 Other (Specify) Metropolitan Crematory Alexandria Virginia | | | | | | | | | | | | | | | | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Beall-Evans Funeral Home, P.A. | | | | | | | | | | | | | | | | | | |
| - | ROUNE C. CUMMS Mes. 16000 Annapolis Rd. Bowie Maryland 20715 | | | | | | | | | | | | | | | | | | |
| ٦ | 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heart failure. List only one cause on each line. | | | | | | | | | | | | | | | | | | |
| 1 | IMMEDIATE CAUSE (Final | | | | | | | | | | | | | | | | | | |
| | disease or condition resulting in death) a. Cardiac Brythmia DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | | | | | | | | |
| | DUE TO (OR AS A CONSEQUENCE OF): Corowary arterioscleration | | | | | | | | | | | | | | | | | | |
| | OUE TO /OR AS A CONSEQUENCE OF: | | | | | | | | | | | | | | | | | | |
| 5 | if any, leading to immediate cause. Enter UNDERLYING | | | | | | | | | | | | | | | | | | |
| | | CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | | | | | | | |
| | cause. Entar UNDERLYING CAUSE (Disease or Injury | DUE TO (OR | that Initiated events resulting in death) LAST | | | | | | | | | | | | | | | | |
| | cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events | DUE TO (OR | | | | | | DART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS | | | | | | | | | | | |
| . 1 | cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in death) LAST | | | equiting in the | uoderlying | cause given in | Part I 24a | MAC AN AUTODO | v 24 | WEDE ALTYOUSY SHIPIN | | | | | | | | | |
| . 1 | cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in death) LAST | | | esuiting in the | underlying | cause given in | | WAS AN AUTOPS PERFORMED? | Y 24 | AVAILABLE PRIOR TO | | | | | | | | | |
| . 1 | cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in death) LAST | | | esuiting in the | undarlying | cause given in | | | Y 24 | AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? | | | | | | | | | |
| | cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in death) LAST | | | esuiting in the | undarlying | cause given in | | PERFORMED? | Y 24 | AVAILABLE PRIOR TO COMPLETION OF CAUS | | | | | | | | | |
| | cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in death) LAST PART II. Other aignificant conditions of | contributing to dea | | esuiting in the | | cause given in | 1 | PERFORMED? | Y 24 | AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? | | | | | | | | | |
| | cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificant conditions of 25. WAS CASE REFERRED TO MEDICAL EXAMPLER? | | th but not r | _ отн | 26. PL/ HER: | ICE OF DEATH (C | 1 | PERFORMED? YES 2 □ NO | Y 24 | AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? | | | | | | | | | |
| | Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in death) LAST PART II. Other aignificant conditions of 25. WAS CASE REFERRED TO MEDICAL EXAMINER? VES 2 NO 1 | contributing to dea | th but not re | _ отн | 26. PL/ HER: | CE OF DEATH (C | heck only one) 6 Other (Spec | PERFORMED? YES 2 □ NO | | AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? | | | | | | | | | |
| | Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificant conditions of 25. WAS CASE REFERRED TO MEDICAL EXAMPLE? LANGER? LANGER? LANGER P. 1 | contributing to dea | th but not re | DOA 4 DOA 4 DOA THE OF INJURY | 26. PL/ HER: Nursing Home 26c. INJU WOF | CE OF DEATH (C | heck only one) 6 Other (Spec | PERFORMED? YES 2 NO | | AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? | | | | | | | | | |
| | Cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in death) LAST PART II. Other aignificant conditions of 25. WAS CASE REFERRED TO MEDICAL EXAMPLER? LY SES 2 NO 1 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 6 Could not be | contributing to dea | /Outpetlent 3 JURY — At ho | DOA OTTO | 26. PLJ HER: Nursing Home 26c. INJU WOF 1 YI | CE OF DEATH (C 5 Residence RY AT | heck only one) 6 Other (Special DESCRIBE | YES 2 NO | OCCUREO | AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO | | | | | | | | | |
| TIED DI TIII SICION. MEDICAE CEITH ICANON | Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DART II. Other significant conditions of 25. WAS CASE REFERRED TO MEDICAL EXAMINER? VES 2 NO 1 27. MANNER OF DEATH Natural 5 Pending Investigation | IOSPITAL: Inpatient 2/CAER 28a. DATE OF INJ. 28b. PLACE OF IN. | /Outpetlent 3 JURY — At ho | DOA OTTO | 26. PLJ HER: Nursing Home 26c. INJU WOF 1 YI | CE OF DEATH (C 5 Residence RY AT | heck only one) 6 Other (Specaled DesCRIBE) 28f. LOCATION | YES 2 NO | OCCUREO | COMPLETION OF CAUSOF DEATH? 1 YES 2 NO | | | | | | | | | |
| ED DI FILLISIONE MEDIONE | Cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificant conditions of 25. WAS CASE REFERRED TO MEDICAL EXAMPLER? LYCES 2 NO 1 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 296. CERTIFIER (Check only 1 CERTIFYING PHYSICIA | iospital: Inpatient 2/ FRI Inpatient 2/ FRI 28a. DATE OF INJL (Month. Day, 16 | /Outpatient 3 JRY aur) JURY — At hor (Specify) | DOA 4 COTE C | 26. PLJ HER: Nursing Home 26c. INJU WOF 1 | S Residence S Residence NY AT KY S 2 NO | heck only one) 6 Other (Spec 28d, DESCRIBE 28f, LOCATION City or Town | PERFORMED? YES 2 NO Sifty) HOW INJURY C (Street and Numin, State) | DCCUREO ber or Rural | AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO | | | | | | | | | |

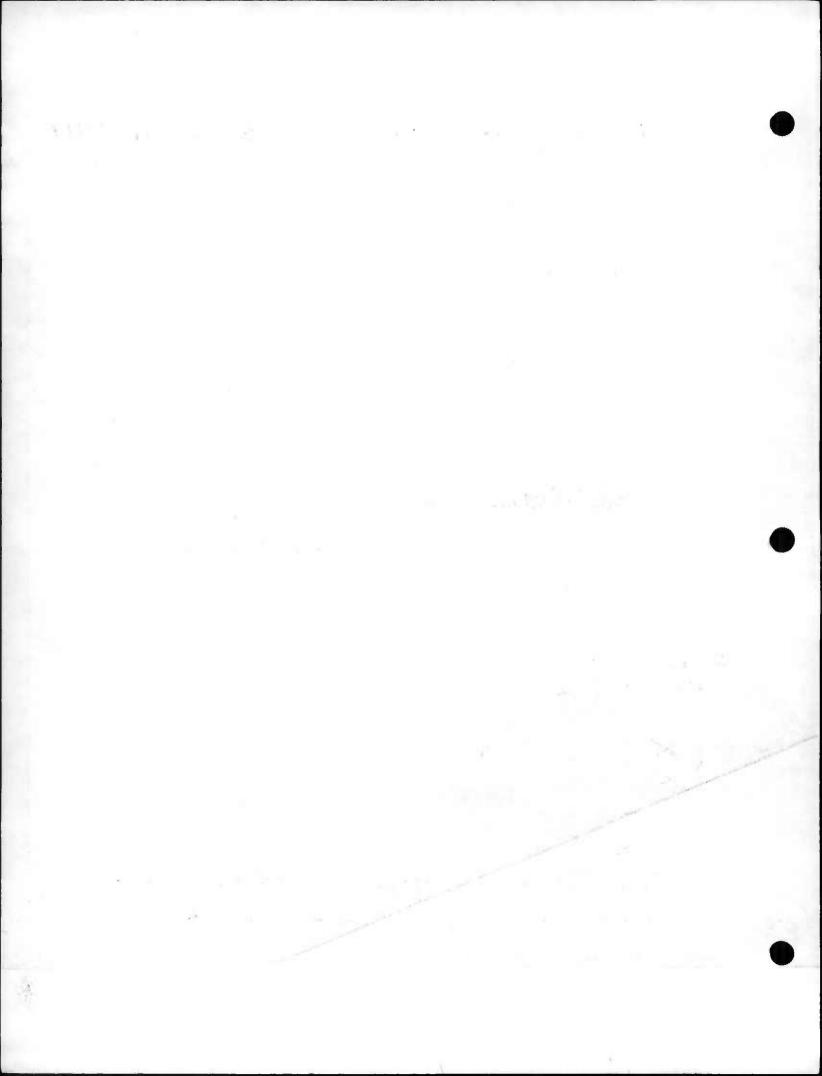
SON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

AUR

218 WISCONSIN

31. DATE FILED (Month, Day, Year)

32. REGISTRAN'S SIGNATURE
Sulia Savidson-Randale



IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

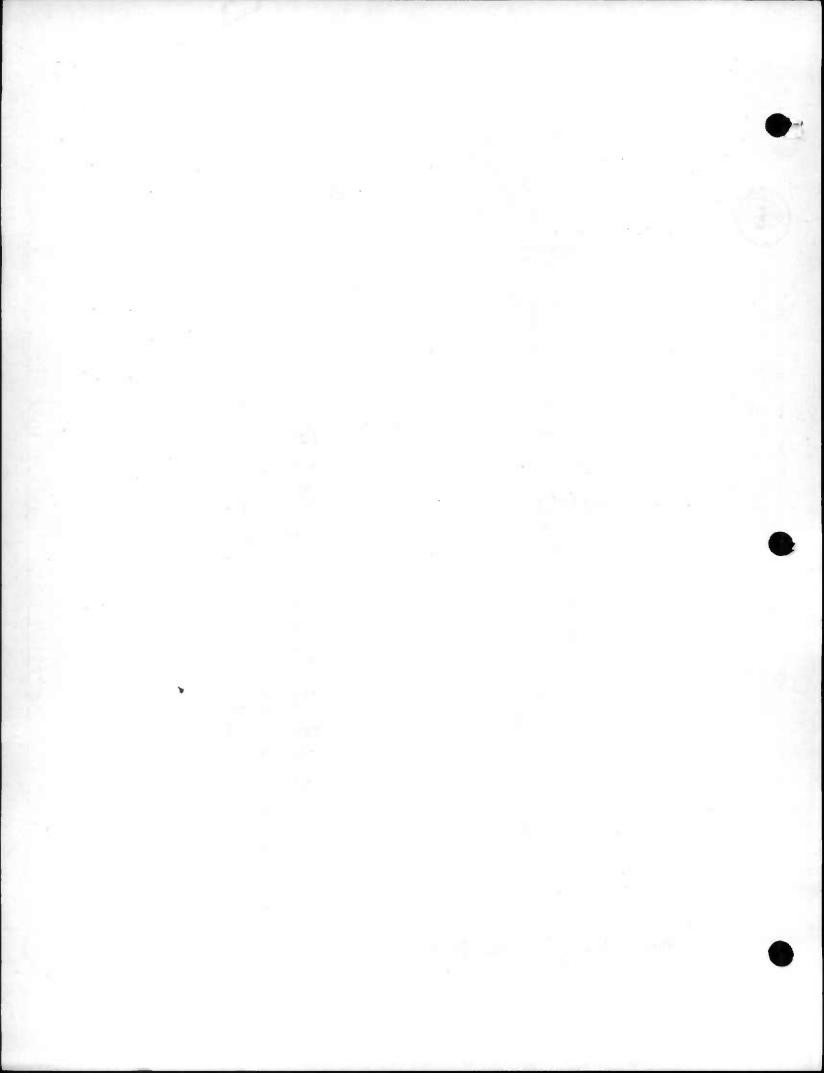
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

6

| | 1, DECEDE |
|--------|-------------------------------------|
| | 4. 90CIAL 214 |
| OR | 9a. FACILIT 183 |
| DIRECT | 10a. STATE |
| ERAL | 100. STREE |
| 3Y FUN | 11. MARITA 1 Never 3 Widon |
| ETED E | |
| OMPL | 17. FATHER |
| TO BE | Mai 19a. INFOR |
| | TO BE COMPLETED BY FUNERAL DIRECTOR |

| 1 - STATE REGISTRAR | SIAIL OF MAN | | | | DEATH AND | MENIAL HYGIEN REG. NO. | t | |
|--|---|--|----------------------------------|----------------------|-----------------------------|---|-----------------------------|---|
| 1. DECEDENT'S NAME (First, Middle, Lest) MAYNARD | Mayr | rard M. F | Heard | | | 2. OATE OF DEATH MONTH DA | 7 190 | S. TIME OF DEATH |
| 4. SOCIAL SECURITY NUMBER 214-10-4308 | 5. SEX 5. AS | GE (In yrs. last birthde | MONTHS | DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) 5-19-1912 | | BIRTHPLACE (State or Foreign Country) Naryland |
| 98. FACILITY NAME (It not institution, give st 1832 Pleasant Vi | reet and rumber) ew Road | | 9b, CIT A | lams | OR LOCATION OF D | EATH | 9c. COUNTY Fred | of OEATH derick |
| RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY | | 10c. | CITY, TOWN | OR LOCA | TION | | | 10d, INSIDE CITY |
| Maryland Fred | erick | | Adam | stowi | ı | | | 1 YES 2 NO |
| 1832 Pleasant Vi | ew Road | | | 10 | 21710 | | 10g. CITIZEN | S. A. |
| 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced | 12. WAS DECEDENT EVE FORCES? 1 YOUR SERVICE WAR OF | ES 2 NO | 13. | If yes, sp | | NIC ORIGIN? (Specify Years, Puerto Ricen, etc.) fy: | | . RACE — American Indian, Black, White, etc. , Specify: DLACK |
| 15. DECEDENT'S EDUC (Specify only highest grade Elegientary/Secondary (0-12) | | 16a. DECEDEN (Give kind life. Do NO Laboro | of work done IT use retired., | OCCUPATION during me | ON ast of working | Constru | | TRY |
| 17. FATHER'S NAME (First, Middle, Last) Mack Biggus | | | | | | AME (First, Middle, Melden N Mazie Ros | | |
| Dorothy Lewis | | 337 S | ING ADDRES | ss (Stroot | St., Fr | Route Number City or Your ederick, Mc | n, stete, zip co vrylanc | d 21701 |
| 20a METHOO OF DISPOSITION 1 Surial 2 Cremation 3 Rame 4 Donation 5 Other (Specify) | oval from State | Familia of DIS | N Ceme | eteri | metery, crematory or | Fre | cation — city edericl | r, Maryland |
| 21. SIGNATURE OF FUNERAL SERVICE LIG | pase | Vine | 22 | . NAME A | opossum | town Pike, | Fune Frede | ral Home rick, Md. 217 |
| shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | DUE TO (OR A | N GEST (CASA CONSEQUENCIAL A C | E OF): | LEAR | T FALL | LURE | | Interval Between Onset end Deat Hyeav. |
| PART II. Other significant condition | d contributing to deat | h but not resultin | ng in the u | inderlyin | g cause given in | 1 Part I. 24a. WAS AN PERFOR 1 YES 2 | IMEO? | 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO | HOSPITAL: | Output 2 D DO | OTHE | R: | LACE OF OEATH (C | 6 Other (Specify) | | |
| 27. MANNER OF DEATH 1 Neture! 5 Pending | 28a. DATE OF INJUI (Month, Day, Yea | RY 280. | TIME OF INJURY | 28c. IN. | JURY AT DRK? YES 2 NO | 28d. OEŞCRIBE HOW I | NJURY OCCUR | RED |
| 2 Accident 3 Sulcide 4 Homicide Could not be determined | 28e. PLACE OF INJ building, etc. (| URY — At home, far Specify) | rm, street, fe | ctory, offic | ia . | 281. LOCATION (Street a City or Town, State) | and Number or | Rural Route Number, |
| | CIAN: To the best of my ki | | | | | | | ause(s) and menner as stated. |
| 296. SIGNATURE AND TITLE OF CENTIFIER | | 5 | | | 28c. LICENSE NU | MBER | 29d. DATE S | IGNED (Month, Day, Year) 26 28 1991 |
| 30. NAME AND ADDRESS OF PERSON WH | O COMPLETED CAUSE OF | DEATH (ITEM 27) (| Type, Print) AUE | B | | CKI MD | | |
| 31. DATE FILED (Month, Day, Year) MAR 0 1 1991 | 32. REGISTRAR'S S | | HY | | | | | |

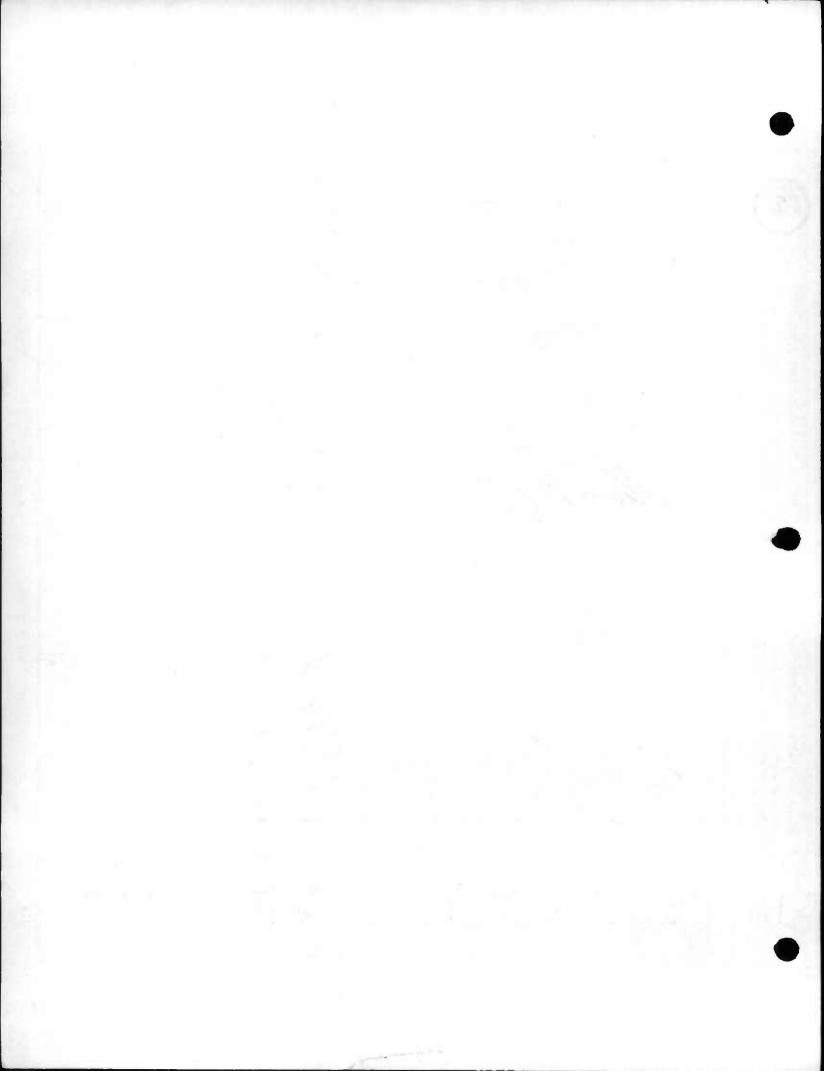
DHMH-16 Rev 1/89



| BALTIMORE, MARYLAND 21203-3146 | TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within Fours after death. Page 6 may be retained by the hospital or attending physician. | THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
|--|--|---|--|--|
| X 13146, | be executed wit | cian and comple | for to burial, cre | raumatic even |
| P.O. BO | ath certificate | ttending physi- | al Hygiene pri | , or other to |
| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | requires that the de | een signed by the a | of Health and Ment | shows any injury |
| VITAL F | ICIAN: The law | ertificate has b | the State Dept | or item 23 |
| SION OF | TENDING PHYS | OR: After this c | ter death with | 8 Is marked, |
| DIVIS | PITAL OR ATT | ERAL DIRECT | in 72 hours at | T: If Item 21 |
| 24 | THE HOS | TO THE FUNI | > be filed with | IMPORTAN |
| / | 1 | 1 | A | |

| | FOR STATE | STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL | HYGIENE |
|---|--------------|---|----------|
| • | REGISTRAR | CERTIFICATE OF DEATH | REG. NO. |
| _ | | | |

| REGISTRAR | | | C | ENTIF | ICATE | Ur | DEA | I II | RE | G. NO. | | | |
|--|---|--|------------------|-----------------------------|-----------------------------|------------|---------------------------------------|-------------------|--------------------|---|-----------------|--|--|
| | ME (First, Middle, Last) | | | | | | | | 2. DATE OF DI | EATH DAY | YEAR | 3. TIME OF DEATH | |
| 4. SOCIAL SECURI | Liam F. H | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE | | | | | DATE OF BIRTH 8. BIRTHPLACE (State or | | | | | | |
| | 4. SOCIAL SECURITY NUMBER | | | | MONTHS | | | (Month, Day, 4-19 | Year) | Country) Md. | | | |
| 9a. FACILITY NAME | 9a. FACILITY NAME (If not institution, give street and number) | | | | | | OR LOCATI | | ATH | 9c. COUNTY OF DEATH | | | |
| SOUT! RESIDENCE C | Southern Maryland Hospital | | | | | | | ton | | P.G. | | | |
| 10a. STATE | 10b. COUN | | | 10c. CIT | Y, TOWN C | R LOCA | TION | | - | | | 10d. INSIDE CITY | |
| | Md. P.G. | | | | | | | lbor | 0 | | | 1 YES 2 XX | |
| 100. STREET AND | | | 101. ZIP CODE | | | | | 10g, | WHAT COUNTRY? | | | | |
| 9/15 | Dale D | | | | | | | 772 | | | USA | | |
| 1 Never Married | 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 VES 2 N IF YES, GIVE WAR OR DATES | | | | | If yes, sp | | n, Maxica | n, Puarto Rican, | IGIN17 (Specify Yea or No— rto Rican, etc.) 14. RACE — America Black, White, atc. Specify: W | | | |
| 2 | 15. DECEDENT'S ED | | | ECEDENT'S | | | | _ | 16b, KIND | OF BUSINESS | INDUSTRY | | |
| Elementary/Sec 12 17. FATHER'S NAME | pecify only highest grad andery (0-12) | College (1-4 or 5 | - 4 | Give kind of e. Do NOT u | work done i se retired.) | during mo | oat of worki | ng | | | | | |
| 12 |) | 0 | | Chie | f In | spe | ecto. | r | | HUD | | | |
| 17. FATHER'S NAME | E (First, Middle, Last) | | | | | | | | ME (First, Middle, | Malden Surnam | 10) | | |
| | ton Hay | nes | | | | | M: | arv | Rabbi | t.t. | | | |
| TOO INCORMANT'S | | 1100 | 1 | 95 MAILING | ADDRESS | S (Street | | | Route Number, Ci | | Zin Code) | | |
| Lorr | aine B. | Haynes | | | Same | | | | | | | | |
| 1 X Burial 2 | 20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Hamoval from State 4 Donation 5 Other (Specify) 20b. PLACE OF other place Md. S | | | | | | | | em . | 20c. LOCATION — City or Town, State Cheltenham, Md. | | | |
| | FUNERAL RESIVICE L | CENSEE | 11 | 200 | 22. | NAME A | ND ADDRE | SS OF FA | CILITY Lee | Funei | cal F | ome, INC. | |
| 1 1 | form. | 2011 | - | | 6 | 633 1in | ton | d Al ,Md. | exand 2073 | er Fei 5 | rry F | Road | |
| disease or concreaulting in dea | disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | Onset and Death | | |
| PART II. Other | PART II. Other algnificent conditions contributing to death but not resulting | | | | | | PERFORMED? 1 YES 2 NO O | | | | | b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 WO | |
| 25. WAS CASE REF | ERRED TO MEDICAL | | | | | 26. P | LACE OF | DEATH (Ch | neck only one) | | | | |
| EXAMINER? | No | HOSPITAL: | ☐ ER/Outpatient | 3 🗆 DOA | OTHE | | me 6 🗆 F | lasidence | 6 Other (Spe | eclfy) | | | |
| 25. WAS CASE REF EXAMINER? 1 YES 2 27. MANNER OF DI | EATH 5 Pending | 28a. DATE O | | 28b. Til | | 28c. IN | JURY AT ORK? | | | E HOW INJURY | OCCURED | 7.0 | |
| 2 Accident | Investigation 8 Could not b | 28e. PLACE | OF INJURY — At I | home, farm, | street, fac | | YES 2 | NO | 28f. LOCATION | N (Street and Nu | mber or Rura | I Route Number, | |
| 3 Suicide 4 Homicide | determined | 775 | | | V-12/22 | | | | | | | | |
| Crock Unity | 13004523 | SICIAN: To the best o | | | | | | | | | | (a) and manner as stated. | |
| 29b. DIGNATURE A | NO TITLE OF CENTRE | EN C | | S | | | 29c. LIC | ENSE NU | MBER Z- | 29d. | DATE SIGN | D (Month, Day, Year) | |
| 0 | ODESS OF DEPARTMENT | VHO COMPLETED CAL | DE DE DESERVI | EM OF C | o Outro | | 1. | 1 | JA 2 | 2 | 5/ | 411 | |
| JO NAME AND AD | A C PERSON V | Herson | M · E |) 7 | 501 | 2 | evr | alla | KJ#2 | 01A (| Wil | m. Md. 207 | |
| ARAM O. | 31. DATE FILED (MONTH, Day, Your) 32. REGISTRAR'S SIGNATURE / MAR 0 7 91 July Davidson-Randale | | | | | | | | | | | | |
| | 7 | Tuna Davids | m-yandel | ~ | _ | | | | | | | | |



3. TIME OF DEATH 5:30 A.

10d. INSIDE CITY

White

Approximate Interval Batween Onset end Death

AMAILABLE PRIOR TO

1 YES 2 NO

COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

8. BIRTHPLACE (State or Foreign

Georgia

Prince George's

2. DATE OF DEATH
MATCH 1, DAY 1991 YEAR

1914

9c. COUNTY OF DEATH

7. DATE OF BIRTH

July 28

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

RESIDENCE OF DECEDEN

098-12-0232

Grace

9a. FACILITY NAME (If not institution, give street end number)

Lee

5. SEX

Southern Maryland Hospital Center

1 M 2 XXF

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

DAYS

Clinton

IF UNDER 24 HRS.

MIN.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

Harrigan

76

6. AGE (In yrs. lest birthday)

YRS.

| | | регші | |
|--------------------------------|--|--|--|
| BALTIMORE, MARYLAND 21203-3146 | he death certificate be executed within an fours after death. Page 6 may be retained by the hospital or attending physician. | the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit Mental Hygiene prior to burial, cremation, or removal. | |
| YLA | ed by the | ald be der | |
| MAR | be retaine | ge 5 shou | |
| AORE, | ge 6 may | firector, pa | |
| SALTIR | r death. Pa | he funeral cal. | |
| | nours afte | lled in by th | |
| 1146, | uted within | the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal. | |
| OX 13 | e be exec | sician and | |
| S, P.O. BOX 13146, | certifical | nding phy Hygiene | |
| S, P. | he death | the atte | |

Prince George's Maryland Temple Hills 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3014 Brinkley Rd., 20748 Apt. T-2U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puerto Rican, atc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 X NO 1 Never Married 2 X Married 1 TYES 2 NO Specify: BY 3 Widowed 4 Divorced ETED. 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 10 St. Elizabeth's Hosp.Chapel Secretary once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) C. notified at Victor Pitts Jetta Hammock BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Raymond A. Harrigan 3014 Brinkley Rd., #T-2, Temple Hills, Md.20748 pe 20s, METHOD OF DISPOSITION
15 Burlal 2 Cremation 3 Removal from State 28c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or must Mt. Olivet Cemetery Washington, D. C. Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
George P. Kalas Funeral Home examiner 6160 Oxon Hill Rd. Oxon Hill, medical 23. PART I. Enter the cleases, or complications that caused the death. Do not enter the mode of dying, such ea cardisc or respiratory arrest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel the disease or condition Gangrene of Small Bowel resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): Sepsis traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL signed by 1 Health and PERFORMED? any Atherosclerotic Heart Disease 1 TYES 2X NO Respiratory Failure t. of h Intestinal Obstruction has be Dept. (PHYSICIAN: 8 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) The certificate h HOSPITAL:

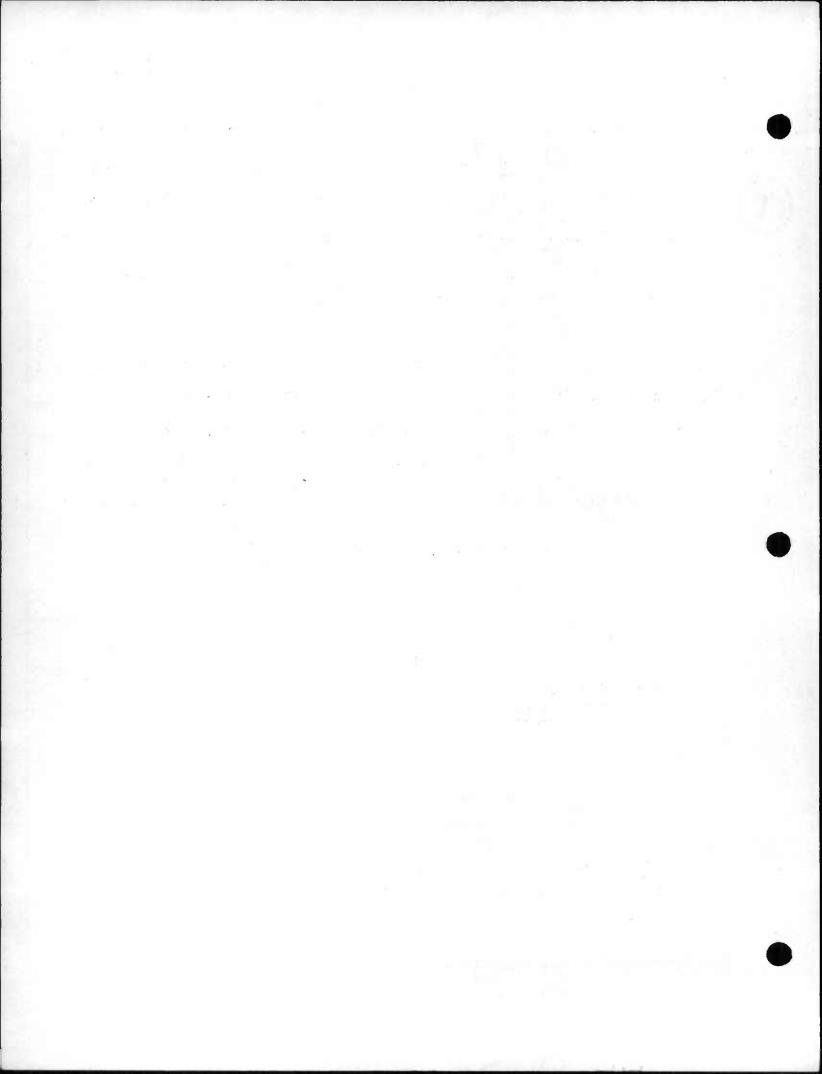
| Impatient 2 | ER/Outpatient 3 | DOA **EXAMINER?** OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 0 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED with t marked, 1 Natural 5 Pending Investigation 1 YES 2 NO BY After 2 Accident 26a. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be OR ATTEND DIRECTOR:) COMPLETED 28 4 Homicide datermined tem 29a. CERTIFIER 1 🗵 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. HOSPITAL FUNERAL I 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: I 29d. DATE SIGNED (Month, Day, Year) 3-1-91 D 27744 BE 2 USE OF DEATH (ITEM 27) (Type, Print) ADDRESS OF PERSON WHO COMPLETED Raj B. Samtani, M.D. 9131 Piscataway Rd. Clinton, Maryland 20735 32. REGISTRARIS-SIGNATURE PANGER



OF VITAL RECORD

DIVISION

DHMH-16 Rev 1/89



| 1 | - | FOR STATE REGISTRAF |
|----|---|---------------------------|
| Г. | _ | ECEDENTIC N |

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | REGISTRAR | CERTIF | ICATE OF | DEATH | REG. N | 10. | | | | | | |
|------------------|---|--------------------------------|--------------------------------------|-----------------------------|---|---------------------------------------|------------------|--|--|--|--|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) TED A NOTE C. A NOTE C. A NOTE CO. | | | Party land | 2. DATE OF DEATH MONTH | DAY | YEAR 3. | TIME OF DEATH | | | | |
| | FRANCES ANN HERBERT | | | | #3 | | | 11:45a M | | | | |
| 2 | 579-05-4000 1 □ M 2 1 □ F | yrs. lest birthdey) 87 YRS. | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) March 22 | BIRTH 8. BIRTHPLACE (State or Foreign | | | | | | |
| | 9e. FACILITY NAME (If not institution, give street end number) | | 9b. CITY, TOWN I | R LOCATION OF DE | | | TY OF DEAT | | | | | |
| FUNERAL DIRECTOR | Doctors Hospital | | Lanham | | | Prin | ice G | eorges | | | | |
| E | 10e. STATE 10b. COUNTY | | Y, TOWN OR LOCA | | | | 10 | Dd. INSIDE CITY LIMITS? | | | | |
| ā | Maryland Prince Georges | For | estville | | | | 1 | ☐ YES 2 🙀 NO | | | | |
| 4 | 10e. STREET AND NUMBER | | 10 | . ZIP CODE | | 10g. CITIZ | EN OF WHA | AT COUNTRY? | | | | |
| 5 | 8004 Richard Dr. | | | 20747 | | U. | S.A. | | | | | |
| B | 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN FDRCES? 1 YES IF YES, GIVE WAR OR DAT | 2 ND | If yes, sp | | NIC ORIGIN? (Specify in, Puerto Rican, etc.) 7: | Yea or No- | Specify: | - American Indian, White, atc. White | | | | |
| | 15. DECEDENT'S EDUCATION | 16a. OECEDENT'S | USUAL OCCUPATION | ON | 16b. KIND OF | BUSINESS/INOL | | | | | | |
| COMPLETED | (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) | life. Do NOT u | work done during mo se retired.) | st of working | | | | | | | | |
| 집 | | roducti | on super | visor | Food s | service | | | | | | |
| 0 | 17. FATHER'S NAME (First, Middle, Last) | · · · | | | ME (First, Middle, Meld | den Surname) | | | | | | |
| BE C | William M. Doyle | | | Margare | t L. Ande | erson | | 1100 | | | | |
| | 19a. INFORMANT'S NAME (Type/Print) | 19b. MAILING | ADDRESS (Street | | Route Number, City or | | Code) | | | | | |
| 5 | Margaret V. Herbert | 8004 | Richard | Dr Fore | stville. | MD 20 | 747 | | | | | |
| | 20e. METHOD OF DISPOSITION 20b. | PLACE AND DAT | E DF DISPOSITION | | | LOCATION — C | | ı, State | | | | |
| | 1 Special 2 Cremation 3 Removal from State of ce 4 Donation 5 Other (Specify) | metary, cremator, | or other place) Cemete | rv 3 | /5/91 St | uitland | . MD | | | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSES | - | | ND ADDRESS OF FA | | | | land Rd. | | | | |
| | Daya A Mella | el | Robert | E. Wilh | elm, Inc. | 4308 Suit1 | suit. | MD. 20746 | | | | |
| | 23. PART i. Enter the diseases, or complications that coused shock, or hear feliure. List only one cause on ea | the death. Do | not enter the mo | de of dying, suc | h as cardiec or re | epiratory arre | eat, | Approximata | | | | |
| | IMMEDIATE CAUSE (Fine) | CEI NITIE. | | | 1 | | | interval Between Onset and Death | | | | |
| | disease or condition resulting in deeth) | ivatic | W D | neum | | | | | | | | |
| | DUE TO (OR AS A | CONSEQUENCE O | | | | | | | | | | |
| z | | Den | rentio | 3 | | | /day | | | | | |
| 은 | Sequentially list conditions, if eny, leading to immediate | CONSEDUENCE O | SEDUENCE OF: Congestive Heart fai | | | | | | | | | |
| CERTIFICATION | cause. Enter UNDERLYING CAUSE (Disease or injury | Con | gestiv | e Hea | 1rt ta | 11 we | | | | | | |
| E | that initiated events DUE TO (DR AS A | CONSEDUENCE O | el E | | | | | | | | | |
| ER | resulting in deeth) LAST | | | | | | | | | | | |
| | PART II. Other significant conditions contributing to deeth but | t not resulting | in the underlyin | g cause given in | Part I. 24s. WAS | AN AUTOPSY | 24b. W | VERE AUTOPSY FINDINGS | | | | |
| DICAL | | | in are anderry | g course grown in | PER | FORMED? | A | MAILABLE PRIOR TO COMPLETION OF CAUSE | | | | |
| | | | | | 1 TYES | 5 2 000 | | F DEATH? | | | | |
| X | | | | | | | 1 | YES 2 HO | | | | |
| Z | | | | | | | | 19/12 | | | | |
| PHYSICIAN: ME | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: | | OTHER: | LACE OF DEATH (Ch | neck only one) | | | | | | | |
| YS | 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) | | | | | | | | | | | |
| ВУ РН | 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28e. DATE OF INJURY (Month, Day, Year) | 25b. Till | JURY W | PURY AT ORK? YES 2 NO | 284. DEŞCRIBE HO | N INJURY OCC | CURED | | | | | |
| | 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY building, etc. (Special Could not be determined) | — At home, farm, | street, factory, offic | • | 281. LOCATION (Str. City or Town, S | | or Rural Rou | ute Number, | | | | |
| COMPLETED | 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the bast of my knowled one) 2 MEDICAL EXAMINER: On the basic of examination | | | | | | | | | | | |
| 00 | | encor investigati | on, in my opinion, | seam occured at the | time, date and prace | , and due to m | e cense(e) i | and mariner as sured. | | | | |
| BE | 296. SIGNATURE AND TITLE OF CENTIFIER A PROPERTY AND TITLE OF CENTIFIER | a, M | D | D-3 | 3482 | 29d. DATE | e signed (1) Man | ch 2 m 91 | | | | |
| 5 | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA | | | ile P | (#102 | Rowin | io N | 10711 | | | | |
| | 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNA | | CVICII | THE NO | TIL | 120 A41 | (11, | 110 | | | | |
| | MAR 05 '91 Gula Tairdson-Par | | | p = 1 = 0 | | | | | | | | |
| | | | | | | | | DHMH-16 Rev 1/89 | | | | |

BALTIMORE, MARYLAND 21215-0020

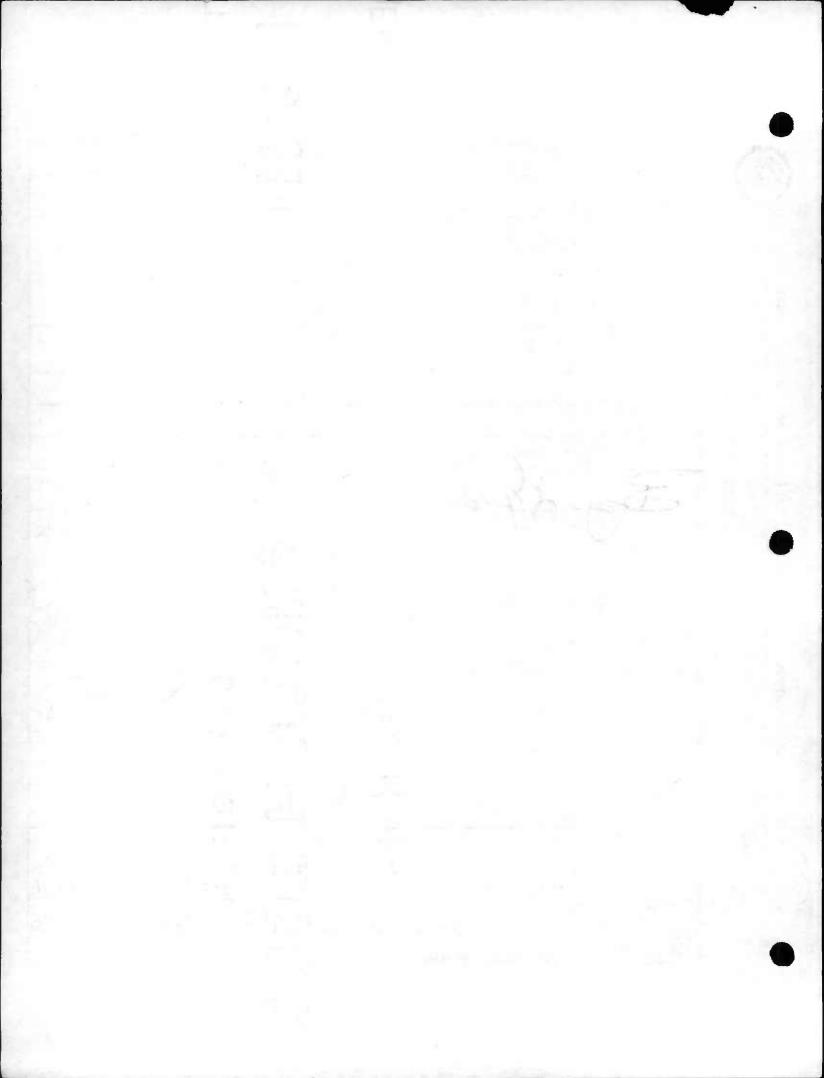
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL OHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH-16 Rev 1/89



| | FOR 1 STATE | | STATE OF I | MARYLAND | / DEPAR | RTMENT OF I | HEALTH AND I | MENTAL HYGIEN | E (|) [| 07683 |
|-----------------|--|-------------------------|----------------------|-------------------|----------------|-----------------------|-----------------------|--|--------------|--------------------|-------------------------|
| | REGISTRAR | | | | CERTIF | ICATE OF | DEATH | REG. NO. | | | |
| | 1. DECEDENT'S NAME (Firs | t, Middle, Last) | | 1 | 1 | | | 2. DATE OF DEATH | | YEAR | . TIME OF OEATH |
| | Livel | 4n1 | _\uell | .a - | timb | cle | | 1 T 9 | . (| 111 | GIO AM |
| т. | 4. SOCIAL SECURITY NUM | BER | 5. SEX | 6. AGE (In yrs. | last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF BIRTH | | 8. BIRTHPI | LACE (State or Foreign |
| | 213-10-5598 | 3 | 1 - M 2 X F | | 77 YRS. | MONTHS DAYS | HOURS MIN. | (Month, Day, Year) March 30,1 | 012 | Country) | and |
| | 9a. FACILITY NAME (If not | | street and number) | | 11 | SP CITY TOWN | OR LOCATION OF O | | | TY OF DEA | |
| r | | | | 7 | | | | | WA | | C a |
| 0 | Washington | County | / Hospita | 1 | | Hager | stown | | WIT | > 17. | Co |
| DIRECTOR | 10a. STATE | 10b. COUNT | Υ | | 10c. CF | TY, TOWN OR LOCA | TION | | | 1 | INSIDE CITY |
| E | Maryland | Wash | nington | | Н | ancock | | | | 1 | LIMITS? YES 2 NO |
| | 100, STREET AND NUMBER | | irigcon | | 110 | | H. ZIP CODE | | 10g, CITIZ | | AT COUNTRY? |
| H H | 32 East Ma | | cont | | | 1 | 21750 | | TIC | A | |
| FUNERAL | 11. MARITAL STATUS | atti Sti | | T FIFT IN II O | | 10 1770 00 | | | USA | | - American Indian, |
| BY FU | 1 Never Married 2 3 Wildowed 4 Div | | | YES 2 | | If yes, s | | NIC ORIGIN? (Specify Yer an, Puerto Rican, etc.) fy: | or No— | Black, Specify: | White, etc. |
| | 15. OE | CEDENT'S EDU | CATION | 16a. | OECEDENT | S USUAL OCCUPAT | ION | 16b. KIND OF BU | SINESS/IND | USTRY | WILLCC |
| 4 | (Specify or | nly highest grade | e completed) | | | work done during m | | | | | |
| ן ב | Elamentary/Secondary | (0-12) | Collega (1-4 or 5 | +) | | , | | | | | |
| COMPLETED | | A 41 d 40 - 4 41 | _ | | | | T | AME (First, Middle, Melden | 0 | | |
| 8 | 17. FATHER'S NAME (First, | MIOOR, LEST) | | | | | | A CONTRACTOR | Surname) | | |
| B | John Peck | | | | | | | Bootman | | | |
| 0 | 194. INFORMANT'S NAME | | | | | | | Route Number, City or Tow | | Code) | |
| | Barbara A. | | Le | | | | | Roanoke, Va | | 24019 | |
| | 20a, METHOD OF DISPOSI | ITION Hon 3 - Ran | noval from Stata | | CE OF DISPO | OSITION (Name of co | emetery, cremetory or | 20c. LC | CATION — | City or Tow | n, Stata |
| | 4 Donation 5 Other | er (Specify) | | _ Dama | ascus | Cemeter | V | Merc | ersb | iro, | Pa. |
| | 21. SIGNATURA OF FUNER | AL SERVICE LI | CEMBEE | | | 22. NAME | INO ADDRESS OF FA | Grove Fi | inera. | L Hom | e |
| | 1 | | N Man | | - | | | Street Har | | | |
| \dashv | 23. PART I. Enter the | dianana ok | nometications th | et coursed the | death Do | | | | | | Approximata |
| | | | List only one ca | | | not anter the m | ode of dying, su | on ou cordioc or resp | matory an | | Interval Between |
| | IMMEDIATE CAUSE (F | Inai | (| | | - 1 | | (= | | | Onset and Death |
| | disease or condition resulting in death) | \rightarrow | 8 | arc | non | -c c | Dres. | 17 | | | Bmont |
| | | | OUE TO | O (OR AS A COR | SEOUENCE | OF): | | | | | |
| z | Committee and the state of | | b | | | | | | | | |
| CERTIFICATION | Sequentially list cond if any, leading to imm | | DUE TO | OR AS A CON | SEQUENCE | OF): | | | | | |
| 3 | cause. Enter UNDERL CAUSE (Disease or in | | c | | | | | | | | |
| II. | that initiated events | | DUE TO | O (OR AS A COR | NSEQUENCE | OF): | | | | | |
| E | resulting in death) LA | ST | d | | | | | | | | |
| - 1 | DART II Osh - sisselli | | | a disable base m | | | | - Don't Or HER AL | ALITOMOV | 7.45 | WERE AUTOPSY FINDINGS |
| B | PART II. Other signific | cant conditio | na contributing t | o demin but n | ot resulting | in the underlyi | ng couse given in | Part I. 24a. WAS AI | | | AVAILABLE PRIOR TO |
| 8 | | | | | | | | 1 YES | 2 NO | | OF DEATH? |
| WE N | | | | | | | | | | | 1 YES 2 NO |
| | i | | | | | | | | | | |
| M | 25. WAS CASE REFERRED | TO MEDICAL | | | | | PLACE OF OEATH (C | check only one) | | | |
| Sic | EXAMINER? | | HOSPITAL: | ☐ ER/Outpetier | nt 3 🗆 DOA | OTHER: | me 5 🗆 Residence | 6 Other (Specify) | | | |
| PHYSICIAN: MEDI | 27. MANNER OF DEATH | | 28a. DATE C | | 28b. T | IME OF 28c. II | NJURY AT | 28d, DESCRIBE HOW | INJURY OC | CURED | |
| | 1 Natural 5 | Pending | | Day, Year) | - 1 | | YORK? | | | | |
| BY | 2 Accident | Investigation | 28a, PLACE | OF INJURY — A | At home, ferm | , street, factory, of | lice | 281. LOCATION (Street | | r or Rumi Ar | oute Number, |
| 8 | 3 Suicide 6 | Could not be determined | bulldin | g, etc. (Specify) | | | | City or Town, State |) | | |
| E . | 200 CERTIFIED | | | | | | | | | | |
| COMPLET | Check only | | | | | | | ue to the cause(a) and m | | | |
| ō | 2 ME | EDICAL EXAMIN | VER: On the basis of | axemination an | d/or investigs | tion, in my opinion | , death occured et th | ne time, data and piece, i | end due to t | he cause(a) |) and manner as stated. |
| EC | 296. SHEMATURE AND TIT | LE OF CERTIFY | ER | | | | 29c. LICENSE N | UMBER | 29d, DAT | E SIGNEO | (Month, Day, Year) |
| 603 | H form 4 . 3 A | / | A | | | | 1/1 / (| 11 / | | 2 10 | 7. I In 1 |

Howell

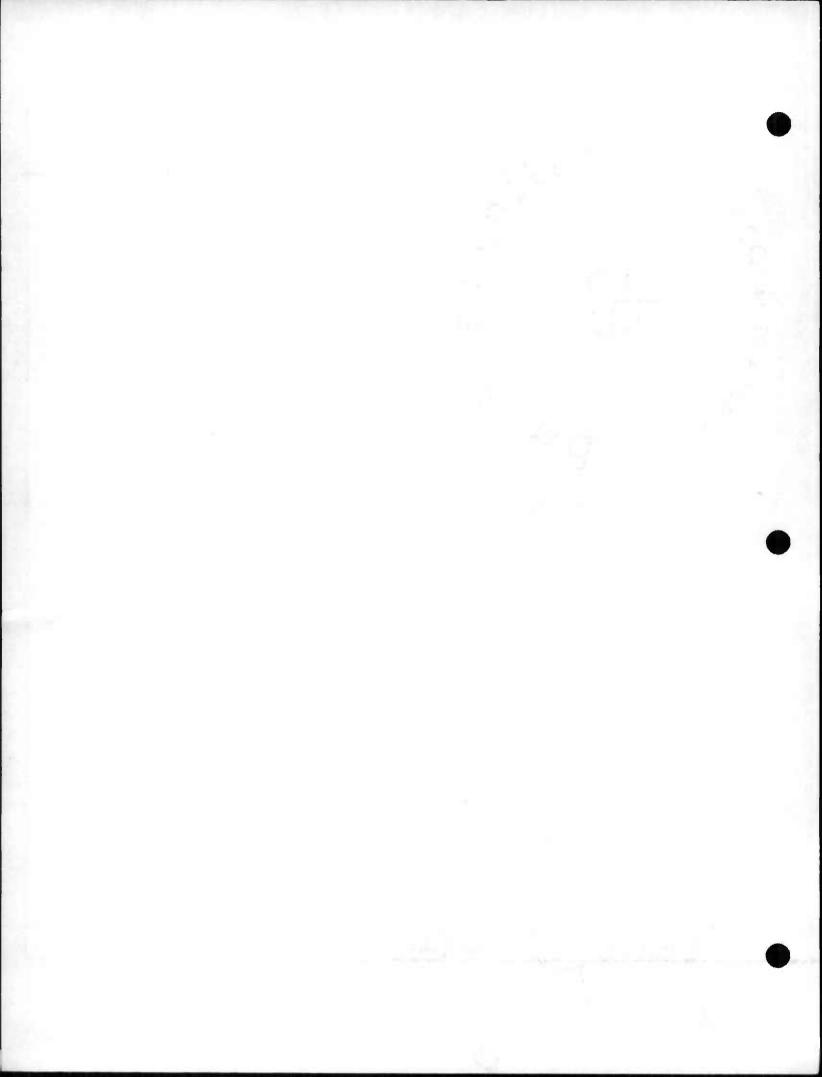
SS 111 M 79

SS 111 M 79

SZ. REGISTRAR'S SIGNATURE

JUNA DAVIDSON - FANDER

31. DATE FILED (Month, Day, Year)
MAR 1 9 '91



| BALLIMORE, MARYLAND 21203-3 | PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attendit | this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the State Dect, of Health and Mental Hydiene prior to burial, cremation, or removal. | rked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
|-----------------------------------|--|---|---|
| | be executed within 24 nours at | ian and completely filled in by it to burial, cremation, or reme | sumatic event, the medic |
| OF VITAL RECORDS, P.O. BOX 13146, | requires that the death certificate t | this certificate has been signed by the attending physician and completely filled in by the with the State Deor, of Health and Mental Hygiene prior to burial, cremation, or removal. | shows any injury, or other tra |
| OF VITAL F | PHYSICIAN: The law | this certificate has b with the State Dept. | rked, or item 23 |

OR ATTENDING PHYSICIAN: The law

DIRECTOR: After the hours after death v

FUNERAL I =

TO THE HOSPITA
TO THE FUNERA
De filed within 7.

marked,

90

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Hem

띪

2

31. DATE FILED (Month, Day, Year)

MAR 18 '91

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH erna Kat Himes 6. AGE (In yrs. lest birthday)

YRS. 4. SOCIAL SECURITY NUMBER S. SEX 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS 219-46-3368 -6-1902 Maryland 1 M 2 PF 9e. FACILITY NAME (If not institution, give etreet end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Fahrney Keedy Home Boonsboro Washington DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Frederick Myersville 1 YES 2 X NO 10a. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3805 Brethren Church Road 21773 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married
3 Wildowed 4 Divorced If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES Specify: BY White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Olive kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 8+) Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Sumame) John C. Lewis Katie S. Toms BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 3805 Brethren Church Rd., Myersville, MD 21773 Harry C. Himes, 20c. LOCATION — City or Town, State 24s. METHOD OF DISPOSITION
1/\(\) Buriel 2 \quad \text{Cremation 3 } \quad \text{Removal from State} \)
4 \quad \text{Donation 5 } \quad \text{Other (Specify)} \) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or Grossmickle Ch of Brethren Cemt. Myersville, Maryland 22. NAME AND ADDRESS OF FACILITY 21. SIONATURE OF FUNERAL SERVICE LICENSEE 504 Main Street Ricketts Funeral Home Myersville, MD 21773 23. PART I. Enter the decades, or complications that caused the death. Do not aniar the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. Approximate Intarval Between Onset and Dasth IMMEDIATE CAUSE (Final disease or condition Prennaig 1 hour resulting in death) DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not reaulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO sand sements Belodietin COMPLETION OF CAUSE 1 WES 2 NO 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 国 Nursing Home 8 国 Residence 8 G Other (Specify) 1 VES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER 1 4 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner se stated. 2 MEDICAL EXAMINER: On the beste of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end manner es stated. 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year)

> 32. REGISTRAR'S SIGNATURE Luka Davidson Randall

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

VASANT DATTA, MO

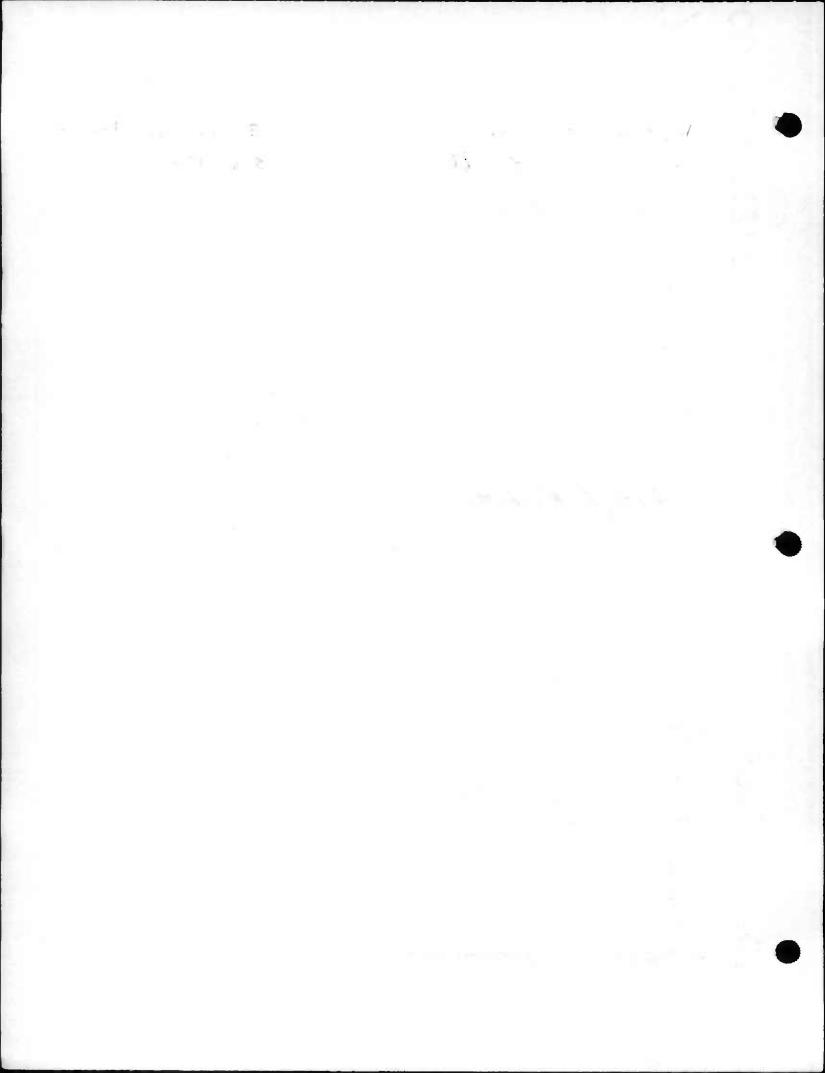
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D 18017

334 MILL ST KARERSTOWN, MO 21740

DHMH-18 Rev 1/89

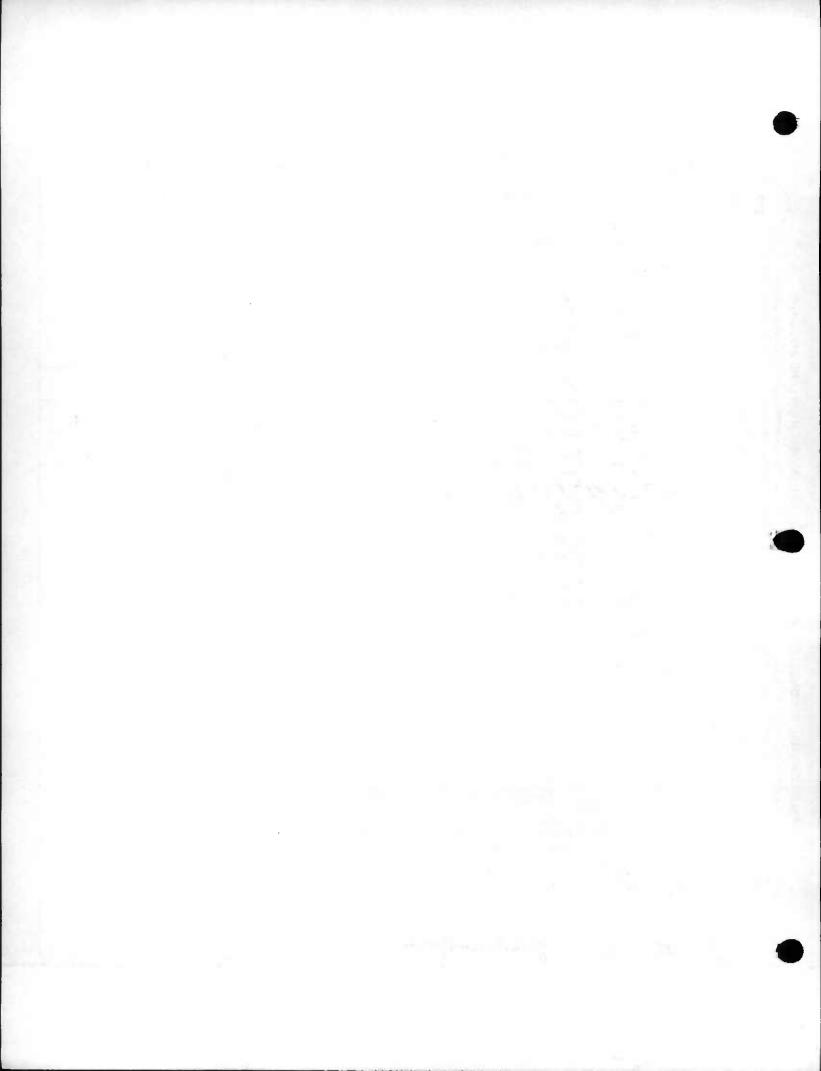
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within four ster death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permode filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

| | 1 - FOR STATE REGISTRAR | ATE OF MARYLAND | / DEPARTME | | | | GIENE S. NO. | 21 0 | 1003 | |
|----------------------|---|---|---|------------------------|---------------------------------|---------------------------------|--|---|---|--|
| | Hedwig | Hedwig Intli | IAMM | ON | D | 2. DATE OF DEA | DAY 3 | 97 10 | OF DEATH | |
| | 210-11-0001 | M 2 00 F 87 | YRS. MONT | | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIR (Month, Pay,) | 8,1903 | 8. BIRTHPLACE (S Country) Germany | tate or Foreign | |
| TOR | 9s. FACILITY NAME (If not institution, give street an Williamsport Nursing RESIDENCE OF DECEDENT | | 9b. (| | amsport | EATH | | hington | | |
| FUNERAL DIRECTOR | 10e. STATE 10b. COUNTY Maryland Washing | ton | 10c. CITY, TOV | en or locati | | | | 10d. INSIDE CITY LIMITS? 1 □ YES 2 ♀ □ NO | | |
| RAL | 10e. STREET AND NUMBER | | | 101. | 21740 | | 16g. CITIZ | USA | JNTRY? | |
| B | 1 Never Married 2 Married F | WAS DECEDENT EVER IN U.S. ORCES? 1 YES 2 DEFYES, GIVE WAR OR DATES | | | ENDENT OF HISPAN | n, Puerto Rican, a | | 14. RACE — Amer Black, White, a Specify: White | ican Indian, atc. | |
| COMPLETED | 15. DECEDENT'S EDUCATION (Specify only highest grade complete the complete that the | | DECEDENT'S USUA (Give kind of work of life. Do NOT use retin expedit | one during mos ed.) | N it of working | | of Business/Indo | USTRY | | |
| BE CON | 17. FATHER'S NAME (First, Middle, Last) Gus Dulleck | | | | 18. MOTHER'S NA Anna I | Muench | | | | |
| 5 | 19a. INFORMANT'S NAME (Type/Print) Robert G. Hammond | | 140 Gre | | nd Number or Rural I | | | | 21740 | |
| | 20s. METHOD OF DISPOSITION 1.17 Burisl 2 Cremation 3 Removal fr | om State 20b. PLA | t Haven | (Name of com Cemete | estery, cremetory or | | | un, Mary | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSEI | Vinne | | | H FUNERA Wilson | | Hagerst | own, Md. | 21740 | |
| | 23. PART I. Enter the diseases, or complete ahock, or heart failure. List of immediate CAUSE (Final disease or condition resulting in deeth) | | Ine. | | | h aa cardlac or | reapiratory arro | int | oproximate terval Between neet and Death | |
| CERTIFICATION | Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST b. OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | |
| PHYSICIAN: MEDICAL C | PART II. Other significant conditions con | stributing to death but no | ot resulting in the | e underlying | scause given in | Р | WAS AN AUTOPSY PERFORMED? YES 2 NO | AMILABI COMPLE OF DEAT | UTOPSY FINDINGS LE PRIOR TO THON OF CAUSE H? S 2 \(\text{NO} \) NO | |
| ICIAN | | SPITAL: | OT | 26, PL | ACE OF DEATH (Ch | eck only one) | | | | |
| BY PHYS | 1 VES 2 NO 1 D 27. MANNER OF DEATH 1 Netural 5 Pending Investigation | Inpetient 2 ER/Outpetient 28a. DATE OF INJURY (Month, Day, Year) | 3 DOA 4 | 28c. INJU | B Realdence URY AT RK? (ES 2 NO | | HOW INJURY OCC | CURED | | |
| | 3 Suicide 8 Could not be 4 Homicide determined | 28e. PLACE OF INJURY — At building, etc. (Specify) | home, farm, street, | factory, office | • | 28f. LOCATION (City or Town | | or Rural Route Num | iber; | |
| COMPLETED | 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: 2 MEDICAL EXAMINER: On | | | | | | | | nner as stated. | |
| TO BE | /01/0 | ng | | | 29c. LICENSE NUI D 33700 | MBER | 29d. DATE | E SIGNED (Month, L | Day, Year) | |
| - | Dr. Ted E. Howe, 18 | | | | 20832 | | | | | |
| | | 32. BEGISTRAR'S SIGNATUR | | | | | | | | |



FOR 1 . STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REGISTRAR | | | | CERTIF | ICATE | OF D | EAIH | F | REG. NO. | | | |
|---|--------------------------------|-----------------------|-----------------|-------------------------|----------------|------------------------|---------------|--------------------------|------------------------------|-----------|-------------|---|
| 1. DECEDENT'S NAME (First, | Middle, Last) | | | | | | | 2. DATE OF | DEATH | | VEAR | 3. TIME OF DEATH |
| MYRTLE | H | 900 | / | Mara | | 199 | YEAR | 0246 M | | | | |
| 4. SOCIAL SECURITY NUME | BER | 5. SEX | 6. AGE (In y | rs. lest birthday) | IF UNDER 1 Y | | UNDER 24 HRS. | 7. DATE OF (Month, De | | 1 | 6. BIRTI | HPLACE (State or Foreign |
| 139-30-63 | 93 YRS. | MONTHS D | AYS HO | URS MIN. | 4/22 | | 7 | | "Jersey | | | |
| 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH | | | | | | | | | | | DEATH | |
| PENINSULA GENERAL HOSPITAL SALISBURY WICOMICO | | | | | | | | | | | 30 | |
| RESIDENCE OF DECEDENT | | | | | | | | | | | | |
| 106. STATE 106. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 □ XES 2 □ NO | | | | | | | | | | | | |
| 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? | | | | | | | | | | | | |
| 313 Hazel Ave. 21801 USA | | | | | | | | | | | | |
| 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 VES 12. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. | | | | | | | | | | | | |
| 1 Never Married 2 3 Widowed 4 Divo | | IF YES, GIVE | WAR OF DATE | 21NO :S | | | NO Speci | | in, etc.) | | | White |
| | EDENT'S EDU y highest grade | | 10 | Se. DECEDENT'S | work done dun | JPATION ing most of | working | 16b. KI | ND OF BUS | BINESS/IN | | |
| Elementary/Secondary (t | | College (1-4 or 5 | | Me. Do NOT u | se retired.) | | | | Turm ! | Li maria | _ | |
| 17. FATHER'S NAME (First, M | liddle, Last) | | | JUSEW. | ri E | 18 | . MOTHER'S N | AME (First, Midd | DWT | | = | |
| Jedediah | | ison Du | חר | | | 10 | | Ross | | | 1 | |
| 19e, INFORMANT'S NAME (| Type/Print) | | | 19b. MAILING | AOORESS (S | treet and h | | Route Number, | | | | |
| Margaret | D. Ha | ann | | 622 | Homer | St | ., Sal | lisbur | ъ, | Md.a | 2180 | 11 |
| 20a. METHOD OF DISPOSIT 1 | on 3 🗆 Rem | oval from State | 0 | LACE OF DISPO | | | | n tr V | 1.5 | | | own, State Del. |
| | | CENSEE | 7 | 0 | | | | | J | 11111 | , , | 561. |
| 21. SIGNATURE OF FÜNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bounds Funeral Home, Salisbury, Md. | | | | | | | | | | | | |
| 23. BART I. Enter the d | | complications the | | | | | | | | | | Approximeta Interval Between |
| IMMEDIATE CAUSE (FI | | List Only One Ca | L) | n iina. | .10 | <u> </u> | 4- | | | | | Onset and Death |
| disease or condition | → | de | 34 / | Myran | Ind | WI | notion | | | | | |
| resulting in death) | • | DUE TO | (OR AS A C | ONSEQUENCE C | F): | | | | | | | |
| | | . Com | my | aule | ~ () | in | 1 | | | | | |
| Sequentially list condit if any, leading to imme | | DUE TO | (OF AS A C | ONSEQUENCE O | PE. | | | | | | | |
| cause. Enter UNDERLY | ING | • | | | | | | | | | | |
| CAUSE (Disease or Injuthat Initiated events | ary | DUE TO | (OR AS A C | ONSEQUENCE O | F): | | | | | | | |
| resulting in death) LAS | т | d | | | | | | | | | | |
| PART II. Other eignifica | nt condition | ns contributing to | deeth but | not resulting | In the unde | erivina ci | euse alven ir | Part I. 24 | Ia. WAS AN | AUTOPSY | 24 | b. WERE AUTOPSY FINDINGS |
| Can The | // | カシ | hore | 5 19 6 | 1 | un) | E. L | wr | PERFOR | RMED? | | AVAILABLE PRIOR TO COMPLETION OF CAUSE |
| Carrier V | - // | | / | / / / | 40444 | 1 | Chart 1 | 1 | TYES_3 | 100 | | OF DEATH? |
| | | | | | | 0 | | | | • | | 1 TES 2 NO |
| or was over present | DO MEDION | | | | | 46 P1 4 T | | | | | | |
| 25. WAS CASE REFERRED T EXAMINER? 1 YES 2 70 | IU MEDICAL | HOSPITAL: | En/o | | OTHER: | | E OF DEATH (C | | | | | |
| 1 YES 3 THO | | 1 Inpatient 2 | | 26b. Til | | g Home ! 6c. INJURY | | 6 Other (S | | N HIBY O | CCHPED | |
| Natural 5 | Pending Investigation | | Day, Year) | | JURY M | WORK | | Zod. DESC | iibe now i | NOON! O | CONED | |
| 2 Accident 3 Suicide 6 | Could not be | 26e. PLACE | OF INJURY | At home, farm, | street, factor | y, office | | 261, LOCATI | ON (Street Town, State) | and Numb | er or Rural | l Route Number, |
| 4 Homicide | determined | ounding | , area (openity | , | | | | City of | .omi, state) | | | |
| (Check only | | ICIAN: To the best of | - | Maria Caraca de Salvano | | | | | | | | o(s) end manner as stated. |
| 295. SIGNATURE AND TITL | | 3 | | | | | c. LICENSE NU | | CONCERN TO | | | ED (Month, Day, Year) |
| Ct. | 4 | 50 | MO | | | | 040 | 190 | | ▶3 | 7/6 | 191 |
| E LA LE | JA Z | O. W.C.Z. | JSE OF OEAT | H (ITEM 27) (Typ | e, Print) | Me | deente | 2, | SAL | is 6 | ux | x, MD |
| 31. DATE FILED (Month, Day, | Year) | 32. REGISTE | AR'S SIGNAT | URE | 1 | | | | | | 1 | - |
| MAR 0 7 | ' '91 | Grahia | Davidso | n-Rande | 82 | | | | | | | |
| | | - 17 | | | | | | | | | | |

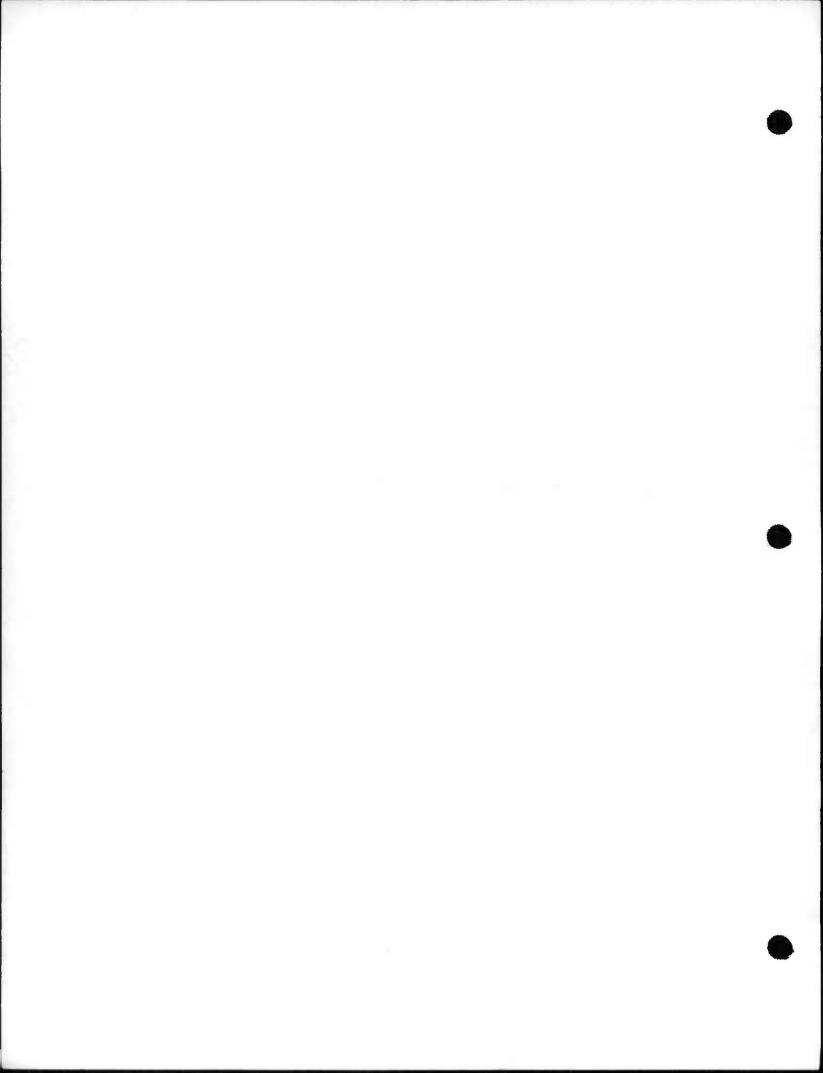
TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-moduls after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89



John

8

T.

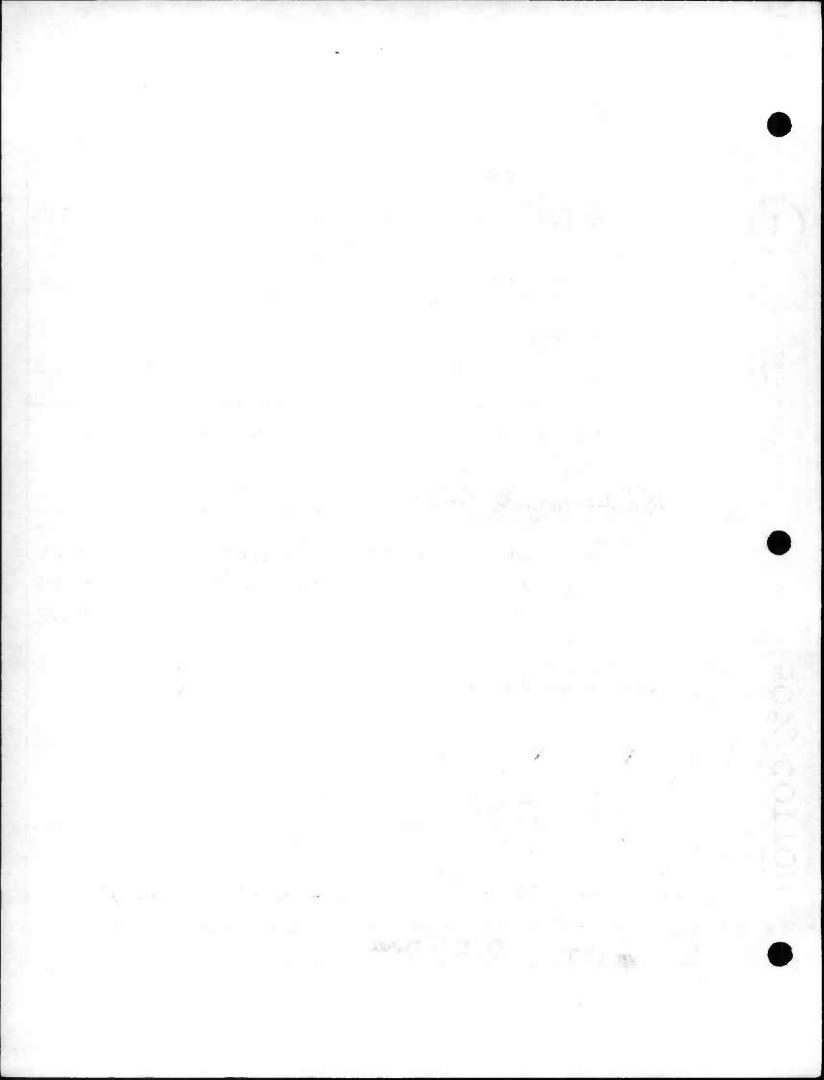
31. DATE FILED (Month, Day, Year)
MAR 0 6 '91

| 1 | FOR STATE REGISTRAR | STATE OF MARYLAND | | MENT OF H | | MENTAL HYGIEN REG. NO. | E 9 | 1 07687 | | | |
|--|--|---|-------------------------------------|---------------------|---|---|----------------------------|---|--|--|--|
| 1 | DECEDENT'S NAME (First, Middle, Last) | Hobbs | | | | 2. DATE OF DEATH | 3 g | 3. TIME OF DEATH | | | |
| - | | SEX 8. AGE (In yrs. I | had blothed and I | IF UNDER 1 YEAR | T (7) 77 2 4 4 10 2 | 7. DATE OF BIRTH | | | | | |
| | 216-09-6118 | □ M 2 🕱 F 78 | YRS. | ONTHS DAYS | HOURS MIN. | (Month, Day, Year) 01-27-1 | 3 K | BIRTHPLACE (State or Foreign Country) IARYLAND | | | |
| | ea. FACILITY NAME (If not institution, give atreet Peninsula Genera RESIDENCE OF DECEDENT | , | - 1 | Salis | Bbury | ATH | 9c. COUNTY | icomico | | | |
| REC | DELAWARE SUSSE | ΞX | | TOWN OR LOCAT | ION | | | 10d. INSIDE CITY LIMITS? 1 X YES 2 NO | | | |
| VERA | 2214 JAMIE AVENUE | | | 101. | 2IP CODE 19956 | | 10g. CITIZEN | OF WHAT COUNTRY? USA | | | |
| 6 3 | 11. MARITAL STATUS 12. 1 Never Merried 2 Merried 2 Werried 3 W Widowed 4 Olvorced | . WAS DECEDENT EVER IN U.S., FORCES? 1 TYES 2 L IF YES, GIVE WAR OR DATES | NO | If yes, spe | ENDENT OF HISPAN celfy Cuban, Maxican 2 X NO Specify: | IC ORIGIN? (Specify Yea n, Puarto Rican, atc.) | 14. | RACE — American Indian, Black, White, atc. Specify: White | | | |
| COMPLETED | 15. DECEDENT'S EDUCATION (Specify only highest grade composition of the secondary (0-12) Composition o | ipleted) | Give kind of wor ife. Do NOT use | | N st of working | 166. KIND OF BU | SINESS/INDUST | RY | | | |
| BE COM | 77. FATHER'S NAME (First, Middle, Last) GEORGE (unk) |) SHOCKLE | EY | | 18. MOTHER'S NAM LAURA | ME (First, Middle, Maiden (unk) | Surname) HEAF | RN | | | |
| 0 ' | 99. INFORMANT'S NAME (Type/Print) BEVERLY A. MITCHELI | | | | TE, LAURE | Noute Number, City or Tow | n, State, Zip Coo 19956 | ole) | | | |
| | 20a. METHOD OF OISPOSITION 3/6/5 1X Burlal 2 Cremation 3 Removal 5 Donation 5 Other (Specify) | 9 20b. PLAC | E OF OISPOSIT | ION (Name of cen | netery, crematory or GARDENS | 20c. LO | EBRON, | | | | |
| - 1 | 21. SIGNATURE OF FUNERAL SERVICE LICENS | | | HOLLC | D ADDRESS OF FAC | RAL HOME, | PA | | | | |
| | 23 PART I. Enter the diseases, or com shock, or heert feliure. List | | | | | | | . Approximate | | | |
| | IMMEDIATE CAUSE (Fins) | Cor Pulmor | nale | | | | | Interval Between Onset and Desth | | | |
| ATION | Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING b. Chronic Obstructive Lung Disease years DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | |
| 띮 | CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST | DUE TO (OR AS A CONS | EOUENCE OF): | | | | | | | | |
| | PART ii. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO | | | | | | | | | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 26. PLACE OF OEATH (Check only one) 27. MANNER OF OEATH 1 Netural 5 Pending 28. OATE OF INJURY 28. OATE OF INJURY 28. OATE OF INJURY 28. OATE OF INJURY 28. OATE OF INJURY (Month, Day, Year) 28. OATE OF INJURY (Month, Day, Year) 28. OATE OF INJURY 28. OATE OF INJURY (Month, Day, Year) 28. OATE OF INJURY 28. OATE OF INJURY 28. OATE OF INJURY 28. OATE OF INJURY ACCIDING TOWN, State) 28. OATE OF INJURY 28. OATE OF INJURY City Or Rown, State) 28. OATE OF INJURY 28. OATE OF INJURY ACCIDING TOWN, State) 28. OATE OF INJURY City Or Rown, State) | | | | | | | | | | | |
| | | | | | | | | ED | | | |
| | | | | | | | | Rural Route Number, | | | |
| S cloud not be determined building, etc. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause | | | | | | | | | | | |
| ō | | | or threatigation, | , an eny opinion, u | earn occured at the | anne, acta ante preca, a | na ada to the ci | ause(s) and manner sa stated. | | | |

Deputy M. Top of DEATH (ITEM 27) (Type, Print) D03599 ▶ 03-03-91 M.E. Bulkeley, 108 Pine Bluff Rd., Salisbury, Md. M.D. y, M.D., 1
32. REGISTRAR'S SIGNATURE Luka Savidson Randall DHMH-18 Rev 1/89

| | FOR 1 - STATE REGISTRAR | STATE OF MARYLAN | | RTMENT OF | | MENTAL HYGIEN | -1 | 07688 | | | | |
|------------------|--|---|-------------------------------|--|---------------------------------------|--|------------------|---|--|--|--|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | 2. DATE OF DEATH MONTH | AY YE | 3. TIME OF DEATH | | | | |
| | NELLIE HUTC | CHISON | | | | 3 1 | | | | | | |
| | 4. SOCIAL SECURITY NUMBER | | rs. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) | | NRTHPLACE (State or Foreign ountry) | | | | |
| | 215-44-6545 | ¹ □ M 2 XX 80 | YRS. | | | 6/13/1 | | MD | | | | |
| Œ | 9a. FACILITY NAME (If not institution, give st Memorial Hos | | | East | OR LOCATION OF DE | EATH | 9c. COUNTY | | | | | |
| 8 | RESIDENCE OF DECEDENT | | | | | | | | | | | |
| DIRECTOR | 10a. STATE 10b. COUNTY | | 10c, CI | TY, TOWN OR LOC | | | | 10d. INSIDE CITY LIMITS? | | | | |
| | 100, STREET AND NUMBER | albot | | East | ON Of, ZIP CODE | | 40- 0/7/774 | 1 YES 2 ND OF WHAT COUNTRY? | | | | |
| FUNERAL | 6955 Manadie | w Dd | | , | OUT DE SERVE | | | | | | | |
| N N | 11. MARITAL STATUS | 12. WAS DECEDENT EVER IN U. | .S. ARMED | 13. WAS DE | 21601 | NIC ORIGIN? (Specify Ye | us or No – 114. | RACE — American Indian, | | | | |
| 百 | 1 Never Married 2 X Married | FDRCES? 1 YES | 2 X NO | If yes, s | pecify Cuban, Maxica S 2 TO Specif | en, Puerto Rican, etc.) | | Black, White, atc. | | | | |
| BY | 3 Widowed 4 Divorced | | | | X com | y. | | Specify: White | | | | |
| | 15. DECEDENT'S EDUC (Specify only highest grade | | Ba. DECEDENT' (Give kind o | S USUAL OCCUPAT f work done during n use retired.) | TIDN nost of working | 16b, KIND OF BL | ISINESS/INOUST | RY | | | | |
| ۳ | Elementary/Secondary (0-12) | College (1-4 or 5+) | | use retired.) memaker | | 0 | IIomo | | | | | |
| COMPLETED | 17. FATHER'S NAME (First, Middle, Last) | | 110 | memaker | | AME (First, Middle, Meider | Home | | | | | |
| | Zachariah Mo | on | | | | a Wilson | , | | | | | |
| BE | 19a. INFORMANT'S NAME (Type/Print) | - | 19b. MAILIN | IG ADDRESS (Street | | Route Number, City or Tox | | (e) | | | | |
| 임 | Ralph G. Hut | chison | 69 | 55 Mana | dier Ro | l. Easto | n, MD | 21601 | | | | |
| | 20s. METHOD OF DISPOSITION 1 Deurisi 2 Cremation 3 Rame | | | TE OF DISPOSITIO | | | OCATION — City | or Town, State | | | | |
| | 4 Donation 5 Other (Specify) | Fa. | irvie | w Churc | h Breth | rehid co | rdova | MD | | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LIC | | 0 | Newr | and address of fa | eral Home | | | | | | |
| | M. F. Mewa | ceur !! I f | SP | 200 | S. Harr | rison Str | eet E | acton MD | | | | |
| | 23. PART i. Enter the diseases, or of ahock, or heart failure. | complications that caused to | | not enter the m | node of dying, suc | ch as cardlec or reas | piratory arrest, | Approximate interval Batwean | | | | |
| | Outstand Doob | | | | | | | | | | | |
| | IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Crug estive Seart Fallure Hours | | | | | | | | | | | |
| | | DUE TO OR AS A C | AA V | DF): | 141 | INIFAL | C7121 | 1 Hours | | | | |
| CERTIFICATION | Sequentielly list conditions, But TO (DR AS A CONSEDUENCE DF): ACUTE MYD CARDLAC INFARCTION HOURS BUT TO (DR AS A CONSEDUENCE DF): | | | | | | | | | | | |
| SAT | if any, leading to immediate cause. Enter UNDERLYING | . ASCVI |) ' | | | | | rearc | | | | |
| Ĕ | CAUSE (Disease or Injury that initiated events | OUE TO (OR AS A C | ONSEQUENCE | OF): | | | | | | | | |
| E | resulting in death) LAST | d | | | | | | | | | | |
| | PART II. Other significant condition | a contributing to death but | not resulting | g in the underlyi | ng cause given in | | | 24b. WERE AUTOPSY FINDINGS | | | | |
| CAL | DM' Nyp | (Not 2ng 17 vg | | | | PERFO | PRMED? | AMAILABLE PRIOR TO COMPLETION OF CAUSE | | | | |
| 밀 | | | | | | | W | DF DEATH? | | | | |
| ä | | | | | | _ | | | | | | |
| M | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOODITAL | | _ | PLACE OF DEATH (C | heck only one) | | | | | | |
| SI | 1 TES 2 ND | MOSPITAL: 1 Inpatient 2 ER/Outpat | iant 3 🗆 DOA | OTHER: | ome 5 🗆 Residence | 8 Other (Specify) | | | | | | |
| PHYSICIAN: MEDIC | 27. MANNER OF DEATH 1 Netural 5 Pending | 28a. DATE OF INJURY (Month, Day, Year) | 28b. T | NJURY | NJURY AT VORK? | 28d. DESCRIBE HDW | INJURY OCCUR | ED | | | | |
| B | 2 Accident Investigation | | | | YES 2 NO | | | | | | | |
| | 3 Suicide 8 Could not be 4 Homicide detarmined | 28e. PLACE OF INJURY — building, etc. (Specify |) At home, farm | i, street, factory, of | rice | 281. LOCATION (Street City or Town, State | and Number or F | sural Houte Number, | | | | |
| E | 29a. CERTIFIER | ICIAN To the best of a section in | dan daret | | | N 400 - 100 - 100 | | | | | | |
| COMPLETED | (Check only | ICIAN: To the best of my knowled ER: On the bests of examination a | | | | | | use(a) and manner as stated. | | | | |
| | 29b. SIGNATURE AND TITLE OF CERTIFIE | | 4 | | 29c. LICENSE NU | | | GNED Month, Day, Year) | | | | |
| BE | William & | Handel | 2 | | DAZY | 144 | ▶3 | 1091 | | | | |
| 2 | 30. NAME AND AGORESS OF PERSON WH | O COMPLETEO CALLE OF DEAT | H (ITEM 27) (7) | pe, Print) | 1002 | ' (| | | | | | |
| | | W | | | | | | | | | | |

32. REGISTRAR'S SIGNATURE



| 1 - STATE REGISTRAR | 1 - | STATE REGISTRAR |
|------------------------|-----|--------------------|
|------------------------|-----|--------------------|

be detached for use as the burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page is made and by the attending physician and completely filled in by the funeral direct. Here is certificate has been signed by the attending physician and completely filled in by the funeral direct. Here is sentificate been signed by the attending physician and completely filled in by the funeral direct. Here is been signed by the attending physician and completely filled in by the funeral direct. Here is the signed been signed by the attending the property of the property of the physician and physician and completely filled by the funeral direct.

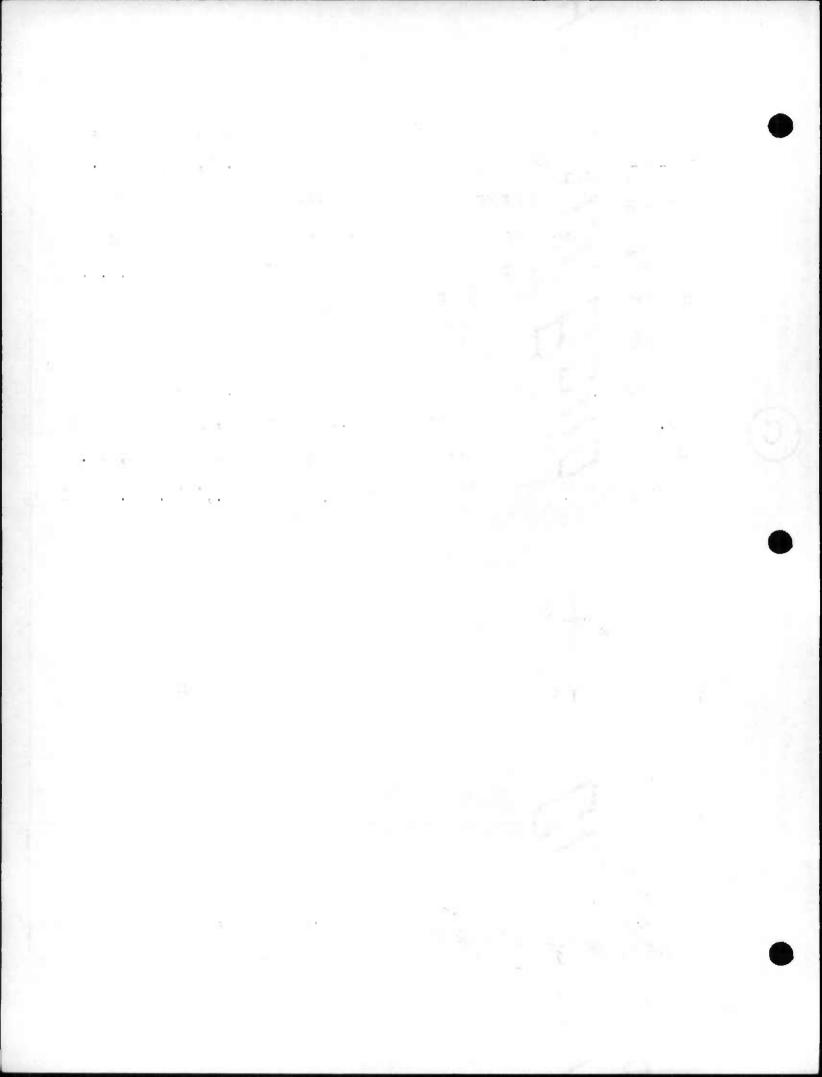
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BYLAND 21203-3146 of by the hospital or attending physician.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

| 1. DECEDENT'S NAME (First, Middle, Lest) James | | | INSTON | | 2. DATE OF DEATH MONTH D March 4. | **1991 YEA | 3. TIME OF DEATH 12:50 |
|--|---|---|---|--|--|-------------------------------|--|
| 4. SOCIAL SECURITY NUMBER 168-03-3974 | 5. SEX 6. | AGE (In yrs. lest birthday) 88 YRS. | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) Feb. 21, | | Pa. a |
| 98. FACILITY NAME (If not institution, give Homewood Retirer RESIDENCE OF DECEDENT | | | | or location of Di derick | | 9c. COUNTY C | derick |
| 10a. STATE 10b. COUNT | rederick | 10c. CIT | Y, TOWN OR LOCA | derick | | | 10d. INSIDE CITY LIMITS? 17 YES 2 ND |
| 10. STREET AND NUMBER 11 West 12th | Sreet | | 11 | 2170 | 1 | | U.S.A. |
| 11. MARITAL STATUS 1. Never Merried 2 Merried 3 Widowed 4 Divorced | 12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR | YES 2 NO | If yes, s | | NIC ORIGIN? (Specify Year, Puerto Rican, etc.) y: | | RACE — American Indian, Black, White, etc. Specify: White |
| 15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) | | (Give kind of life. Do NOT u | USUAL OCCUPAT work done during m se retired.) | ost of working | 16b. KIND OF BU | SINESS/INDUSTF | ΥY |
| 17. FATHER'S NAME (First, Middle, Last) Samuel G. Joh | | | | | ME (First, Middle, Melder ie M. Ke | | |
| 19a. INFORMANT'S NAME (Type/Print) Mrs. Lorraine | Disque | 19b. MAILING 211 M | ay St. | and Number or Rural , Hager | Route Number, City or Tow Stown, M | on, State, Zip Code arylan | d 21740 |
| 20a. METHOD OF DISPOSITION 1 Burial 2 Commetton 3 Ren 4 Donation Other (Specify) | movel from State | 20b. PLACE OF DISPO other place) Alleghen | SITION (Name of o | | | tsburg | ch, Pak |
| 21. SIGNATURE OF PUNETO SERVICE L | Reeney f | M00652 | 22. NAME | ND ADDRESS DF FA | CILITY | | eral Home |
| Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | b | R AS A CONSEQUENCE OF | F): | | | | |
| PART II. Other eignificent condition | - | eath but not resulting | 1 | | Part I. 24a. WAS AI PERFO | RMED? | 24b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO | HOSPITAL: 1 Inpatient 2 E 26a. DATE OF IN (Month, Day, | | OTHER: 4 Nursing Ho | PLACE OF DEATH (C) me 5 Residence AJURY AT ORK? | heck only one) 6 Other (Specify) 28d. DE\$CRIBE HOW | INJURY OCCURE | D |
| 27. MANNER OF DEATH | | | M 1 | YES 2 ND | | | |
| 27. MANNER DF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined | 28a, PLACE OF I | NJURY At home, farm, 2. (Specify) | street, factory, of | ice | 281. LOCATION (Street City or Town, State | and Number or R | ural Route Number, |
| 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHY: | 28e. PLACE OF I building, etc. SICIAN: To the best of m. | c. (Specify) y knowledge, death occur | red at the time, da | te and place, and du | City or Town, State to the cause(a) and me time, data and place, a | nner as stated. | ural Route Number, use(a) and manner as stated |

DHMH-18 Rev 1/89



DHMH-16 Rev 1/89

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tal or attending physician.

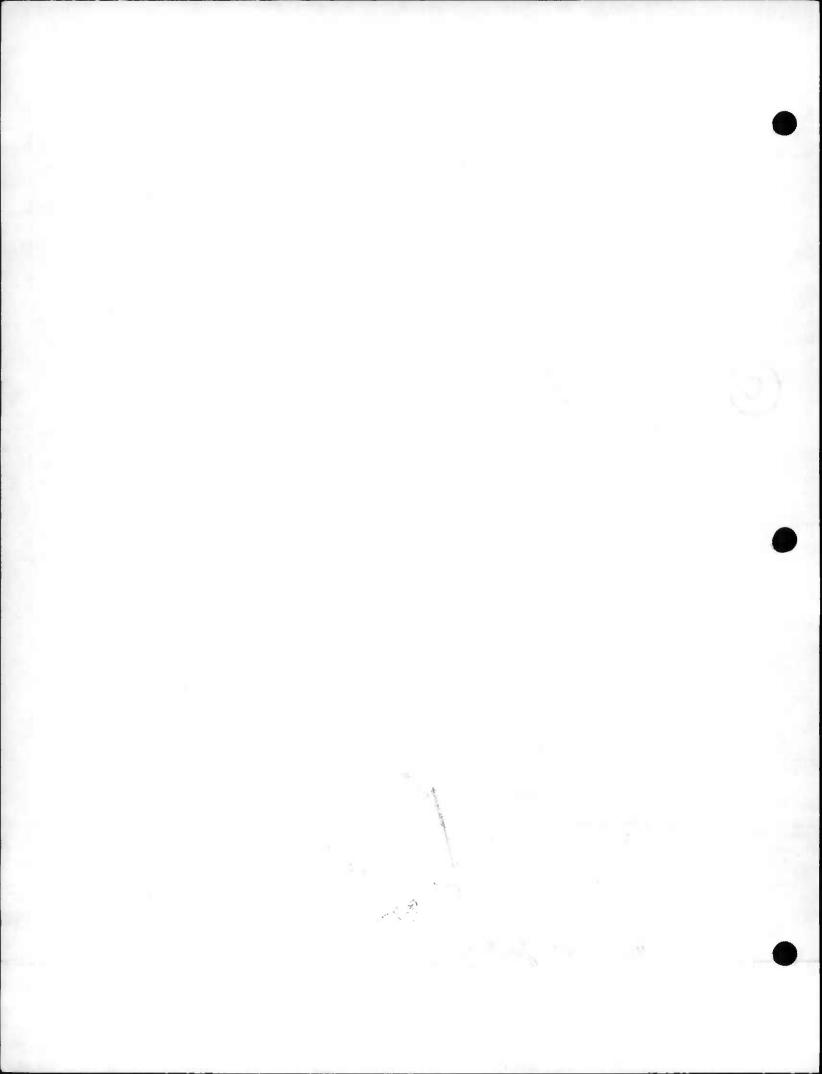
BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-, wours after death. Page 6 may be read to TTHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mountained filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified as

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

| 1 | 1. DECEDENT'S NAME (First, Middle, Last) | | | 2. DATE OF DEATN MONTH DAY | YEAR | 3. TIME OF DEATN |
|---------------|---|---|--|---|--------------------------|--|
| | Betty Elizabeth Jo | ONES | | March 8,1 | | 8:57 P M |
| | 4. SOCIAL SECURITY NUMBER 5. SEX 6. AG | | UNDER 1 YEAR IF UNDER 24 HRS. | 7. DATE OF BIRTN (Month, Day, Year) | 8. BIRTN Countr | PLACE (State or Foreign |
| | 216-30-2336 1□₩₹₹ 5 | 57 YRS. MON | NTHS DAYS HOURS MIN. | | | Virginia |
| | 9e. FACILITY NAME (If not institution, give street and number) | 90. | CITY, TOWN OR LOCATION OF I | DEATH | 9c. COUNTY OF D | EATH |
| DIRECTOR | Frederick Memorial Hosp | pital | Frederick | | Fred | erick |
| H H | 10a. STATE 10b. COUNTY | 10c. CITY, TO | OWN OR LOCATION | | | 10d. INSIDE CITY LIMITS? |
| | Maryland Frederick | F | Frederick | | | 1 YES 2 X NO |
| M | 10e. STREET AND NUMBER | | 101. ZIP CODE | | 10g. CITIZEN OF V | HAT COUNTRY? |
| | 6729 Kernel Court | | 21701 | | Ameri | can |
| FUNERAL | 11. MARITAL STATUS 12. WAS DECEDENT EVEL FORCES? 1 YE | | 13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Mexic | | or No- 14. RACE Black | — American Indian, |
| BY | 1 Never Merried 2 Merried 3 X Wildowed 4 Divorced | | 1 TYES 2X NO Spec | | Speci | |
| | 15. DECEDENT'S EDUCATION | 18a. DECEDENT'S USU | IAL OCCUPATION | 16b. KIND OF BUSI | MESS/INDIJISTOV | White |
| COMPLETED | (Specify only highest grade completed) | (Give kind of work life. Do NOT use re | done during most of working tired.) | Total Kind of Bosi | NEGG/MOOG (A) | |
| 2 | Elementary/Secondary (0-12) College (1-4 or 5 +) 1 1 th | Homemal | ker | | | - 1 |
| 2 | 17. FATNER'S NAME (First, Middle, Last) | 1 Homeman | | IAME (First, Middle, Meiden S | umame) | |
| Ö | Richard J. Riley | | | ter May Ha | | |
| BE | 19e. INFORMANT'S NAME (Type/Print) | 19b. MAILING AD | DRESS (Street end Number or Rura | f Route Number, City or Town, | State, Zip Code) | |
| 2 | Rodger C. Jones | 615 Ba | arnes Ave., | Westminst | er, Md | . 21157 |
| | 200 METHOD OF DISPOSITION | 20b. PLACE OF DISPOSITIO | ON (Name of cametery, crematory or | | ATION — City or To | |
| | 1 XBuriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) | other place) Wesley Gi | rove Cemeter | WOO | dfield | Maryland |
| | 21. SIGNATURE OF FUNEBAL SERVICE LICENSEE | 1 | 22. NAME AND ADDRESS OF F | FACILITY | | |
| | DAME T & TISSIL | 1,201 | Olin L. Mol | | | |
| \dashv | 23. PART I. Enter the diseases, or complications that cause | sed the death Do not | Damascus, N | | | Approximate |
| | shock, or heart failure. List Dnly Dna cause Dr | | 5-H 1874 1 COLON 10 5 3 5 1 5 1 5 1 | Company of Control | | Interval Between |
| | IMMEDIATE CAUSE (Final disease or condition | +0.0. | | | | Onset and Death |
| | resulting in death) a. DUF NO (OR A | S A CONSEQUENCE OF: | n cancer | | | |
| _ | | | | | | |
| CERTIFICATION | Sequentially list conditions, If any, leading to immediate | S A CONSEQUENCE OF): | | | | |
| ₹ | cause. Enter UNDERLYING CAUSE (Disease or Injury | | | | | |
| Ē | that initiated events DUE TO (OR A | S A CONSEQUENCE OF): | | | | |
| 盟 | resulting in death) LAST | | | | | |
| | PART II. Other aignificant conditions contributing to deat | h but not resulting in t | he underlying cause given i | in Part I. 24s. WAS AN | MITOPSY 24H | WERE AUTOPSY FINDINGS |
| র | | | and anadonying disable giron i | PERFOR | WED? | AMAILABLE PRIOR TO COMPLETION OF CAUSE |
| MEDICAL | | | | 1 _ YES 2 | NO NO | OF DEATH? |
| Σ | | | _ | _ | | 1 YES 2 NO |
| AN | 25. WAS CASE REFERRED TO MEDICAL | | 26. PLACE OF DEATH (| Charle and and | | |
| 2 | EXAMINER? 1 YES 2 P NO HOSPITAL: 1 Pinpellent 2 ER/C | | THER: | | | |
| PHYSICIAN | 27, MANNER OF DEATH 28s. DATE OF INJUI | | □ Nursing Home 5 □ Residence F 28c. INJURY AT | e 8 U Other (Specify) 28d. DESCRIBE NOW IN | LIURY OCCURED | 100 |
| | 1 Natural 5 Pending (Month, Day, Yes | | | | | |
| ВУ | | URY — At home, farm, stree | | 28f. LOCATION (Street a | nd Number or Rural | Route Number, |
| E | 4 Homicide determined building, etc. (5 | specify) | | City or Town, State) | | |
| iii | 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my ke | nowledge death accurred a | at the time date and place, and d | to the cause/e) and man | nor as stated | |
| COMPLET | (Check only one) 2 MEDICAL EXAMPLES. On the basis of examin. | | | | | e) and manner as stated. |
| | 29b, SIGNATURE AND TITLE OF CHATTER | | 29c. LICENSE N | | | (Month, Day, Year) |
| BE | | MA | 29C. LICENSE N | -2 (T | > 7 111 | 9 1 |
| 6 | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF | DEATH (ITEM 27) (Tone Pr | 1035 | 661 | 2/11/ | |
| | MANUEL A CASIA LO | 915 TILL | ALO E | ا ا د داده | 11. 9 | 1701 |
| | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF ANUEL A. CASIANO 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S S MAD 1 4 1001 | II JOIN | ense The th | Educick) | na: c | 1 (- |
| | MAR 1 4 1991 Julia Davis | 1. 10-1.00 | | | | |
| | MIND I 4 1331 June David | Market Market | | | | |



| | FOR |
|---|-----------|
| 1 | STATE |
| | REGISTRAR |

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | 1 - STATE REGISTRAR | OINIE OI | CE | | | | DEATH | | REG. NO. | | |
|-----------------|--|--|--|-------------|--------------|-------------|---|-----------------|---------------------------------|------------------------------|---|
| | 1. DECEDENT'S NAME (First, Middle, Lest) | | | ji. | | | | 2. DATE OF | | CYSAR | 3. TIME OF DEATH |
| , | Stella John | son | | | | | | 03 | 03 | 91 | 1208 _M |
| | 4. SOCIAL SECURITY NUMBER | 5. SEX | 6. AGE (In yrs. les | t birthday) | IF UNDER | | IF UNDER 24 HRS. | 7. DATE OF | BIRTH lev Year) | 8. Bift? | HPLACE (State or Foreign |
| | 214-32-6122 | 1 M 2 X F | 81 | YRS. | MONTHS | DAYS | HOURS MIN. | 07-1 | 2-09 | 100 | nd. |
| | 9e. FACILITY NAME (If not institution, give str | eet end number) | | | 9b. CITY, | TOWN C | R LOCATION OF DE | ATH | 94 | c. COUNTY OF I | DEATH |
| HOL | Peninsula Gene | ral Ho | spital | | S | Bali | sbury | | | Wico | mico |
| DIRECTOR | 10e. STATE 10b. COUNTY | when | ter | 10c, CIT | Y JOHN O | H LOCAT | brid | 00) | | | 10d. INSIDE CITY LIMITS? 1 PES 2 NO |
| FUNERAL | 10e. STREET AND NUMBER 8 19 Brace | dles | 1911 | l | | 101 | ZIP CODE | 13 | 10 | og. CITIZEN OF | WHAT-COUNTRY? |
| B | 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced | FORCES? | T EVER IN U.S. AR 1 YES 2 A WAR OR DATES | | 1 | f yes, sp | ENDENT OF HISPAN ecify Cuben, Mexica 2 NO Specify | n, Puerto Rici | | No — 14. RAC Blac Spec | E — American Indien, ik, White, etc. |
| PLETED | 1s. DECEDENT'S EDUC (Specify only highest grade of Egyptiany/Secondary (0-12) | ATION completed) College (1-4 or 5 | (G | CEDENT'S | USUAL OC | CCUPATIO | ON st of working | 16b. KI | IND OF BUSINE | SS/INDUSTRY | |
| E COMPL | 17. FATHER'S NAME (First, Michille, Laugh | In | un | | | | 16. MOTHER'S NA | ME (Firm, Mid | dle, Maiden Sun | namo) | 1sen |
| TO B | Barbura | Har | ris 19 | 8/1 | ADDRESS. | rstre | Ley C | Anisha Mirmbay, | Cass | nb 7. | nd 21613 |
| | 20e. METHOD OF DISPOSITION 1 D Suriel 2 □ Cremation 3 □ Remo 4 □ Donation 5 □ Other (Specify) | val from State | 20b. PLACE other bl | OF OISPOS | SETION (No. | me di cer | rietery, crem thry or | | 200 LOCAT | 10:1 - CH III I | Las mo |
| | 21. SIGNATURE OF FUNERAL SERVICE LICE | ENSEE | | | P 22. | NAME AN | D ADDRESS OF FA | CILITY 17.8 | · 24 | urla | 1.201. |
| | 23. PART I. Enter the diseases, or c ehock, or heert failure. I | omplications the | et coused the de | eth. Do i | not enter | the mo | de of dyling, euc | h es cerdie | c or respirate | ory srrest, | Approximate interval Between |
| | IMMEDIATE CAUSE (Finel disease or condition resulting in death) | | rioscle | | | arc | liovasc | ular | Disea | ase | years |
| TION | Sequentielly list conditions, if any, leading to immediate | k | O (OR AS A CONSE | | | | | | | | |
| CERTIFICATION | ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST | OUE TO | O (OR AS A CONSE | OUENCE O | f): | | | | | | |
| a 1 | PART II. Other significent conditions | contributing to | o deeth but not i | resulting | In the un | nderlyln | g cause given in | Part I. 2 | 4a. WAS AN AU | | b. WERE AUTOPSY FINOINGS |
| <u>ح</u> | Hypertensi | on | | | | | | Ι, | PERFORME | | AVAILABLE PRIOR TO COMPLETION OF CAUSE |
| PHYSICIAN: MEDI | Cerebral A | rterio | sclero | sis | | | | _ ' | | | OF DEATH? 1 YES 2 NO |
| Ž | 25. WAS CASE REFERRED TO MEDICAL | | | | | | | | | | |
| 3 | EXAMINER? | HOSPITAL: | | | OTHER | R: | ACE OF DEATH (CA | | | | |
| X | 1 ¼ YES 2 □ NO 27, MANNER OF DEATH | 1 Inpetient 2 | ER/Outpatient 3 | 26b. TIN | | sing Horr | e 5 Residence | | Specify) | IBY OCCUPED | |
| ВУ РР | 1 Natural 5 Pending 2 Accident Investigation | (Month, | Day, Year) | IN. | JURY M | WC | PRK? | 28d. DESC | NIBE NOW INSC | IN OCCURED | |
| TED | 3 Suicide 8 Could not be 4 Homicide determined | | OF INJURY — At he g, etc. (Specify) | ome, farm, | street, fact | tory, offic | • | | ION (Street and Town, State) | Number or Rural | Route Number, |
| COMPLETED | 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE | | | | | | | | | | (a) end manner ee stated. |
| B | | Isaley | | puty | | E. | 29c. LICENSE NU DO 359 | | 2 | PAL DATE SIGNE | D (Month, Day, Year) -03-91 |
| 2 | John T. Bulkel | ey, M. | D., 10 | 08 F | ine | | aff Rd. | , Sal | Lisbur | ry, Md | • |
| | 31. DATE FILEO (Month, Day, Year) 3 '9 | 32. REGISTE | TUNCTE WILL | son-R | indell | | | | | | |

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or nanoval IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical DIVISION OF VITAL RECORDS, P.O. BOX 13146,

by be retained by the hospital or attending physician.

ust be notified at once.

DRE, MARYLAND 21203-3146

A

be notified at once.

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| TO THE HOSPITAL OR ALLENDING PHYSICIAN. THE IBM REQUIRES THAT THE GEATH CETHINGARE DE EXECUTED WITHIN 24 HOURS | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in inv | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or mind | IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical |
| execute | and co | to burial | matic (|
| e De | sician | Duor 1 | trau |
| Certificat | ding phy | lygiene p | other |
| oeam | atten | ental F | IT, 0 |
| me | y the | MP | 를 |
| MAI | B P | h ar | any |
| Julines | sign. | Healt | DWS |
| 30 | beer | 1.0 | 45 |
| 9 | has | 9 | 23 |
| - | cate | State | item |
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| SE. | this c | with | rked |
| SNO | After | death | s ma |
| EN | OR. | fter | 00 |
| JR AI | IRECT | Durs a | em 2 |
| a a | 10 | 2 h | II II |
| HOSPILL THE STATE | FUNERA | within 7 | TANT |
| H | 里 | led | NO. |
| 2 | 2 | Pe | Ē |
| | | | |

| | 1 - STATE REGISTRAR | | CERTIFI | CATE O | DEATH | REG. NO. | | |
|----------------|---|--|--------------------------------------|-----------------------------------|--|---|------------------------|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | JUHNS | rdon I. Jo | hnson | | 2. DATE OF DEATH DA | V YEAR | 3. TIME OF GEATN |
| | 4. SOCIAL SECURITY NUMBER 473-15-8959 | T . | GE (In yrs. last birthday) 74 YRS. | IF UNDER 1 YEAR | | 7. DATE OF BIRTH | a, BIRT | NPLACE (State or Foreign With Dakota |
| OR | 90. FACILITY NAME (If not institution, give Greater Laurel Be | | ospital | 96. CITY, TOWN | OR LOCATION OF DE | ATH | 9c. COUNTY OF I | death George |
| DIRECTOR | RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT | ry | 10c. CITY | r, TOWN OR LOC | ATION | | | 10d. INSIDE CITY |
| | Maryland Prin | nce George | Lau | rel | | | | 1 X XYES 2 NO |
| FUNERAL | 100. STREET AND NUMBER 1033 Ward Street | t | | | 101. ZIP CODE 20707 | | 10g. CITIZEN OF USA | WHAT COUNTRY? |
| BY | 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced | 12. WAS DECEDENT BY FORCES? 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/ | YES 2 NO | If yes, | ECENDENT OF NISPAN specify Cuben, Mexice ES 2 1 NO Specify | | Spec | CE — American Indian, ck, White, etc. city: hite |
| COMPLETED | 15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) | | life. Do NOT us | vork done during i e retired.) | TIÓN nost of working | 16b. KINO OF BUS | INESS/INDUSTRY | |
| \\ \frac{7}{2} | 11 | 0 | Milita | ry MSG | | Army | | |
| | 17. FATNER'S NAME (First, Middle, Lest) Henry Johnson | | | | Emma 01 | ME (First, Middle, Maiden | Surname) | |
| O BE | 19e. INFORMANT'S NAME (Type/Print) | | 19b. MAILING | ADDRESS (Street | - | SCII Route Number, City or Town | n, State, Zip Code) | |
| - | Hildred Johnson | | 1033 | Ward St | reet Laur | el, Maryla | ind 2070 |)7 |
| | 200 METHOD OF DISPOSITION 1/1/Buriel 2 Cremetion 3 Rem | noval from State | 20b. PLACE OF DISPOS | | | 1,144,144 | CATION City or T | |
| | 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L | | Arlington | Nationa 22 NAME | AND ADDRESS OF FA | y Arii | ngton, \ | /A |
| - | · Votales | relack | erf | 7601 | Sandy Sp | ^{сыту} Fleck F oring Road | Laurel. | Home, Inc., MD 20707 |
| | ehock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) | . 5 | AS A CONSEQUENCE OF | F): | | | | Interval Between Onset and Death |
| CERTIFICATION | Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | C | AS A CONSEQUENCE OF | | | | | |
| Ë | resulting in death) LAST | d | | | | | | |
| MEDICAL C | PART II. Other significant condition | ing contributing to das | th but not resulting I | in the underly | ing causa given in | Part I. 24s. WAS AN PERFOR | MED? | Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| | | - | | | | | | |
| 3 | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO | HOSPITAL: | | OTHER: | PLACE OF OEATN (Ch | | | |
| PHYSICIAN: | 27. MANNER OF QEATN | 28e. DATE OF INJI | /Outpatient 3 DOA DOA URY 28b. TIM | E OF 28c. | ome 5 - Reeldence | 8 ☐ Other (Specify) 28d. OEŞCRIBE NOW I | NJURY OCCUREO | |
| ВУР | 1 Naturel 5 Pending 2 Accident investigation | (Month, Day, Y | ear) and | | WORK? YES 2 NO | | | |
| TED | 3 Suicide 6 Could not be 4 Homicide determined | 28e. PLACE OF INbuilding, etc. | JURY — At home, farm, ((Specify) | street, factory, o | tice | 28f. LOCATION (Street City or Town, State) | and Number or Rural | i Route Number, |
| COMPLE | anal anal | SICIAN: To the best of my | | | | | | o(s) end menner as stated. |
| TO BE C | 296. SIGNATURE AND TITLE OF CERTIFIC | cleet | | | 29c. LICENSE NU | 7/6 | 29d. DATE SIGNE | ED (Month, Day, Year) |
| = | | NIA A T | 87/7 | CIFEN | ng 4 | ANE,] | AUREI | c, Kio. |
| | 31. DATE FILED (Morriti, Day, Year) MAR 0 7 9 1 | 32. REGISTRAN'S | SIGNATURE | | | 7 | - 1100 | |

2. DATE OF DEATH

MARCH

7. DATE OF BIRTH

3. TIME OF DEATH

4405

8. BIRTHPLACE (State or Foreign

1. DECEDENT'S NAME (First, Middle, Last)

A SOCIAL SECURITY NUMBER

MAYOMA

Justice

8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

DAYS

HOURS

MADDOX

5 SEY

1 M 2 MF

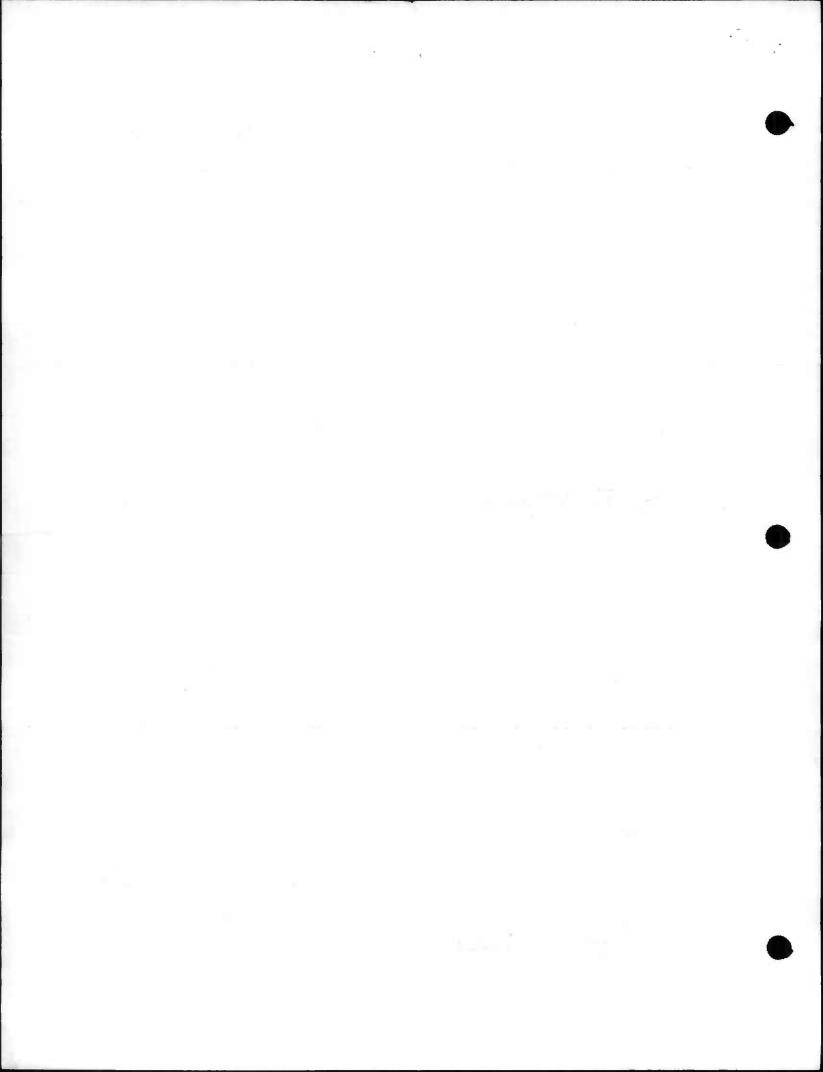
| 6, | within 2 |
|--|--|
| 1314 | executed |
| × | 2 |
| 0. 80 | certificate |
| <u>.</u> | death |
| S | the |
| 문 | that |
| 200 | requires |
| - | AM I |
| ₹ | F |
| OF VI | PHYSICIAN: |
| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 |
| 5 | R |
| | |

_*#=84yas. 213-18-5636 906 Maryland 22 May 9a. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PENINSULA GENERAL HOSPITAL SALISBURY WICOMICO RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10a STATE Virginia Accomack Wattsville 1 YES 2 XNO FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 10f ZIP CODE 23415 USA Route #1, Box 252 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 2X NO If yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 Never Married 2 Married 1 YES NO Specify: Specify: BY 3 Wildowed 4 Divorced white COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple College (1-4 or 5+) Elementary/Secondary (0-12) Dog Breeder 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Bessie Elliott Woodrow F. Maddox BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 P. O. Box 1, Oak Hall, Va. 23416 James F. Adams P 20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State must 1 Cremation 3 Removal from State Donation 6 Other (Specify) Downing's Methodist Cem. Oak Hall examiner 21 SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MELSON FUNERAL HOME Swtts. melser P 21851 O. Box 64, Pocomoke, Md medicai 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heart fellure. List only one ceuse on each line. Interval Between 6 Onset and Death IMMEDIATE CAUSE (Final the disesse or condition Bilateral plemal Effusions
DUE TO (OR AS A CONSCIUENCE OF): event, 1 resulting in death) Preumonia traumatic CERTIFICATION Sequentisity list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): been signed by the attending physician it. of Health and Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury . Enter UNDERLYING other 1 DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in desth) LAST 0 injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL MAR ARI F PRIOR TO CHF. COMPLETION OF CAUSE OF DEATH? shows any 1 TES AND 1 YES 2 NO certificate has be h the State Dept. PHYSICIAN: 23 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL item **EXAMINER?** HOSPITAL: OTHER:

1 Ampatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Realdence 6 Other (Specify) 1 TES 2 NO 6 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, with t Natural 6 Pending м 1 YES 2 NO After t ΒY Accident Investigation 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Sulcide 6 Could not be determined .00 COMPLETED FUNERAL DIRECTOR: within 72 hours after 4 Homicide 28 CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. item 29a CERTIFIER 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mopth, Day, Year) 五五二 BE Muddlich 029105 3/7 9 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CHRISTSON Lauitland Md. 103 Popular St. Huddleston 31. DATE FILED (Month, Day, Year) 32. RECISTRAR'S SIGNATURE Julia Davidson 2 '91 DHMH-16 Rev 1/89



page director, funeral removal. filled in by ysician and completely fille prior to burial, cremation,



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

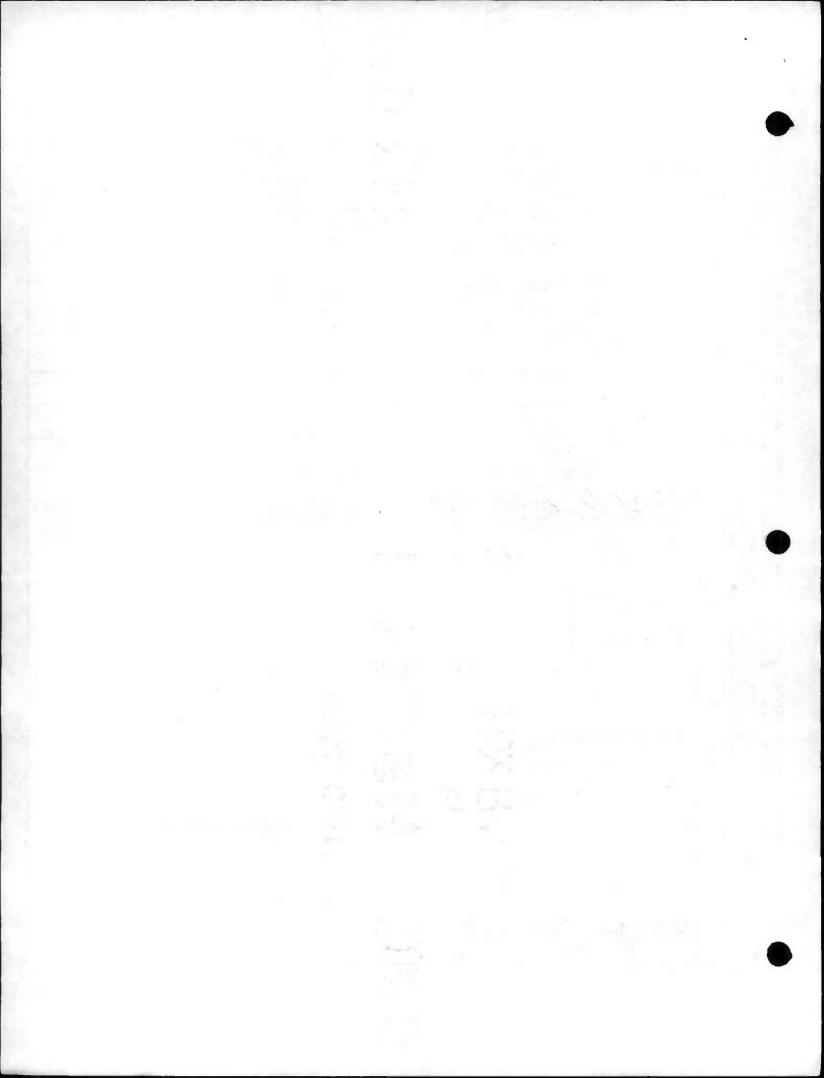
| REGISTRAR | | CERTIF | ICATE OF | DEATH | REG. NO | | |
|--|---|---------------------------------|---|--------------------------------|--|----------------------|---|
| 1. DECEDENT'S NAME (First, Middle, Les | | | 2 | | 2. DATE OF DEATH DON'TH D | AY YEAR | 3. TIME OF DEATH |
| | | IKENS | | | 3 9 | | 17:00 A |
| 4. SOCIAL SECURITY NUMBER | 5. SEX 6. AG | E (In yrs. lest birthday) YRS. | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) 2-26-199 | Cou | THPLACE (State or Foreign ntry) ARYLAND |
| 90. FACILITY NAME (If not institution, given 522 Franklin Ro | | 1-17 | | gton Par | | St. Ma | ary's County |
| RESIDENCE OF DECEDENT 10a. STATE 10b. COU | | | TY, TOWN OR LOCAT | | | | 10d. INSIDE CITY LIMITS? |
| | T. MARY'S | | LEXINGTO | | | | 1)XX YES 2 NO |
| 10a. STREET AND NUMBER 522 FRANKLIN R | OAD | | 10 | 20653 | | | S.A. |
| 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF | ES 2 NO | It yes, sp | | IIC ORIGIN? (Specify Yern, Puerto Ricen, etc.) | Bi | cE — American Indian, ack, Whita, etc. ec//y: White |
| 15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12) | | (Give kind of life, Do NOT u | S USUAL OCCUPATION Work done during mouse retired.) | st of working | 16b. KIND OF BU | SINESS/INDUSTRY | |
| 17. FATHER'S NAME (First, Middle, Last) | | | | 16, MOTHER'S NA | ME (First, Middle, Maiden | Sumame) | |
| JEFFRY E. JIN | KENS | | | N. M. W. W. C. | ANN BURY | | |
| 19a, INFORMANT'S NAME (Type/Print) | | 19b. MAILIN | G ADDRESS (Street I | nd Number or Rural I | Route Number, City or Tox | vn, State, Zip Code) | |
| JEFFRY E. JINK | ENS | 522 | FRANKLIN | ROAD, L | EXINGTON P | ARK. MD | 20653 |
| 20a. METHOD OF DISPOSITION | | 20b. PLACE AND DAT | TE OF DISPOSITION | | | CATION — City or | |
| 1 X Buriel 2 Cremetion 3 R 84 Donation 5 Other (Specify) | emoval from State | ST. MAR | Y S CEME | TERY | 3/13 C | ECTI. PI | ENNSYLVANIA |
| 21. SIGNATURE OF FUNERAL SERVICE | LICENSEL | 0 | 22, NAME A | ND ADDRESS OF FA | CILITY | | BINIO 2 B VIII III |
| 23. PART i. Entar tha diseases, I | Auslado | 11. | P.O. | BOX 279, | NERAL HOME LEONARDTO | WN. MAR | YLAND 20650 |
| iMMEDIATE CAUSE (Final disease or condition resulting in death) | a. SEIZUS | S A CONSEQUENCE | | | | | Onset and De |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | c | AS A CONSEQUENCE (| | | | | |
| PART II. Other eignificant condit | ione anniellecting in deat | h hut met manifelme | in the and while | | Part I. 24s. WAS AF | u aurronev I | 4b. WERE AUTOPSY FINDING |
| PART II. Othar aigninicant condit | ions contributing to deat | n but not reauting | in tha undanyin | g cause given in | | RMED? | AVAILABLE PRIOR TO COMPLETION OF CAUSE |
| | | | | | 1 ETYES | 2 NO | OF DEATH? |
| | | | | _ | - 1 | | 1 YES 2 NO |
| | | | | 2 | | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | OTHER: | LACE OF DEATH (Ch | eck only one) | | |
| 1 YES 2 □ NO | 1 Inpatient 2 ER/C | | | | 6 Other (Specify) | | |
| 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation | 28a. DATE OF INJUI (Month, Day, Yes | RY 28b. Ti | NJURY W | HURY AT ORK? YES 2 NO | 28d, DESCRIBE HOW | INJURY OCCURED | |
| 3 Suicide 6 Could not 4 Homicide determined | be building, etc. (3 | URY — At home, farm Specify) | , street, factory, offi | :• | 28t. LOCATION (Street City or Town, State | | al Route Number, |
| (Crieck Only | IYSICIAN: To the best of my ki | | | | | | ne(a) and manner as stated |
| 296. SIGNATURE AND TUTLE OF CERTIF | gw MD | 10 | 7 0 | 29c, LICENSE NU O.C.M | | | MED (Morith, Day, Year) 0-1991 |
| 30. NAME AND ADDRESS OF PERSON | | | | et Palti | more,Maryl | and 212 |) i |
| DONALD G. WRIGH | | | em sere | er Dalth | more, har Al | and ZIZ |) <u>T</u> |
| 31. DATE FILED (Month, Day, Year) | 32. REGISTRAR'S S | HUNATURE | 4.4 | | | | |

traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the into THE FINERAL DIRECTIOR. After this certificate has been signed by the filed within 72 hours after death with the State Dept. of Heath and Medical IMPORTANT: If Item 28 is marked, or Item 23 shows any injury.

DIVISION OF VITAL RECORDS,

Julia Davidson-Randale MAR 1 2 '91



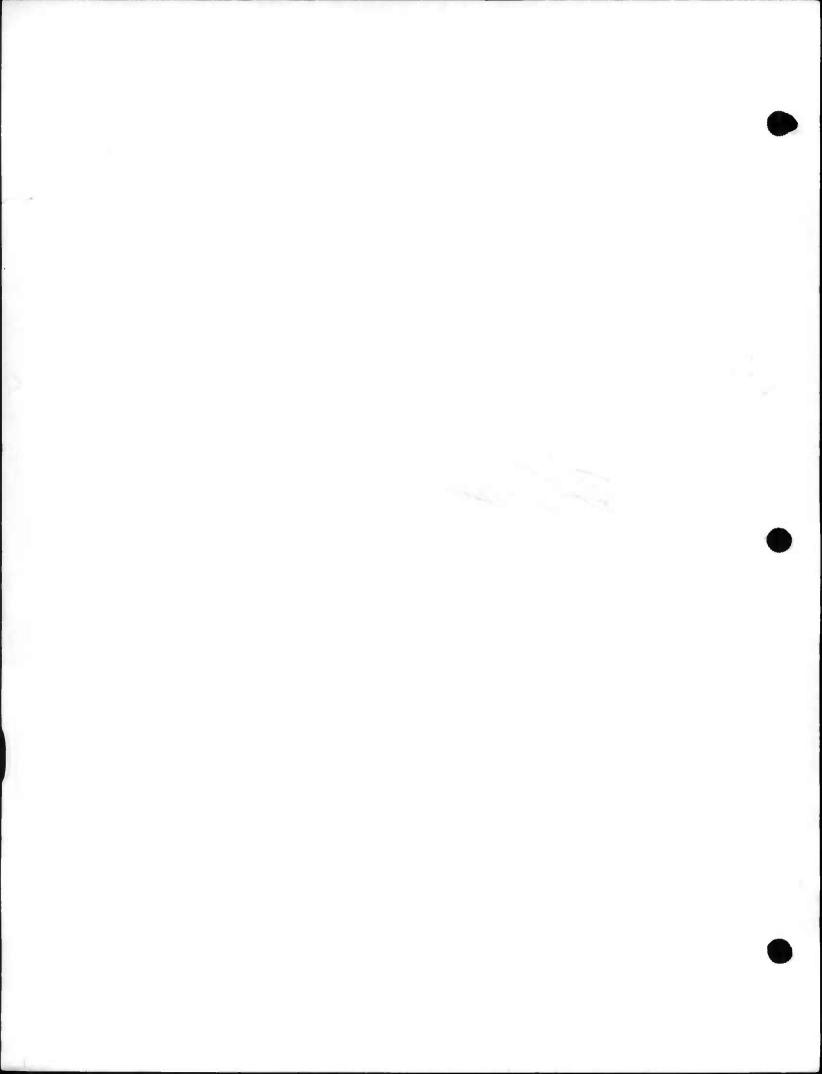
| _ | D | LLJ | midian oosep | 11 | |
|--|--|----------------------------------|--|---|------------------------|
| = | retained 5 should notified | TO BE | 19a. INFORMANT'S NAME (Type/Print) | | 19b. MAI |
| MAHY | be reta ge 5 si e noti | ۲ | Sonja Joseph | | |
| BALLIMORE, | P 20 | | 20a. METHOD OF DISPOSITION (**Committee Disposition D | | ACE OF DI er place) |
| Σ | Page I dire | 1 | 21. SIGNATURE OF FUNERAL SERVICE LIC | ENSEE | |
| SALI | the funeral director, wal. | | 1 | Make | > |
| OX 13146, | within 24 opletely fill cremation, | CATION | 23. PART i. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury | e. DUE TO (OR AS A COL | NSEQUEN |
| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | requires that the deen signed by the of Health and Meshows any Injury | PHYSICIAN: MEDICAL CERTIFICATION | that initiated events resulting in death) LAST PART II. Other significent condition | d | |
| IAL | V: The law icate has b State Dept item 23 | CIAN | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | |
| DF VI | NG PHYSICIAN: fler this certific eath with the S marked, or I | PHYS | 1 PES 2 NO 27. MANNER OF DEATH 1 Netural S Pending | 1 Inpatient 2 ER/Outpatie | 28t |
| SION | CTOR: After to after death after death | TED BY | 2 Accident Investigation 3 Suicide S Could not be 4 Homicide determined | 28e. PLACE OF INJURY — building, etc. (Specify) | At home, f |
| 20 | THE HOSPITAL OR A THE FUNERAL DIREC filed within 72 hours PORTANT: If itom | TO BE COMPLETED BY | one) 2 MEDICAL EXAMINE | ICIAN: To the best of my knowledg | |
| | THE HO THE FL Se filed wi | TO BE | 29b. SIGNATURE AND TITLE OF CHITTIFIE | Chas 6 Dy | Infa) |
| | | | 30. NAME AND ADDRESS OF PERSON WH | IU COMPLETED CAUSE OF DEATH | (ITEM 27) |

as the burist-transit permit. Pages 1, 2, 3 should

COMPLETED BY FUNERAL DIRECTOR

91 07695 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

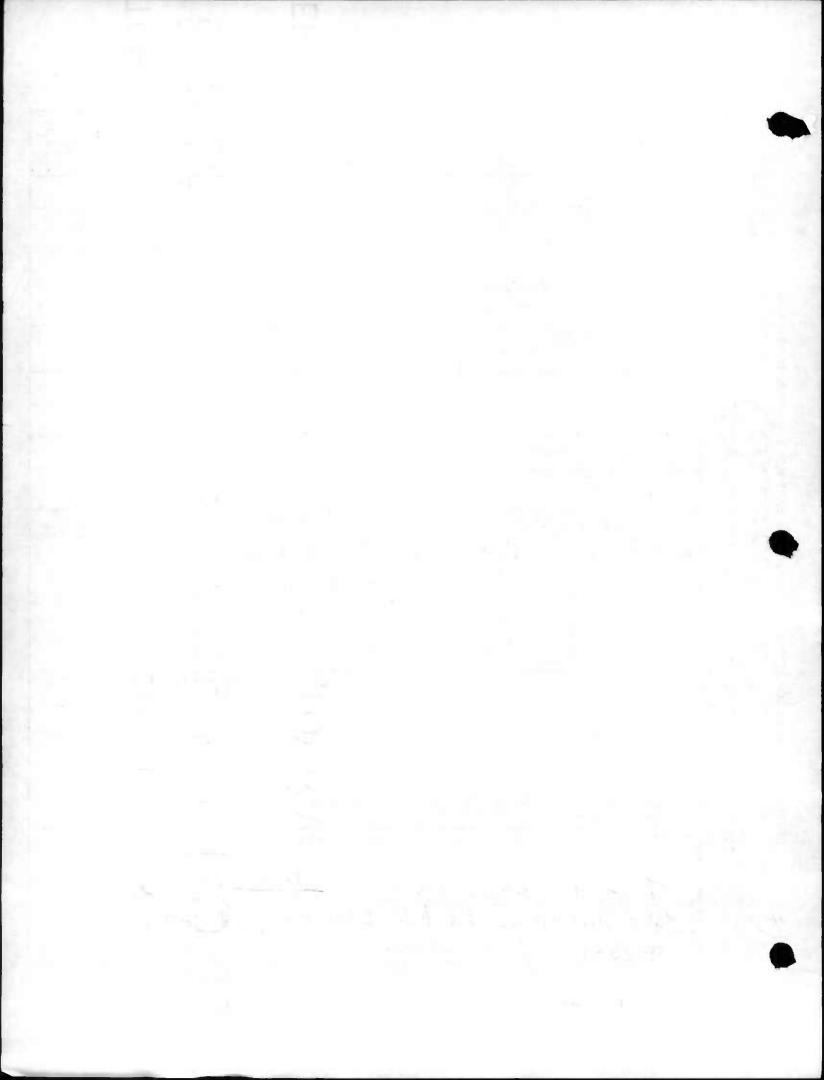
| 1 - STATE REGISTRAR | STATE OF MARY | AND / DEPARTM CERTIFIC | | | MENTAL HYGIEN REG. NO. | E 9 | 07695 |
|--|--|--|--|----------------------------------|---|--|---|
| 1. DECEDENT'S NAME (First, Middle, L. | | \ . | | | 2. DATE OF DEATH MONTH DA | Y YEA | 3. TIME OF DEATH |
| Tahl | V. Josep | | T | | | 5 91 | 5421 m |
| 4. SOCIAL SECURITY NUMBER 578-54-1594 | 1 M 2 D F | | UNDER 1 YEAR NTHS DAYS | IF UNDER 24 HRS. HOURIE MIN. | 7. DATE OF BIRTH (Month, Day, Year) 9-2-41 | C | retthPLACE (State or Foreign ountry) Tash., D.C. |
| Sa. FACILITY NAME (If not institution, g | | | | LOCATION OF DE | ATH | 9c. COUNTY (| |
| Physicians | Memorial Ho | spital | LaP1a | ta | | Cn | arles |
| 10a. STATE 10b. CO | | 10c. CITY, TO | OWN OR LOCATION | ON | | | 10d. INSIDE CITY |
| Md. | Charles | W | aldorf | | | | LIMITS? 1 YES 2XXXNO |
| 10e. STREET AND NUMBER | CHALLES | 1 44. | | ZIP CODE | | 10g. CITIZEN | OF WHAT COUNTRY? |
| Rt. 1,Box 1 | 121,Quade Ci | rcle | 1 | 2060 | 1 | U | SA |
| 11. MARITAL STATUS | 12. WAS DECEDENT EVER | IN U.S. ARMED | | | IC ORIGIN? (Specify Yes | | RACE — American Indian, Black, White, atc. |
| 1 Never Married 2 Parried | FORCES? 1 YES | | | city Cuben, Mexical 2 Specify | n, Puerto Ricen, etc.) | | Black, White, atc. |
| 3 Widowed 4 Divorced | | | | | | | White |
| 15. DECEDENT'S (Specify only highest of | | 18a. DECEDENT'S USI | done durina mos | N t of working | 16b. KIND OF BUS | INESS/INDUSTI | RY |
| Elementary/Secondary (0-12) | College (1-4 or 5+) | life. Do NOT use re | | | Dit | ter Ni | ggan |
| 17. FATHER'S NAME (First, Middle, Last | 0 | Auto | Painte | | ME (First, Middle, Maiden | | . 55011 |
| Midian Jose | | | | | Haslipp | oumane) | |
| 19a, INFORMANT'S NAME (Type/Print) | - Pit | 10h MAII DIC 40 | INDESS /Charles | | Route Number, City or Tow | o Chain Tin Carl | |
| Sonja Josej | oh | | | .Oa-10f | | , State, Ap COOL | =/_ |
| 20a. METHOD OF DISPOSITION | | Db. PLACE OF DISPOSITION | | | T | CATION — City | or Town State |
| 1XCXSuriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify) | Removed from State | other place) | | | | | |
| 21. SIGNATURE OF FUNERAL MENTIO | LICENSIE | Ct. Lin | 22. NAME AN | emeter | CIUTY TOPE F | uneral | ood,Md. Home,Inc. |
| . × | / Mkm | 4 | 6633 | 01d A1 | exander 1 20735 | Ferry | Road |
| 1 | 1/1/194 | | | | | | |
| 23. PART i. Enter the diseases, shock, or heart falls | or complications that cause ure. List only one cause on | | enter the mod | le of dying, suci | h as cardisc or respi | ratory arrest, | Approximate interval Between |
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| IMMEDIATE CAUSE (Finel | A abol. | 1-1-6 | 0 1 | | | | Onset and Deeth |
| IMMEDIATE CAUSE (Finel disease or condition resulting in death) | | oscleratio | Card | o Vasch | kr Dise | age | |
| disesse or condition | | A CONSEQUENCE OF): | Card | o Vacch | by Dise | ARR | |
| disesse or condition | DUE TO (OR AS | A CONSEQUENCE OF): | Card | O Varen | kr Dise | age | |
| disesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate | DUE TO (OR AS | | Card | O Vacch | ku Dise | are | |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury | bDUE TO (OR AS | A CONSEQUENCE OF): | Card | o yaser | by Dise | 982 | |
| disesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING | bDUE TO (OR AS | A CONSEQUENCE OF): A CONSEQUENCE OF): | Card | o yasev | ku Dise | Agr. | |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | b DUE TO (OR AS c DUE TO (OR AS d | A CONSEQUENCE OF): A CONSEQUENCE OF): | | | | ARR | Onset and Deeth |
| disesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | b DUE TO (OR AS c DUE TO (OR AS d | A CONSEQUENCE OF): A CONSEQUENCE OF): | | | | AUTOPSY | |
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| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | b DUE TO (OR AS c DUE TO (OR AS d | A CONSEQUENCE OF): A CONSEQUENCE OF): | | | Part I. 244. WAS AN PERFOI | AUTOPSY IMED? | 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
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| DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 | DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 | DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 | DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 |
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| | Loretta Jeanne JONES | | | | | | | | | February 20 1991 2: | | | | Рм |
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| | 23. PART I, Enter the d | liseeses, or o | complicatione th | at ceused the de | eth. Do | not enter | the me | ode of dy | ing, au | ch as cardlec or reap | iratory arrest, | | Approxi | |
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| BY | 2 Accident 3 Suicide | Investigation | 28e. PLACE | OF INJURY At he | ome, farm, | street, fac | | | | 28f, LOCATION (Street | end Number or Ri | urai Ro | ute Number, | |
| | 4 Homicide | Could not be determined | building | , etc. (Specify) | | | | | | City or Town, State | | | | |
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| 2 | 30. NAME AND ADDRESS C | | | 1 | EN 27) (3/p | e, Print) , | _ | (11.4 | | 1. 0 | | | -111 | - |
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| | 31. DATE FILED (Month, Day | , Year) | | Davidson-Ra | | | | | | 1 | | | | |
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DHMH-16 Rev 1/89

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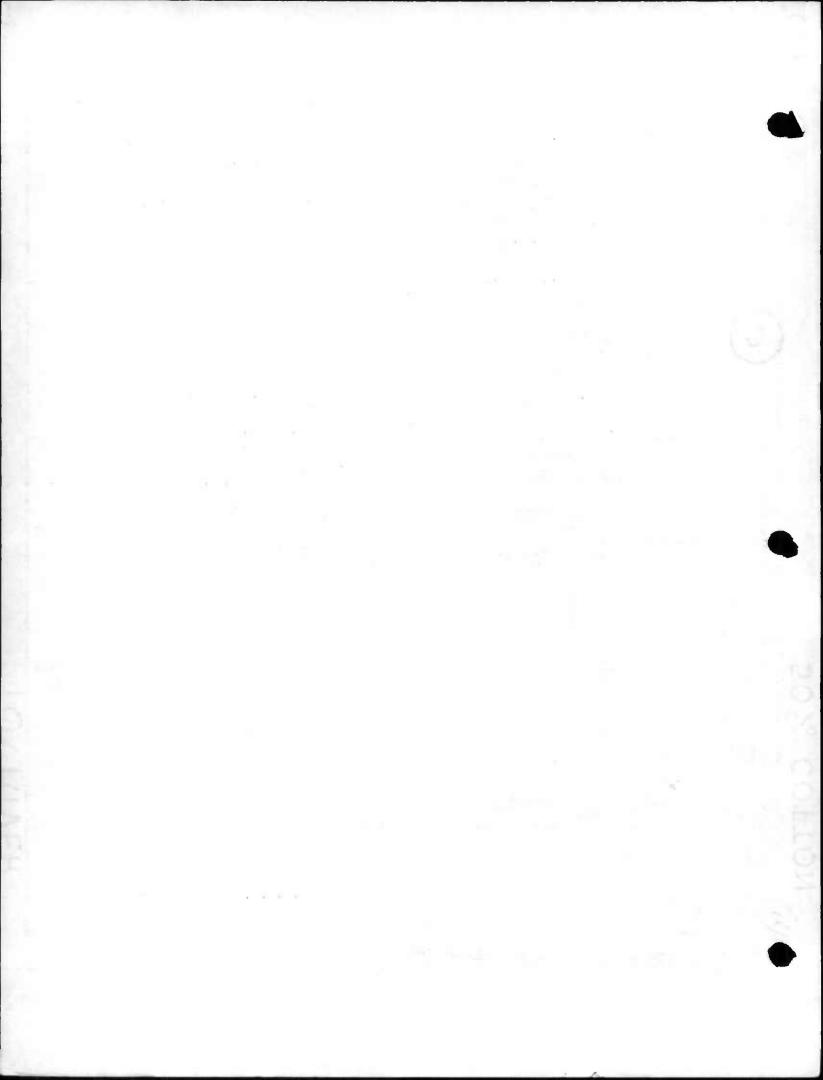
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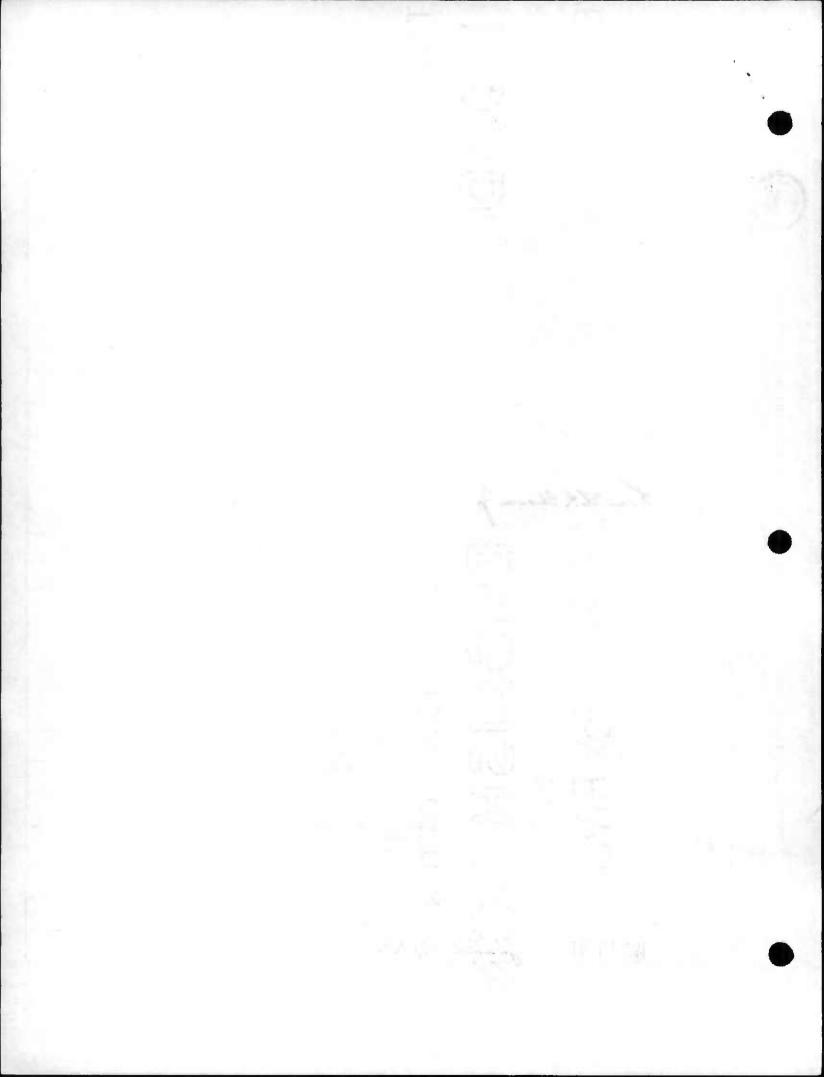
32. REGISTRAR'S SIGNATURE
Shilia Davidson-Randalle

| SEX And number) The Hospital G. Apt. #3 WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | PECEDENT'S US | UNDER 1 YEAR ONTHO 2 10 b. CITY, TOWN O Hyatts TOWN OR LOCAT attsv: 13. Was dec ff yes, ap | TION | 2 7. DATE OF BIRTN (Morth, Day, Year) 12/18/9 | 0 M Dec. COUNTY O | IRTNPLACE (State or Foreign buntry) aryland | | |
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| SEX A M 2 F and number) THOSPITAL G. Apt. #3 WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 2 IF VES, GIVE WAR OR DATES ON 166ed) If the content of | PECEDENT'S US | UNDER 1 YEAR ONTHO 2 10 b. CITY, TOWN O Hyatts TOWN OR LOCAT attsv: 13. Was dec ff yes, ap | OR LOCATION OF DE VILLE TION ILLE T. ZIP CODE | 2 7. DATE OF BIRTN (Morth, Day, Year) 12/18/9 | 0 M oc. county o | T7:48 p. RTTNPLACE (State or Foreign punty) (aryland property Georges 10d. INSIDE CITY LIMITS? | | |
| Apt. #3 WAS DECEDENT EVER IN U.S. FORCES? 1 VES 22 IF VES, GIVE WAR OR DATES ON 1660. | PECEDENT'S US | DATES DATE OF THE PROPERTY OF | OR LOCATION OF DE VILLE TION ILLE T. ZIP CODE | (Month, Day, Year) 12/18/9 | 0 M Dec. COUNTY O | Georges 10d. INSIDE CITY LIMITS? | | |
| Apt. #3 WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 2 2 2 2 2 2 2 2 2 2 2 3 3 4 4 5 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | 10c. CITY, 1 Hy | 2 10 b. CITY, TOWN OF HYATEST TOWN OR LOCAT ATTS V. | or Location of Di ville Tion ille d. ZIP CODE | | ec. COUNTY O | Georges 10d. INSIDE CITY LIMITS? | | |
| Apt.,#3 WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 2 2 1 IF YES, GIVE WAR OR DATES ON 160. Olderd 160. | Hy ARMED NO | Hyattsv rown or Local attsv 101 13. Was Dec | ville TION ille | EATN | Prince | Georges 10d. INSIDE CITY LIMITS? | | |
| Apt.,#3 WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 2 IF YES, GIVE WAR OR DATES ON 166ed) If the control of t | Hy ARMED | attsvi | ille | | | 10d. INSIDE CITY | | |
| Apt.,#3 WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES ON 16a. | Hy ARMED NO | 13. WAS DEC | ille | | 10e CITIZEN C | LIMITS? | | |
| Apt.,#3 WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES ON 16a. | ARMED SHOOT SHOT SH | 13. WAS DEC | 1. ZIP CODE | | 100 CITIZEN C | | | |
| WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 J IF YES, GIVE WAR OR DATES ON 16a. | DECEDENT'S US | 13. WAS DEC | | | 100 CITIZEN C | 1 40 | | |
| WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 J IF YES, GIVE WAR OR DATES ON 16a. | DECEDENT'S US | If yes, ap | 20783 | | 10g. CITIZEN OF | | | |
| FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES ON 16a. older 16a. | DECEDENT'S US | If yes, ap | | | U | SA | | |
| IF YES, GIVE WAR OR DATES ON 16a. olderd) | DECEDENT'S US | 1 TYES | CENDENT OF NISPA | VIC ORIGIN? (Specify You | es or No— 14. R | RACE — American Indian, Black, White, atc. | | |
| oleted) ollege (1-4 or 5+) | DECEDENT'S US | | | | | Specific | | |
| oleted) ollege (1-4 or 5+) | Che blad of und | | 241 | 1 461 WHID OF B | | Black | | |
| | life. Do NOT use n | k done during mo | ost of working | 166. KIND OF BI | USINESS/INDUSTR | 14 | | |
| | No | | | l N | /A | | | |
| / | | | 18. MOTNER'S NA | ME (First, Middle, Melden Surname) | | | | |
| nson | | | | | Johnson | | | |
| | 19b. MAILING AL | DDRESS (Street a | and Number or Rural | Route Number, City or To | wn, State, Zip Code | 20783 | | |
| | | | | | | | | |
| 20b. PLA | CE AND DATE O | E DISPOSITION | (Name Cem | . DATE / 20c. L | OCATION — City o | or Town, State | | |
| Harmony Nat 1., Park 91/ Landover, | | | | | | | | |
| SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY TO M. David 1 a == C. C. and G. Talan | | | | | | | | |
| | | 3200 MOUT | J Khode | Island | Ave 20712 | | | |
| DUE TO (OR AS A CON | SEQUENCE OF): | r De | satt S | gadie | N.E | Onset and Dest | | |
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| ontributing to death but no | ot resulting in | the underlyin | ng cause given in | PERF | ORMED? | 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | |
| | | | | — | | | | |
| | | 26. P | LACE OF DEATH (C | neck only one) | | | | |
| | | | ne 5 🗆 Rasidence | 8 Other (Specify) | | | | |
| 28a. DATE OF INJURY | | | JURY AT | - III | INJURY OCCURE | D | | |
| (WORN, Day, Nair) | INJOP | | | | | | | |
| 28s. PLACE OF INJURY — A building, etc. (Specify) | t home, farm, stre | et, factory, offic | ca | 28f. LOCATION (Stree City or Town, State | et and Number or Ru te) | ural Route Number, | | |
| | | | | | | | | |
| | | | | | | use(a) and manner as stated. | | |
| | | | | | | | | |
| | | | 29c. LICENSE NU | MBER | 29d. DATE SIG | GNED (Month, Day, Year) | | |
| | DUE TO (OR AS A CONDUCTO (OR AS A CONDUCTO (OR AS A CONDUCTO (OR AS A CONDUCTO) (OR AS A | B140 Trom State 20b. PLACE AND DATE Of cometary, crematory or Harmony N EE DUE TO (OR AS A CONSEQUENCE OF): DUE | B140 15th 20b. PLACE AND DATE OF DISPOSITION of cemetary, crematory or other place) Harmony Nat 1. EE 22. NAME A 32 00 MOUT DISCRIPTION OF AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 28. POSPITAL: Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Not 1 DOWN (Month, Day, Year) 28. PLACE OF INJURY 26b. TIME OF INJURY M 1 DOWN 1 DOW | S140 15th Ave., A 20b. PLACE AND GATE OF DISPOSITION (Name Cemplement), crematory, or other release) Park 22. NAME AND ADDRESS OF FA 3200 Rhode Mount Rain 3200 Rhode Mount Rain 200 Notes Mount Rain 200 Notes 20 | S140 15th Ave., Apt., #3, H | 22. NAME AND ADDRESS OF PACILITY E.M. Dudley& 3200 Rhode Island Ave Mount Rainier, Md 20712 Diletolos that ceused the death. Do not anter the mode of dying, such as cardiac or respiratory erreat, only one ceuse on each line. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A C | | |



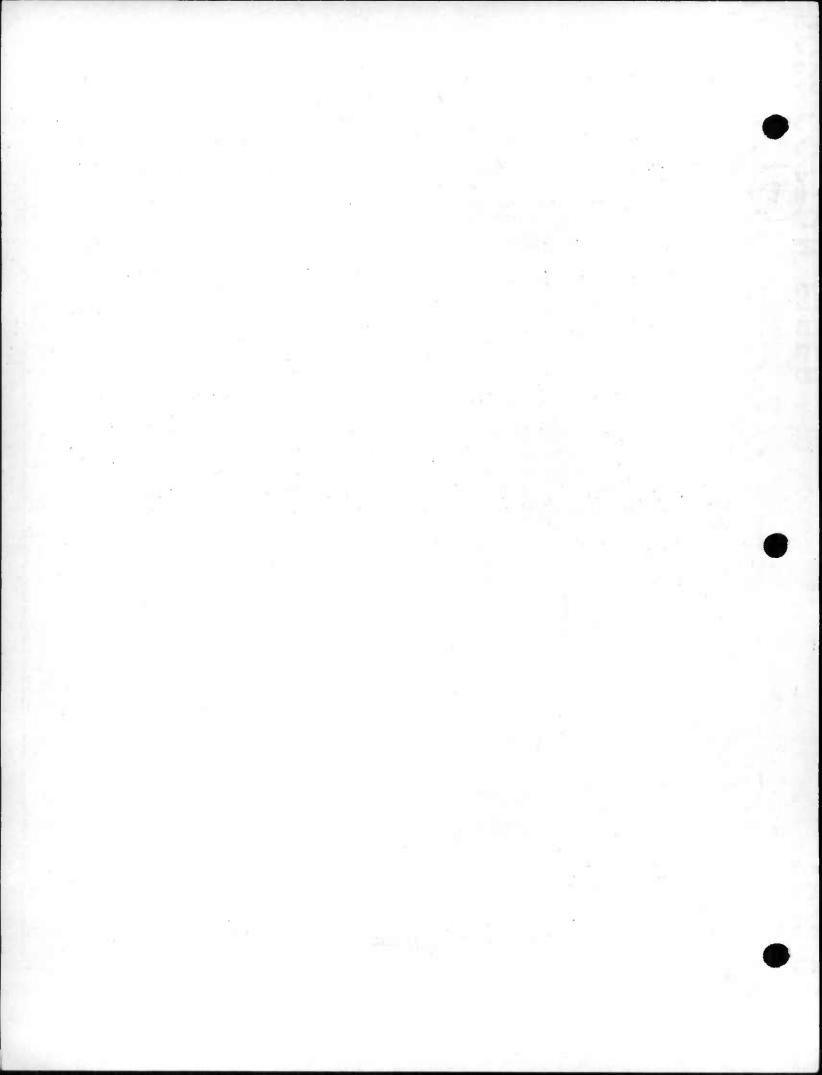
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely tiled in by the funeral director, page 5 should be detached for use as the burial-tra | | |
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| FOR STATE REGISTRAR | | STATE OF M | | | | F HEALTH AND | MENT. | AL HYGIEN | | | | |
|--|---|----------------------------|---------------------------------|----------------|----------------|---|----------------|---------------------------------------|--|---|--|--|
| 1. DECEDENT'S NAME (First | Middle, Lest) F | Berbert | 7 E. | J81 | 108 | 35 | 2. DAT | TE OF DEATH | - | 3. TIME OF DEATH | | |
| | 214-07-8352 x ⊠м²□F 8 | | | | | | | | 04 | BIRTHPLACE (State or Foreign Country) [XXXXXXXXX MD. | | |
| 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Cambridge | | | | | | | | | Doro | chester | | |
| Dorches RESIDENCE OF DEC | 10b. COUNTY | Dor. | | | town on L | | | | | 10d. INSIDE CITY LIMITS? 1 □ YES 2√▼NO | | |
| | 1027 (| | | | | 101. ZIP CODE | 613 | | | OF WHAT COUNTRY? | | |
| 11. MARITAL STATUS 1 Never Married 25 | 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U | | | | | If yes, specify Cuban, Maxican, Puerto Rican, etc.) | | | | | | |
| 15, DEC (Specify on Elementary/Secondary (| (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) | | | | | Give kind of work done during most of working le. Do NOT use retired.) | | | | no of Business/Industry | | |
| 1 () 17. FATHER'S NAME (First, A | liddle, Last) | | | aruwa | IKE C | Id I dwal o | | | | | | |
| Ed t | vard | James | Jones | | | e Fitzhugh | | | | | | |
| Mrs. Mar: | | Jones | | | | en and Number or Au an Gate | | | | Md.21613 | | |
| 20a. METHOD OF DISPOSIT | 20a. METHOD OF DISPOSITION 1. Spurisi 2 Gremetton 3 Removal from State 20b. PLACE AND DATE of DISPOSITION (Name of cemetary, crematory or other place) Dorchester Mem. Park 3/12 Cambridge Md. | | | | | | | | | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Thomas Funeral Home 700 Locust St. Cambridge Md. 21613 | | | | | | | | | | | |
| IMMEDIATE CAUSE (Fi disease or condition resulting in death) | eert fellure. | List only one car | | AGE R | HaFE | C1+ | <i>(-</i> | 10000 01 1000 | | Approximate Interval Between Onset and Death | | |
| if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injustrational initiated events | Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury | | | | | | | | | | | |
| | PART II. Other significant conditions contributing to death but not rec | | | | | PERFORMED? MAILA COMPL 1 YES 2 NO OF OE | | | 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? | | | |
| ž | | | | | | | | | | | | |
| 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH | O MEGICAL | HOSPITAL: | 30 | | OTHER: | 8. PLACE OF DEATH | | | | | | |
| 1 YES 2 NO | | 1 Inpatient 2 28a. DATE OF | INJURY | 28b. TIME | OF 28 | Home 5 Resider | _ | ther (Specify) DESCRIBE HOW | INJURY OCCUP | RED | | |
| 1 Netural 5 C | Pending Investigation | (Month, D | | INJU | M | WORK? | | | | | | |
| | Could not be determined | 28e. PLACE O building, | F INJURY — Al etc. (Specify) | home, farm, st | reet, factory, | office | 281. L | OCATION (Street ity or Town, State | and Number or) | Rural Route Number, | | |
| Condon only | | | | | | date and place, and on, death occured at | | | | ause(a) and manner as stated. | | |
| 29b. SIGNATURE AND TITL | OF CERTIFIE | | | _ | | 29c. LICENSE D15 | NUMBER 5165 | | 29d. DATE S | IGNED (Month, Day, Year) | | |
| 30. NAME AND ADDRESS O | _ | | | | | Cambrido | ge, N | /d. 21 | 613 | | | |
| Dr. Mahm 31. DATE FILED (Month, Day MAR 1 | 91 | 32, REQUISTRA | Davidson | | | | , | ' | | | | |



| FOR STATE | STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL | HYGI |
|--------------|---|--------|
| REGISTRAR | CERTIFICATE OF DEATH | REG. N |
| | | |

| REGISTRAR | | CERTIFIC | ATE OF | DEATH | REG. N | 0. | | | | |
|--|---|--|------------------------------|-----------------------------|--|---|-----------------------------------|---|--|--|
| 1. DECEDENT'S NAME (First, Middle Last) CHARLO TTE | TOAM | STON | Johns | ton | 2. DATE OF DEATH | DAY | YEAR 1 | B AA N | | |
| 4. SOCIAL SECURITY NUMBER 218–16–4238 | 1 🗆 M 2 💢 F | 69 YRS. MO | F UNDER 1 YEAR ONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) Aug. 10,1 | 921 | 8. BIRTHPLAC Country) Maryl | ee (State or Foreign | | |
| 90. FACILITY NAME (If not institution, give | tal Center | South 1 | | r LOCATION OF D | EATH | 9c. COUP | NTY OF DEATH | | | |
| 10e. STATE 10b. COUNT | derick | | rederic | | | | 10d. INSIDE CLIMITS? | | | |
| | GCLICK | 1 E. | | ZIP CODE | | 10g. CITIZEN OF WE | | | | |
| 100. STREET AND NUMBER 2137 Wainwright 11. Marital Status 1 Never Married 2 Merried | | | | 21702 | | U | | | | |
| 3 Wildowed 4 Divorced | 12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR DR | 2 X NO | If yes, spe | | NIC ORIGIN? (Specify \ en, Puerto Rican, etc.) fy: | ee or No- | Black, Wh | Mhite | | |
| 15. DECEDENT'S ED | UCATION le completed) | 18e. DECEDENT'S US (Give kind of work | UAL OCCUPATIO | N at of working | 18b. KINO OF B | USINESS/IND | DUSTRY | | | |
| 15. DECEDENT'S EDI (Specify only highest grad Elementery/Secondery (0-12) | College (1-4 or 5+) | Homen | etired.) | | 1 Ten Angelia | | | | | |
| 17. FATHER'S NAME (First, Middle, Last) | | | | 18. MOTHER'S NA | ME (First, Middle, Maide | n Surname) | | | | |
| Edward | Platte | r | | Velr | na P | | Grove | S | | |
| 19e. INFORMANT'S NAME (Type/Print) Mr. Forrost C. T. | | The second second second | | | Route Number, City or To | | | | | |
| Mr. Forrest C. J | ohnston | 2137 W | ainwrig | ht Ct., | Frederick | , Mar | yland | 21702 | | |
| 20e. METHOD OF DISPOSITION 1 Surfel 2 Cremetion 3 Res | movel from State | b. PLACE OF DISPOSITE | ION (Name of cen | etery, crematory or | 20c. I | OCATION — | City or Town, S | State | | |
| 4 Donetion 5 Other (Specify) | moval from State | Resthaven | Memori | al Garde | ens Fr | ederi | ck, Ma | rvland | | |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | | | | | | | | | |
| PART II. Other algnificant condition | one contributing to death | but npt resulting in | the underlying |) ceusa given in | | AN AUTOPSY ORMED? 2 NAO | AWAI COM OF I | RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH? | | |
| Z5. WAS CASE REFERRED TO MEDICAL | 1 | | 20 DI | ACE OF DEATH (C | hant ant and | | | | | |
| EXAMINER? | HOSPITAL: | 0 000 | THER: | | | | | | | |
| 27. MANNER OF DEATH 1 CNeturel 5 Pending | 28e. DATE OF INJURY (Month, Day, Year) | 28b. TIME D | OF 28c. INJ | | 8 Other (Specify) 28d. DESCRIBE HOV | V INJURY OC | CURED | | | |
| 2 Quicido | 28a PLACE DE IMBR | RY — At home, farm, streecity) | est, factory, offic | | 28f. LOCATION (Stree City or Town, Sta | 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | | | |
| one) | SICIAN: To the best of my known NER: On the basis of examinat | | | | | | | i manner ee stated. | | |
| | en . | | | 29c. LICENSE NU | MBER | 29d. DAT | E SIDNED (Mor | nth, Day, Year) | | |
| 36 NAME AND ADDRESS OF PERSON W | (Ballow) | | | | | > 2 | -21- | 91 | | |
| P Chah M D | 2724 North | Cahrles St | root I | Baltimor | e, Marvlar | nd 21 | 218 | | | |
| 31. DATE FILED (Month, Day, Year) FEB 2 5 | 199 Julia Da | Mason-Randal | 2 | | | | | | | |



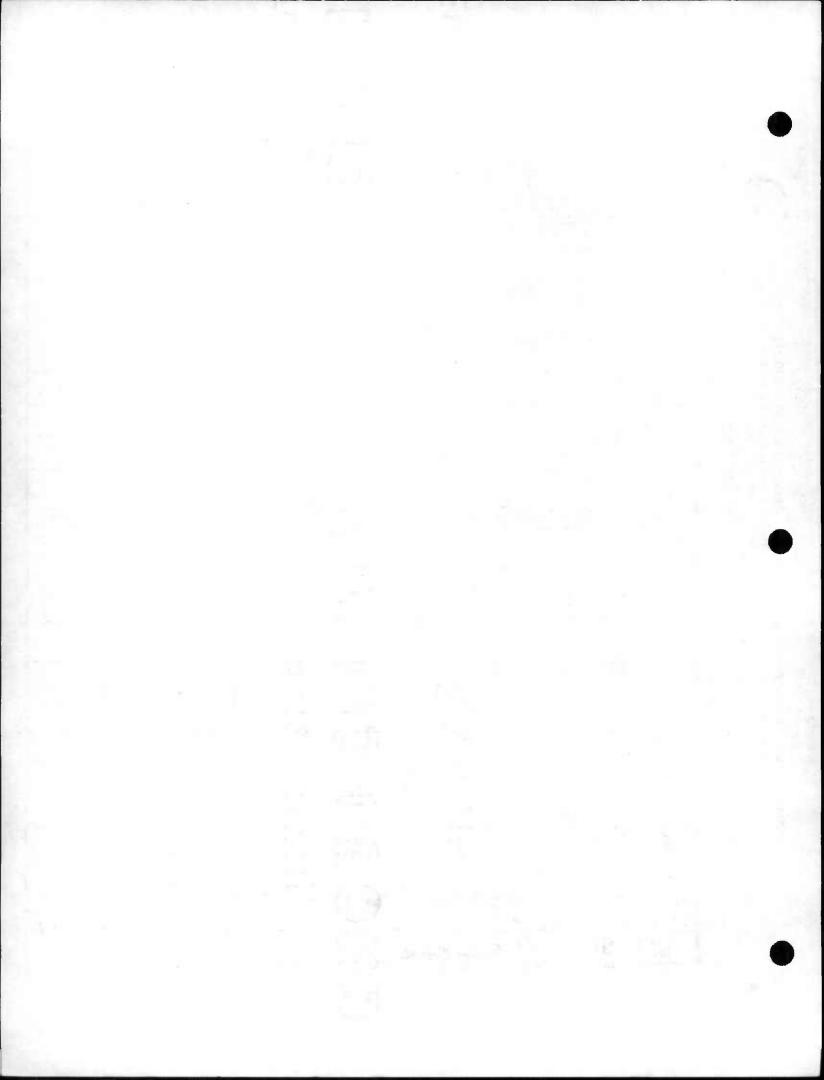
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the | be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal. | IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
|--|---|--|--|
| ertificate be executed within 24 hours after | ing physician and completely filled in by the | rgiene prior to burial, cremation, or removal | other traumatic event, the medical |
| ICIAN: The law requires that the death ce | ertificate has been signed by the attendir | the State Dept. of Health and Mental Hy | or Item 23 shows any Injury, or |
| TO THE HOSPITAL OR ATTENDING PHYSI | TO THE FUNERAL DIRECTOR: After this c | be filed within 72 hours after death with | IMPORTANT: If Item 28 Is marked, |

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| FOR 1 - STATE REGISTRAR | STATE OF MA | | DEPAR ERTIF | | | | | MENTAL | HYGIEN REG. NO | | 71 | 0//01 |
|--|---|---------------------|----------------|-------------|----------------|-------------------|-----------|---|-------------------------------|--------------|--------------------|---|
| 1. OECEDENT'S NAME (First, Middle, Lat | st) | 0. | | IOAII | | DEA | | 2. DATE O | F DEATH | | | 3. TIME OF DEATH |
| | Wilson | Edv | vin | | J | ump | Sr | монтн 2 | 2 | 1 | 91 | 9:30 p |
| 4. SOCIAL SECURITY NUMBER | | B. AGE (In yrs. let | st birthday) | IF UNDER | DAYS | IF UNDER | 24 HRS. | 7. DATE O | Day, Year) | | 8. BIRTH Countr | PLACE (State or Foreign |
| 218-07-3844 | 1 XM 2 F | _86 | YRS. | | | | | Dec. | 4, 19 | 04 | Del | • |
| 9a. FACILITY NAME (If not institution, gh | | | | 9b. CITY | r, TOWN O | | | EATH | | | NTY OF D | |
| Memorial H | Memorial Hospital | | | | | sto | n | | | T | albo | ot |
| Memorial Horizontal Ho | aroline | | 10c. GT | reen | SDOP | O O | | | | | | 10d. INSIDE CITY LIMITS? 1 X YES 2 NO |
| 10e. STREET AND NUMBER | | | | | 10f. | ZIP COD | E | | | 10g. CIT | IZEN OF V | THAT COUNTRY? |
| Rt. 1 Box 518 | | Bernar | d Av | /e'. | | 2163 | 39 | | | US | Α | |
| 10e. STREET AND NUMBER Rt. 1 Box 518 11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced | 12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA | YES 2 X | | | | cify Cube | n, Mexica | NC ORIGIN? in, Puerto Ri y: | | s or No— | Black | - American Indian, K, White, etc. |
| 15. OECEOENT'S E (Specify only highest gr | | 18e. Di | ECEDENT'S | USUAL C | CCUPATIO | N et of worlds | v7 | 16b. I | UND OF BU | SINESS/IN | DUSTRY | |
| Elementary/Secondary (0-12) | College (1-4 or 5+) | | No NOT u | 7.00 | | | ·9 | | | A 17 | I. | 6.6- |
| 3rd | | m | anuf | actu | rer | | | | - | | eacn | E Co. |
| | Lump | | | | | | | ME (First, Mi . Hut | | | | |
| William Hooper | Jump | 140 | L MAII IN | ADDRES | e /0 | | | Route Numbe | | | o Cordol | |
| Nettie Moore Ju | ımp | " | | | | | | | | | | |
| 20e. METHOD OF DISPOSITION 1 Deurlel 2 Cremetion 3 R | | | | | | | | | | | | |
| 21. SIGNATURE OF FUNERAL SERVICE | Leade | | | FI | | е-Не | lfen | G bein | Fn H | m PO | Bx 1 |) 21639 160 |
| 23. PART I. Enter the diseases, ahock, or heert fellu IMMEDIATE CAUSE (Final disease or condition resulting in death) | e | e on each line | re | Pre | the mod | de of dy | ing, suc | h as cardi | ac or resp | iratory er | reat, | Approximate Interval Betwee Onset end Dea |
| Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in deeth) LAST | If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | 2eve enle | n | Lay |
| PART II. Other algnificant condi | tiona contributing to d | death but not | resulting | In the u | nderlying | j cause i | given in | | 24a. WAS AF PERFO 1 YES | RMEQ? | 24b | . WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH | HOSPITAL: | FR/Outpatient | 3 □ DOA | OTHE | R: | - ac_10 | 3-000-1-7 | neck only one | | | | |
| 27. MANNER OF BEATH 1 Netural 5 Pending investigative | 28e. DATE OF I | NJURY | 28b. TII | | 28c. INJ WO | | | e 6 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED | | | | |
| 2 Putoldo | 28e. PLACE OF building, e | INJURY — At h | ome, farm, | street, fac | ctory, office | | | 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | | | |
| Consolit Gilly | IVSICIAN: To the best of s | | | | | eath occu | | time, data | | nd due to t | the cause(i | a) and manner as stated. (Month, Day, Year) |

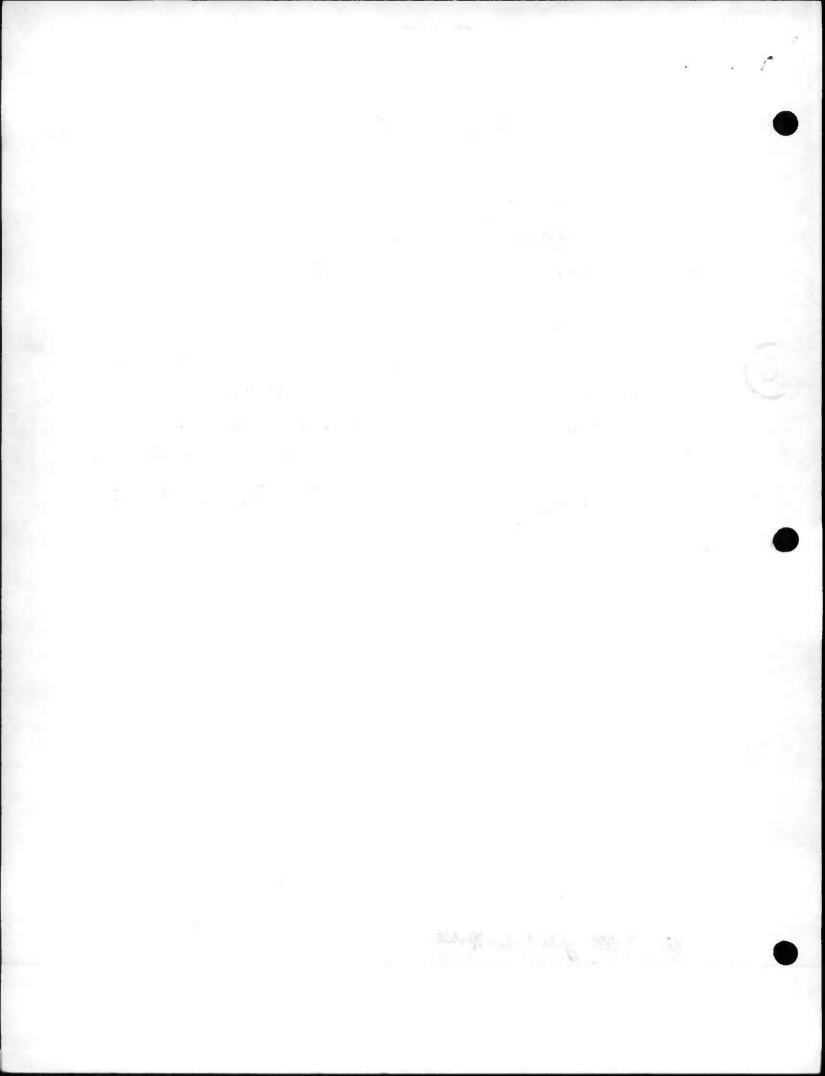
p. REGISTRAR'S SIGNATURE The Davidson-Randell



attending physician. use as the burial-transit permit. Pages 1, 2, 3 should

| ouc i | aminer must be notified | IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once |
|-------|--------------------------------|--|
| 1 | | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. |
| detac | uneral director, page 5 should | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should |
| 9 | ath. Page 6 may be retained | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within L-1. Jours after death. Page 6 may be-retained within |
| 2 | מברווווסוור, וווסווור | DIVISION OF VITAL RECORDS, T.C. BOX 13149, |

| | FOR 1 - STATE REGISTRAR | STATE OF MARYLAN | | TMENT OF I | | MENTAL HYGIEN | IE . | 91 07701 | |
|-----------------------|---|--|------------------------------------|-----------------------------|-----------------------------|--|--|--|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | GLENN CARR | OLL KE | LLY | | 2. DATE OF DEATH 3 | 7-91 | 3. TIME OF DEATH 3. 46 AM M | |
| | 4. SOCIAL SECURITY NUMBER 214-32-3896 | 1 € M 2 □ F 53 | rrs. last birthday) YRS. | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. OATE OF BIRTH (Month, Day, Year) 7-21-37 | | 8. BIRTHPLACE (State or Foreign Country) MARYLAND | |
| TOR | 99. FACILITY NAME (If not institution, give str FREDERICK MEMORIAL RESIDENCE OF DECEMENT | | | FREDERI | OR LOCATION OF DE | EATH | FREDERICK | | |
| DIRECTOR | 10e. STATE 10b. COUNTY | ERICK | | Y, TOWN OR LOCA EDERICK | TION | | | 10d. INSIDE CITY LIMITS? 1 X YES 2 NO | |
| FUNERAL | 501 Prospect Blvd. | | | | 1. ZIP CODE 21701 | | | ZEN OF WHAT COUNTRY? | |
| В | 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER IN U. FORCES? 1 X YES : IF YES, GIVE WAR OR DATE KOPEAN | .S. ARMEO 2 NO ES | If yea, a | | HC ORIGIN? (Specify Yon, Puerto Rican, etc.) | e or No- | 14. RACE — American Indien, Black, White, etc. Specify: WHITE | |
| COMPLETED | 15. OECEOENT'S EOUC. (Specify only highest grade of Elementary/Secondary (0-12) | | (Give kind of a life. Do NOT us | , | ON ost of working | As nha | isiness/ind | | |
| OMI | 17. FATHER'S NAME (First, Middle, Lest) | | Labe | 71 (1 | 16. MOTHER'S NA | ME (First, Middle, Meide | | mpany | |
| BE C | Glenn C. Kelly | | | | | ldred Lee | | | |
| 0 | 190. INFORMANT'S NAME (Type/Print) Angela Shaw Kelly | | | | | Route Number, City or To 23-D, Fre | | | |
| | 20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remo | val from State 0 | LACE OF DISPO | SITION (Name of ca | et Cemet | 20c. L | DCATION — | City or Town, State | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICE | HiG | 7/11 | | | | | RAL HOMES, PA rederick, MD | |
| | 23. PART I. Enter the diseases, or conshock, or heart failure. LIMMEDIATE CAUSE (Finel disease or condition resulting in death) | omplications that caused the class of the cause of the class of the cause of the class of the cause of the ca | h line. | not enter the m | | | | | |
| ATION | Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING | DUE TO (OR AS A CO | ONSEQUENCE O | F): | | | | | |
| CERTIFICATION | CAUSE (Disease or injury that initiated events resulting in death) LAST | DUE TO (OR AS A CO | ONSEQUENCE O | F): | | | | | |
| PHYSICIAN: MEDICAL CE | PART II. Other algnificant conditions | contributing to death but | not resulting | in the underlyk | ng cause given in | PERFO | N AUTOPSY DRMED? 2 NO | 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | |
| CIAN | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOODITAL | | | PLACE OF DEATH (C) | eck only one) | | | |
| YSIC | 1 TES 2 NO | HOSPITAL: 1 Inpatient 2 ER/Outpati | | | - | 6 Other (Specify) | | | |
| ВУ РН | 27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation | 28a. DATE OF INJURY (Month, Day, Year) | 28b. TIM | JURY W | JURY AT ORK? YES 2 NO | 28d. DEŞCRIBE HOW | INJURY OCC | ZURED | |
| | 3 Suicide 6 Could not be 4 Homicide determined | 28e. PLACE OF INJURY — building, etc. (Specify, | Al home, ferm, | street, factory, offi | ce | 281. LOCATION (Stree City or Town, Stat | t (Street end Number or Rural Route Number, m. State) | | |
| COMPLETED | former only | CIAN: To the best of my knowled R: On the basis of examination e | | | | | | ted. he cause(e) and manner ee stated. | |
| BE | BENEFIT AND TITLE OF CENTRIES | molen | 0 | | 29c, LICENSE NU D35 | 164 | 29d. DAT | E SIGNED (Month, Day, Year) | |
| 5 | 30. NAME AND ADDRESS OF PERSON WHO | COMPLETED CAUSE OF DEAT | (ITEM 27) (Type | Print P.O. | Prox 36 | 9 | | 763 | |



detached for use as the burial-transit permit. Pages 1, 2, 3 should

at once

he mispital or attending physician. AND 21215-0020

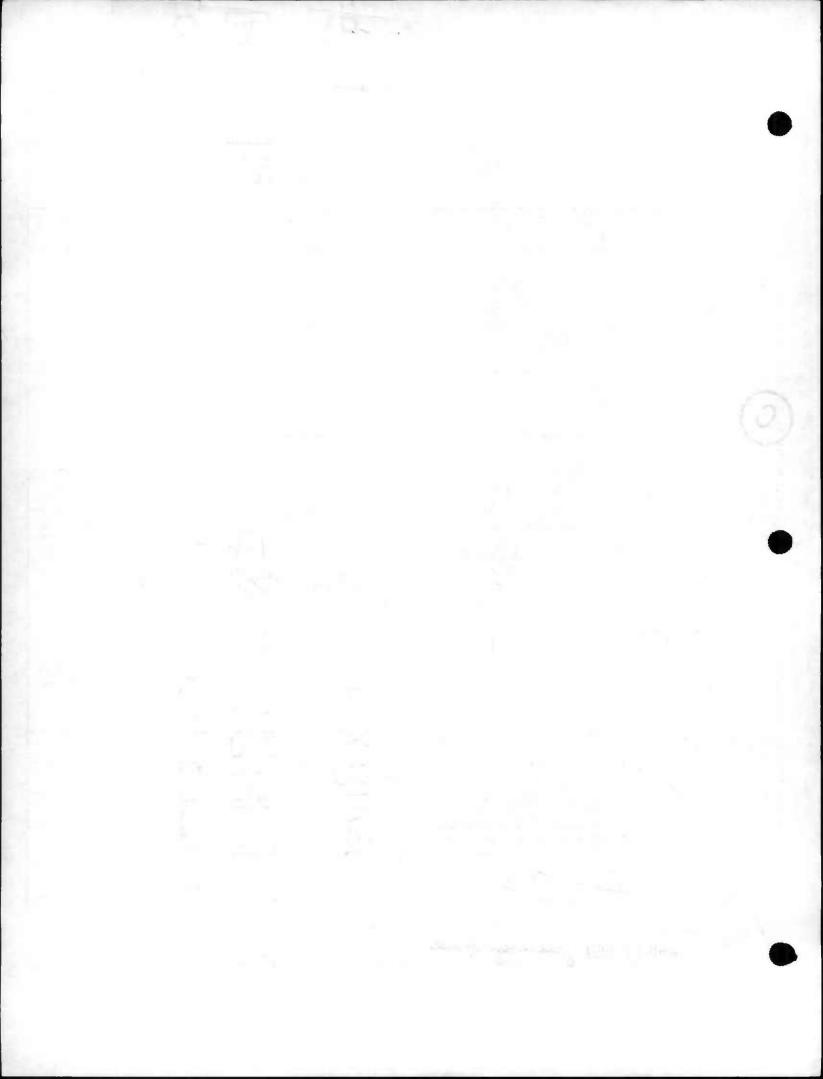
BALTIMORE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

| . DECEDENT'S NAME (First, Middle, Last) EDGAR SOCIAL SECURITY NUMBER | | | | F DEATH | REG. NO. | | |
|--|--|--|--|--|--|--|--|
| | | | | | 2, DATE OF DEATH | | 3. TIME OF DEATH |
| | | | KARNS | | | 1991 | 1:50A |
| | 5. SEX 6. AGE | (In yrs. lest birthday) | F UNDER 1 YEAR | | 7. DATE OF BIRTH | 8. | BIRTHPLACE (State or Foreign |
| (1 20 0001 | tXXM 2 □ F | 95 YRS. M | ONTHS DAYS | HOURS MIN. | (Month, Day, Year) | | Country) |
| L61-32-9281 a. FACILITY NAME (If not institution, give | | | | | 12/24/18 | 95 | PA |
| a. FACILITY NAME (II not institution, give | street and number; | , | b. City, TOW | N OR LOCATION OF E | PEATH | 9c. COUNTY | OF DEATH |
| Memorial Hospital | & Medical C | enter | Cumbe | rland | | A11 | egany |
| RESIDENCE OF DECEDENT 0a, STATE 10b, COUNT | DV. | L so- OUTN 3 | TOWN OR LOC | | | | - |
| TO COOK | | 100. 0111, | OWN ON LOC | ATION | | | 10d. INSIDE CITY LIMITS? |
| | dford | Art | emas | | | | 1 YES 2 NO |
| 0e. STREET AND NUMBER | | | | 101. ZIP CODE | | 10g. CITIZEN | OF WHAT COUNTRY? |
| Rt. # 1, Bo | x 125 C | | | 1721 | 1 | | ISA |
| 1. MARITAL STATUS | 12. WAS DECEDENT, EVER I | N U.S. ARMED | | | ANIC ORIGIN? (Specify Yes | | RACE - American Indian. |
| ☐ Never Married 2 ☐ Married | IF YES, GIVE WAR OR D | | | specify Cuban, Maxic ES 2/ NO Spec | ean, Puerto Ricen, etc.) | | Bleck, White, etc. |
| Widowed 4 Divorced | WW I | | 1 | as N.W.o. ober | ··· y · | | Speedly: White |
| 15. DECEDENT'S EDI | UCATION | 18a. DECEDENT'S US | | | 16b. KIND OF BUS | NESS/INDUS | TRY |
| (Specify only highest grad | | (Give kind of work life. Do NOT use r | k done during : retired.) | most of working | | | |
| Elementary/Secondary (0-12) | College (1-4 or 5+) | Mail C | arric | r | Post | Off. | |
| | | 11411 0 | allic | | | Off: | LCe |
| 7. FATHER'S NAME (First, Middle, Last) | | | | | AME (First, Middle, Maiden S | iumeme) | |
| Ruben Karns | | | | Clar | a (Morse) | | |
| De. INFORMANT'S NAME (Type/Print) | | 19b. MAILING AI | ODRESS (Street | et and Number or Rura | I Route Number, City or Town | State, Zip Co | de) |
| Lorraine K. | Lewis | Rt. # | 1. F | 30x 3. A | rtemas. P | A 1° | 7 2 1 1 |
| 0a. METHOD OF DISPOSITION | 20 | b. PLACE AND DATE O | F DISPOSITIO | | | | or Town, State |
| System 2 ☐ Cremation 3 ☐ Ran | noval from State of | cemetary, crematory or | other place) | otomi 3 | /12/9 Nea | | |
| 1. SIGNATURE OF FUNERAL SERVICE L | cursoles / A | rairvie | 22 NAME | AND ADDRESS OF E | ACHITY TO I NEA | r Ari | emas, PA |
| . 1.) 0() 1 | | | 200 | 044 - | Kight | Funer | al Home 21 |
| William- | 19)4/4 | | 309- | 311 Dec | atur Št., | Cumb | perland, MD |
| reaulting in death) | b. DUE TO (OR AS | A CONSEQUENCE OF): | Leest | ine it | earl Fai | lone | 2 |
| Sequentially list conditions, if any, leading to immediate | DUE TO (OR AS | A CONSEQUENCE OF): | 0 | | | | |
| cause. Entar UNDERLYING | C. | | | | | | |
| CAUSE (Disease or injury | DUE TO OR AS | A CONSEQUENCE OF): | | | | | |
| that initiated events | · Val | nman | a. | | | | |
| reaulting in death) LAST | w | | | | | | |
| | | | | | | | |
| | ne contributing to death I | but not reaulting in | the underly | ring ceuse given i | | | |
| resulting in death) LAST | ins contributing to death I | but not reaulting in | the underly | ring ceuse given i | PERFOR | WED? | AVAILABLE PRIOR TO COMPLETION OF CAUSE |
| resulting in death) LAST | na contributing to death i | but not reaulting in | the underly | ring ceuse given i | | WED? | AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| resulting in death) LAST | na contributing to death | but not resulting in | the underly | ring ceuse given i | PERFOR | WED? | AVAILABLE PRIOR TO COMPLETION OF CAUSE |
| PART ii. Other significent condition | na contributing to death | but not resulting in | | | PERFOR | WED? | AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| PART II. Other significent conditions: S. WAS CASE REFERRED TO MEDICAL EXAMINER? | | | 26. | ring ceuse given i | PERFOR | WED? | AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO | HOSPITAL: | | 26. OTHER: | . PLACE OF DEATH (| PERFOR | WED? | AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| PART II. Other significent condition 5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH | | | 26. | . PLACE OF DEATH (| PERFOR 1 YES 2 Check only one) | MED? | AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| PART II. Other significent condition 5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 17. MANNER OF DEATH 1 Netural 6 Pending | HOSPITAL: 1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) | patient 3 DOA 4 | 26. | . PLACE OF DEATH (Colombia 5 - Residence INJURY AT | PERFOR 1 YES 2 Check only one) 6 Other (Specify) | MED? | AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| PART II. Other significent condition 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 17. MANNER OF DEATH 1 Netural 6 Pending Investigation | HOSPITAL: 1 Impatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR | patient 3 DOA 4 | 26. DTHER: Nursing H OF 28c. | . PLACE OF DEATH (X tome 5 Residence INJURY AT WORK? YES 2 NO | PERFOR 1 YES 2 Check only one) 6 Other (Specify) 28d. DESCRIBE HOW IN | MED? | AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| PART II. Other significent condition 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 17. MANNER OF DEATH 1 Netural 6 Pending Investigation | HOSPITAL: 1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) | patient 3 DOA 4 | 26. DTHER: Nursing H OF 28c. | . PLACE OF DEATH (X tome 5 Residence INJURY AT WORK? YES 2 NO | PERFOR 1 YES 2 Check only one) 6 Other (Specify) 28d. DESCRIBE HOW IN | MED? | AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| PART II. Other significent condition 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 17. MANNER OF DEATH 1 Netural 6 Pending Investigation 3 Suicide 6 Could not be 4 Homicide | HOSPITAL: 1 Impatient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, aic. (Spe | patient 3 DOA 4 29b. TIME (INJUE) Y — At home, farm, streety) | 26. DTHER: Nursing H Nursi | . PLACE OF DEATH (0) Iome 5 Rasidence Injury AT WORK? YES 2 NO | PERFOR 1 YES 2 Check only one) 6 Other (Specify) 2ed. DESCRIBE HOW IN 2ef. LOCATION (Street a City or Town, State) | MED? NO IJURY OCCUP and Number or | AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| PART II. Other significent condition 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 17. MANNER OF DEATH 1 Natural 6 Pending Investigation 3 Suicide 6 Could not be detarmined 19a. CERTIFIER (Check only) | HOSPITAL: 1 Impatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR building, atc. (Spe | patient 3 DOA 4 29b. TIME (INJUE Y — At home, farm, streetly) wiedge, death occurred | 26. DTHER: Nursing H OTHER: OTHE | . PLACE OF DEATH (Come 5 Rasidence Injury AT WORK? YES 2 NO office | PERFOR 1 YES 2 Check only one) 6 Other (Specify) 2ed. DESCRIBE HOW IN 2ef. LOCATION (Street a City or Yown, State) | MED? NO NO NO NO NO NO NO NO NO NO NO NO NO | AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NED Rural Route Number, |
| PART II. Other significent condition 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 17. MANNER OF DEATH 1 Natural 6 Pending Investigation 3 Suicide 6 Could not be detarmined 19a. CERTIFIER (Check only) | HOSPITAL: 1 Impatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR building, atc. (Spe | patient 3 DOA 4 29b. TIME (INJUE Y — At home, farm, streetly) wiedge, death occurred | 26. DTHER: Nursing H OTHER: OTHE | . PLACE OF DEATH (Come 5 Rasidence Injury AT WORK? YES 2 NO office | PERFOR 1 YES 2 Check only one) 6 Other (Specify) 2ed. DESCRIBE HOW IN 2ef. LOCATION (Street a City or Yown, State) | MED? NO NO NO NO NO NO NO NO NO NO NO NO NO | AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| PART II. Other significent condition 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 17. MANNER OF DEATH 1 Natural 6 Pending Investigation 3 Suicide 6 Could not be detarmined 19a. CERTIFIER (Check only) | HOSPITAL: 1 Vinpetlant 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, aic. (Spe | patient 3 DOA 4 29b. TIME (INJUE Y — At home, farm, streetly) wiedge, death occurred | 26. DTHER: Nursing H OTHER: OTHE | . PLACE OF DEATH (Come 5 Rasidence Injury AT WORK? YES 2 NO office | PERFOR 1 YES 2 Check only one) 6 Other (Specify) 28d. DESCRIBE HOW is City or Town, State) 28f. LOCATION (Street and City or Town, State) | MED? NO JURY OCCUP Ind Number or There is stated. | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NED Rural Route Number, |
| PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 1 Netural 6 Pending Investigation 3 Suicide 6 Could not be determined 19a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN | HOSPITAL: 1 Vinpetlant 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, aic. (Spe | patient 3 DOA 4 29b. TIME (INJUE Y — At home, farm, streetly) wiedge, death occurred | 26. DTHER: Nursing H OTHER: OTHE | . PLACE OF DEATH (it lone 5 Residence INJURY AT WORK? 2 NO fffice | PERFOR 1 YES 2 Check only one) 6 Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street a City or Town, State) ue to the cause(s) and man he lime, data and placa, and | MED? NO JURY OCCUP Ind Number or There is stated. | AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NED Rural Route Number, |
| PART II. Other significent condition 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 17. MANNER OF DEATH 1 Netural 6 Pending Investigation 3 Suicide 6 Could not be detarmined 19a. CERTIFIER (Check only 2 MEDICAL EXAMINER) 19b. SIGNATURE AND TITLE OF CERTIFIER 19b. SIGNATURE AND TITLE OF CERTIFIER | HOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, aic. (Spe | patient 3 DOA 4 29b. TIME (INJURY — At home, farm, structly) Y — At home, farm, structly) wiedge, death occurred on and/or investigation, | 26. DTHER: Nursing H Property M 1 [Deet, factory, of at the time, d In my opinion | . PLACE OF DEATH (it tome 5 Residence INJURY AT WORK? YES 2 NO fffice | PERFOR 1 YES 2 Check only one) 6 Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street a City or Town, State) ue to the cause(s) and man he lime, data and placa, and | MED? NO JURY OCCUP Ind Number or There is stated. | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NED Rural Route Number, |
| PART II. Other significent condition 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 17. MANNER OF DEATH 1 Notural 6 Pending Investigation 3 Suicide 6 Could not be determined 4 Homicide 6 Could not be determined 196. CERTIFIER (Check only one) 1 CERTIFYING PHY: 100. SIGNATURE AND TITLE OF CERTIFIER 100. NAME AND ADDRESS OF PERSON W | HOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE OF INJURY (Month, Dey. Year) 28e. PLACE OF INJUR building, etc. (Spe SICIAN: To the best of my know (ER: On the basis of examination | patient 3 DOA 4 28b. TIME of INJUE Y — At home, farm, structly) Wiedge, death occurred on and/or investigation, | 26. DTHER: Nursing H Print Nursing H Nursing H 26. 1 [eet, factory, of the time, d in my opinion | PLACE OF DEATH (Vitome 5 Rasidence INJURY AT WORK? YES 2 NO office Interest of the control | PERFOR 1 YES 2 Check only one) 6 Other (Specify) 2ed. DESCRIBE HOW in City or Town, State) 28f. LOCATION (Street a City or Town, State) ue to the cause(a) and man be time, data and pieca, and UMBER | NO NO NO NO NO NO NO NO NO NO NO NO NO N | AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RURAL ROUTE Number, Rural Route Number, ause(a) and manner as stated. |
| PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation 3 Suicide 6 Could not be determined 4 Homicide 6 Could not be determined 29a. CERTIFIER (Chack only One) 2 MEDICAL EXAMIN | HOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, aic. (Spe | patient 3 DOA 4 28b. TIME of INJUE Y—At home, farm, structly) Wedge, death occurred on and/or investigation, EATH (ITEM 27) (Type, P | 26. DTHER: Nursing H Print Nursing H Nursing H 26. 1 [eet, factory, of the time, d in my opinion | PLACE OF DEATH (Vitome 5 Rasidence INJURY AT WORK? YES 2 NO office Interest of the control | PERFOR 1 YES 2 Check only one) 6 Other (Specify) 2ed. DESCRIBE HOW in City or Town, State) 28f. LOCATION (Street a City or Town, State) ue to the cause(a) and man be time, data and pieca, and UMBER | NO NO NO NO NO NO NO NO NO NO NO NO NO N | COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RURAL Route Number, ause(a) and manner as stated. |

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 multiple THE FUNERAL, DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 multiple filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be not



BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 23 s be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

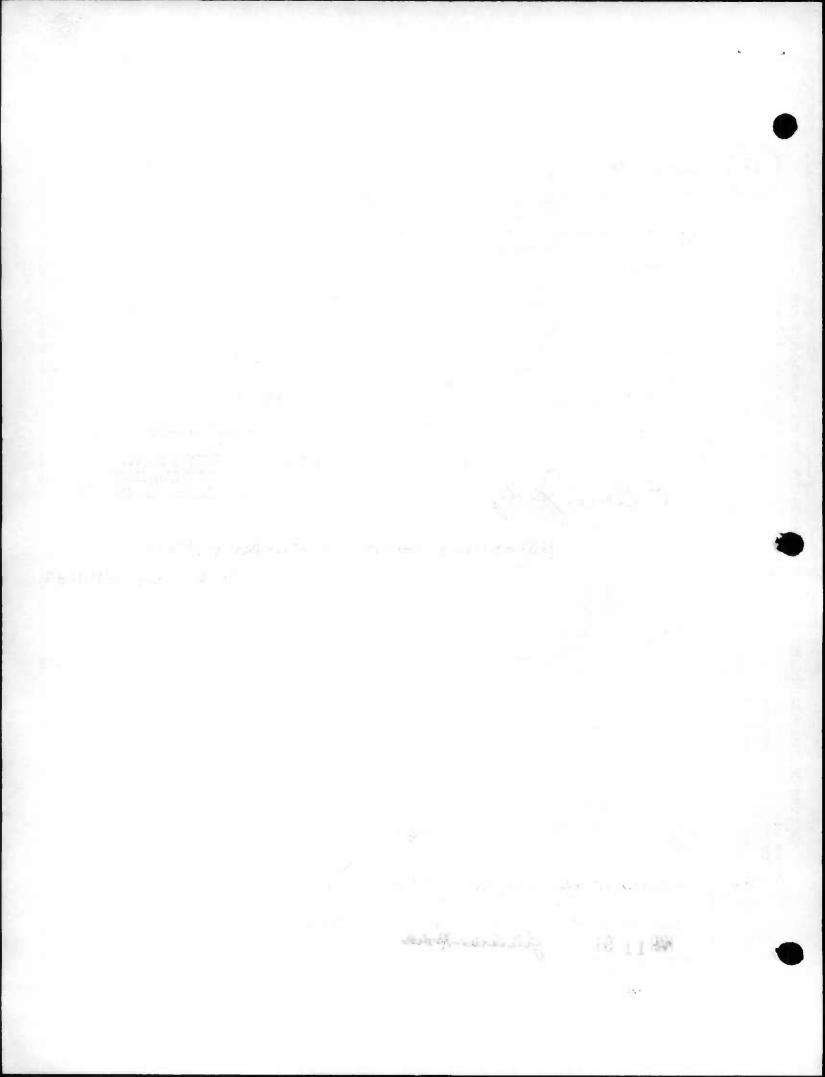
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

| 1 | 1. DECEDENT'S NAME (First, | Middle, Last) | | -91- | | 1 | | | | 2. DATE OF | | AY . | YEAR | 3. TIME OF DEATN |
|---------------|--|---------------------------------|---|------------------------|---------------------------|-------------|----------------|------------|-----------------------|-------------------------|----------------------------|--------------|---------------------|---|
| t | RUBY KAN | MERER | | | ??? | 1209 | 332 | ner | E7? | 2 - | | 5- (| 91 | 11:05 A.M |
| | 4. SOCIAL SECURITY NUMB | | 5. SEX Fem | 6. AGE (In yrs. ia | ast birthday) | IF UNDER | | IF UNDE | _ | 7. DATE OF (Month, D | BIRTN lev Year) | | 8. BIRTN Country | PLACE (State or Foreign |
| 1 | 056 40 987 | 72 | 1 M 2 XXF | 89 | YRS. | MONTHS | DAYS | HOURS | MIN. | | 14, 1 | 902 | New | York State |
| | 9s. FACILITY NAME (If not ins | | 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COU | | | | | | nty of DEATN oline | | | | | |
| DIMECTOR | Wesleyan Nu | | Denton. Maryland Caroline | | | | | | | e | | | | |
| ן ו | RESIDENCE OF DEC | 10c, CITY, TOWN OR LOCATION 100 | | | | | | | 10d, INSIDE CITY | | | | | |
| | State | Ken | | | | tert | | 1011 | | | | | | LIMITS? |
| | 10e. STREET AND NUMBER | | | | 1 | | 10 | r. ZIP COD | Œ | | | 10e CIT | IZEN OF W | 1X YES 2 NO |
| Y. | P.O. Box | # 38 (| 16-В Ва | yview A | ve) | | | 216 | 510 | | | | USA | |
| LONEHAL | 11. MARITAL STATUS Wic | hawah | 12. WAS DECEDED | T EVER IN U.S. A | RMED | 13. | WAS DEC | ENDENT | OF NISPA | NIC ORIGIN? (| Specify Yes | or No | 14. RACE | - American Indian, |
| | 1 Never Married 2 | Merried | | MAR OR DATES | NO | | | 2 NO | | en, Puerto Ric | en, etc.) | | Speck | t, White, atc. |
| 0 | 3 Widowed 4 Divo | rced | | | no | | | 1 | | no | | | | white |
| | 15. DECI (Specify only | EDENT'S EDUC highest grade | CATION completed) | (1 | ECEDENT'S Give kind of | work done | during mo | | ing | 18b. K | ND OF BU | SINESS/IN | DUSTRY | |
| ן נ | Elementary/Secondary (0- | -12) | College (1-4 or 5 | +) | le. Do NOT u | louse | | | | | Ot III | home | | |
| COMPLEIED | 8 17. FATHER'S NAME (First, MI | (ddla Last) | | | 1 | iouse | WITE | | TALEED DO AL | AND OF A SAID | | | | |
| | II. PAINER & NAME (First, MI | | Carl Alb | in LUND | | | | 16. MOI | E | mma Hi | lding | Sumame) | | |
| 4 | 19a. INFORMANT'S NAME (7) | ype/Print) | | 11 | 9b. MAILING | 3 ADDRES | S (Street e | and Numbe | or Aural | Route Number, | City or Tow | n, State, Zi | p Code) | |
| 2 | Beverly Ma: | rtin | | | Ρ. | .O. B | ox i | 38 | Be | tterto | n, Mo | 1. 21 | .610 | |
| | 20s. METHOD OF DISPOSITI | ION | emation | 20b. PLACE | decele | | | | | | | CATION — | | wn, State |
| | 4 Doneylon 5 D Other | (Specify) | | _ Capi | tol (| Crema | tory | 7 (2, | /17/ | 91 | Dove | er De | 1. | |
| | 21. SIGNATURE OF FUNERAL | L SERVICE LIE | PHSEE / | (| 10 | 22. | NAME A | ND ADDRI | ESS OF F | | | | | x # 264 |
| | 1 | 1)1 | VV.5 (| 120 | NA | _ J | . W: | illí: | s We | 11s C | hest | ertov | m, M | ld. 21620 |
| NO | IMMEDIATE CAUSE (Findisease of condition resulting in death) Sequentially list condition if any, leading to immediate the conditions of t | dons, | b | O (OR AS A CONSE | S C | | ro | si |) | | - | | | Interval Between Onset and Death |
| CENTIFICATION | cause. Enter UNDERLY! CAUSE (Disease or Inju that initiated events resulting in death) LAS | 'y | DUE TO | OR AS A CONSI | EGUENCE C | OF): | | | | | | | | |
| - 11 | PART II. Other significa | nt condition | e contributing to | death but not | zanulėla. | In the co | - d - ml - d - | | elema le | Boot L | . 1100 0 11 | | Lan | |
| בסוכאו | PART II. Other arginica | in condition | s contributing to | dastii but iiot | resulting | in the ut | nderiyin | g ceuse | given ir | | PERFO | RMED? | 240. | WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE |
| | | | | | | | | | | — 1 | YES 2 | NO | | OF DEATH? |
| | | | | | | | | | | | | | | 1 YES 2 NO |
| THI SICIAN. | 25. WAS CASE REFERRED TO | O MEDICAL | | | | | 26. P | LACE OF I | DEATN (C | heck only one) | | | | |
| 2 | 1 YES 2 XNO | | HOSPITAL: | ☐ ER/Outpatient | 3 DOA | QTHE 1 | R: | | | 8 Other (| Specify) | | | |
| | 27. MANNER OF DEATH | | 28a. DATE O | F INJURY Day, Year) | 28b. TII | _ | 28c. IN. | JURY AT | | 28d. DESC | | NJURY OC | CURED | |
| | | Pending Investigation | (morari, | July, really | 7.0 | M | | YES 2 | □ NO | | | | | |
| | 3 Suicide 8 🖂 | Could not be determined | 28e. PLACE (building | OF INJURY — At h | nome, ferm, | atreet, fac | tory, offic | te . | | 28f. LOCAT City or | ON (Street Town, State) | and Numbe | r or Rurai F | Route Number, |
| COMPLETE | anel - | | CIAN: To the best of | | | | | | | | | | | a) and manner as stated. |
| | 296. SIGNATURE AND TITLE | OF CERTIFIE | M | mp | | | | 29c. LIC | ENSE NU | IMBER 7 P | <u> </u> | 29d. DA | TE SIGNED | (Month, Day, Year) |
| 2 | 30. NAME AND ADDRESS OF | DERSON WA | O COMPLETED CAL | | FM 27 -/3 - | a Differi | - | 1 | 13 | 0 20 | 1 | | $\propto /$ | 10/11 |
| | PO B | SOX | 122 | 601 | ds. | bu | 0 | m. | 0 | 2/6 | 36 | | ANI | (MD) |
| ' | 31. DATE FILED (Month, Day, | 19'91 | JZ. MEGISTR | AR'S SIGNATURE | on-Re | ndell | | | | | | | | |

| BALTIMORE, MARYLAND | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cetificate be executed within New yours after death. Page 6 may be retained by the host | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
|--|---|---|--|
| | nin hin | tely filled is nation, or | t, the me |
| 13146, | ecuted with | nd complet bunal, crer | atic even |
| BOX 1 | icate be ex | physician a | er traum |
| P.O. | ath certif | ttending tal Hygier | or oth |
| DS, | at the de | by the a | y injury |
| RECOF | requires th | een signed of Health | shows an |
| TAL | N: The law | State Dept | item 23 |
| OF V | PHYSICIA | this certif | rked, or |
| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | OR ATTENDING | DIRECTOR: After nours after death | tem 28 is ma |
| _ | TO THE HOSPITAL | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If I |

1.72

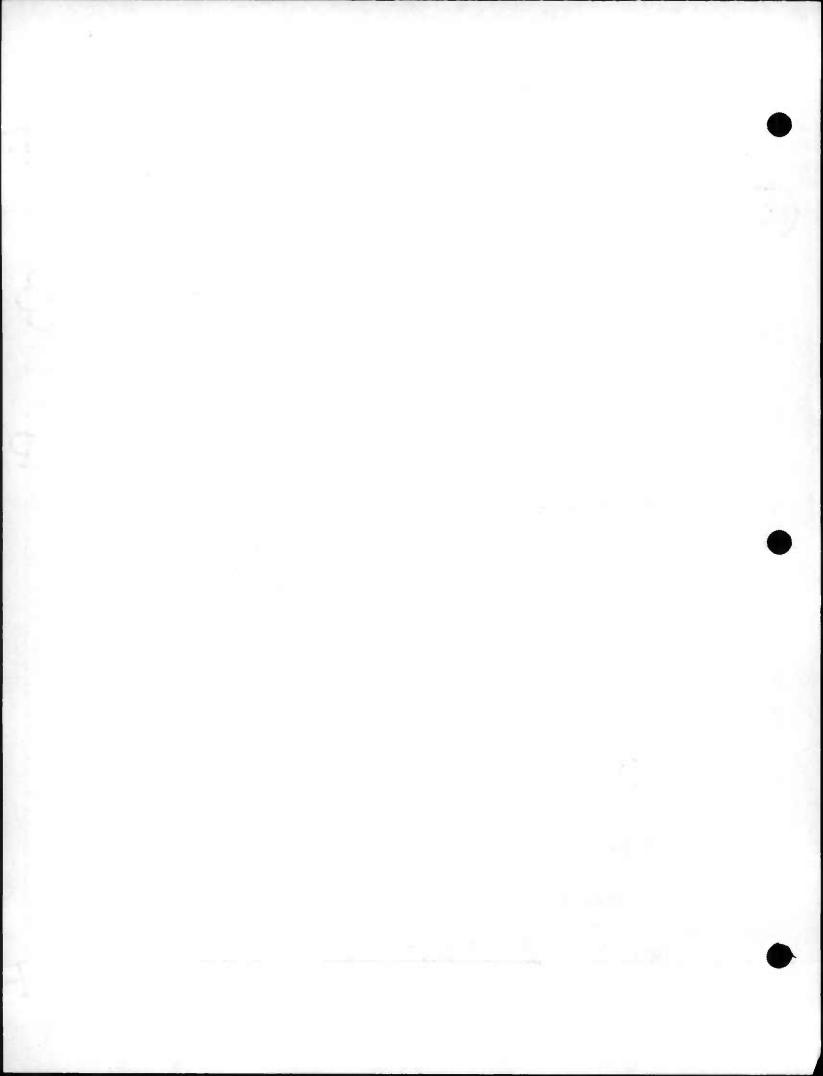
| | 1 - STATE REGISTRAR | STATE OF M | | DEPAR ERTIF | | _ | | | MENTA | REG. NO. | E | | |
|------------|--|---|------------------------------------|---------------------------|--------------|-------------|-----------|-----------|------------|---------------------------------|--------------|----------------------|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) |) | | | | | | | | OF DEATH | | | TIME OF DEATH |
| | WALTER CONSTA | NCE KULA | CKT | | | | | | MARC | | 1991 | EAR | 10:00 a M |
| | 4. SOCIAL SECURITY NUMBER | 5. SEX | 6. AGE (In yrs. les | st birthday) | IF UNDER | | IF UNDER | 24 HRS. | 7. DATE | OF BIRTH | 8. | BIRTHPL | ACE (State or Foreign |
| | 212-03-2951 | 1\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 81 | YRS. | MONTHS | DAYS | HOURS | MIN. | OCT | h, Day, Year) | 1902 M | Country) | LAND |
| | 9e. FACILITY NAME (If not institution, give | street and number) | | | 9b, CITY | , TOWN O | R LOCATIO | ON OF DE | | | 9c. COUNTY | | |
| 5 | 4931 FEESER ROAD | WEST | | | TAN | EYTO | WN | | | | CARRO | T.T. | |
| 3 | RESIDENCE OF DECEDENT | | | 1 | | | | | | | | | |
| DIMECTOR | MARYLAND CARR | | | | Y, TOWN | | ON | | | | | | Dd. INSIDE CITY LIMITS? |
| | 100. STREET AND NUMBER | المال | | IAN | EYTO | - | | _ | | | | | YES 2X NO |
| A P | | MECO | | | | | ZIP CODI | | | | | OF WHA | AT COUNTRY? |
| LONEH | 4931 FEESER ROAD | | EVER IN U.S. 45 | | | | 2178 | | | | USA | | |
| à | 1 Never Married 2 Married 3 XWidowed 4 Divorced | 12. WAS DECEDENT FORCES? 1 IF YES, GIVE W | YES 2 X | NO | | If yes, spe | city Cuba | n, Mexice | n, Puerto | N? (Specify Yea Rican, etc.) | | Black, V Specify: | - American Indien, White, etc. ASIAN |
| 3 | 15. DECEDENT'S ED (Specify only highest grad | UCATION de completed) | | ECEDENT'S Sive kind of | | | | ю | 164 | b. KIND OF BUS | SINESS/INDUS | TRY | |
| 9 | Elementary/Secondary (0-12) | College (1-4 or 5 + | - His | . Do NOT u | se retired.) | | | • | | | | | |
| COMP | 11th | | STE | EEL W | ORKE | R | | | S | TEEL C | ONSTRU | CTIC | ON |
| 3 | 17. FATHER'S NAME (First, Middle, Last) | | - 6 | | | | 18. MOTI | | | Middle, Maiden | Surname) | | |
| N L | unknown 🤸 | | | | | | | | unkr | | | | |
| 2 | 19e. INFORMANT'S NAME (Type/Print) | | | | | | | | | ber, City or Tow | | 111 | |
| | WALTER A. KELLER | | | 1931 | | _ | | | TA | | | | ND 21787 |
| | t ☐ Buriel 2 ☐ Cremation 3 ☐ Re | moval from State | 20b. PLACE other p | lece) | | | | | | 1 | CATION — CIT | | |
| | 21. SIGNATURE OF FUNERAL SERVICE L | CENSEA | TRINI | TY L | | NAME AN | | | CILITY | | | _ | ARYLAND |
| - 1 | · PL | 11 | | | 1 | KILE | | | | | | | DRE STREET 1D 21787 |
| 4 | 1. Leves | - Jud | 4 | | | | | | | | | | AD 21/0/ |
| | 23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Fins) disease or condition resulting in death) | a. HODG | KINS; | DISI | EAS | | | | | | | | Approximate Interval Between Onset and Death |
| , | | | (OR AS A CONSE | OUENCE C | PF): | • | | | | INT | ATTZE | JE | 6 HONTHS |
| HIFICALION | Sequentially list conditions, if any, leading to immediate | b | OR AS A CONSE | OUENCE O | F): | | | | | | | | |
| 3 | cause. Enter UNDERLYING CAUSE (Disesse or injury | C | | | | | | | | | | | |
| | that initisted events resulting in death) LAST | DUE TO | OR AS A CONSE | OUENCE O | F): | | | | | | | | |
| S E | resulting in death) EAST | d | | | | | | | | | | | |
| 2 | PART II. Other significant condition | ons contributing to | death but not | resulting | in the u | nderlying | ceusa | given in | Part I. | 24a. WAS AN | | | VERE AUTOPSY FINDINGS |
| 5 | | | | | | | | | | 1 TYES 2 | | 0 | MAILABLE PRIOR TO COMPLETION OF CAUSE |
| MED | | | | | | | | | | 1 1 163 | ZE NO | | F DEATH? |
| | | | | | | | | | _ | | | ' | B |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL | | | | | 26. PL | ACE OF D | EATH (Ch | eck only o | nne) | | _ | |
| 2 | EXAMINER? 1 ☐ YES 2 🙀 NO | HOSPITAL: | ER/Outpatient | 3 DOA | OTHE | | 5 5 ₹ Re | esidence | 8 🗆 Oth | er (Specify) | | | |
| | 27. MANNER OF DEATH | 28e. DATE OF (Month, De | | 28b. TIR | | 28c. INJ | | | | SCRIBE HOW I | NJURY OCCU | RED | |
| 2 | Natural 8 Pending 2 Accident Investigation | | , rour, | - | M | 1 🗆 1 | |] NO | | | | | |
| | 3 Suicide 8 Could not b | 28a. PLACE OF | F INJURY — At he etc. (Specify) | ome, farm, | street, fec | tory, offic | • | | | CATION (Street or Town, State) | | Rural Rou | ite Number, |
| | | | | | | | | | | | | | |
| COMPLEIED | cont | SICIAN: To the best of NER: On the basic of ex | | | | | | | | | | | and menner se stated. |
| u n | 296. SIGNATURE AND TITLE OF CERTIF | ER C | Zee | M | D | | 29c. LIC | ENSE NUI | MBER 79 | | | | Honth, Day, Ybar) |
| 2 | 30. NAME AND ADDRESS OF PERSON V | VHO COMPLETED CAUS | E OF DEATH (TE | EM 27) (Type | e, Print) | | | | , 1 | | 7- | 11-9 | T |
| | PARK W. ESPENCHAI | DE, JR. M. | D. | 419 | MATCO | T M.TC | RTVI | a Wi | STM | INSTER | , MARY | LANT | 21157 |
| | 31. DATE FILED (Month, Day, Year) | | PE SIGNATURE | Divila | | 71.11 | AL VI | | | | , | | |



DHMH-16 Rev 1/89

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| 3 | 2 | |
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x nous after death. Page 6 may be retained by the | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de he find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | |
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| | FOR STATE OF MARYLANI 1 - STATE REGISTRAR | D / DEPARTMENT OF | | NTAL HYGIENE REG. NO. | |
|--|---|--|--|--|---------------------------------------|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | 2. | DATE OF DEATH 3/0/. | 1991 3. TIME OF DEATH |
| | MARY P KERSH | | | \$ 1B | 19131 5-50 m |
| | - × | 77 YRS. SECUNDER 1 YEARS | R MOVIDE MIN | DATE OF BIRTN (Month, Day, Year) | BIRTNPLACE (State or Foreign Country) |
| | 219-20-3559 1 | | /N OR LOCATION OF DEATH | 3/13/1913 | Maryland |
| DIRECTOR | Washington County Hospital | | rstown | | hington |
| 8 | 10a. STATE 10b. COUNTY | 10c. CITY, TOWN OR LO | CATION | | 10d. INSIDE CITY LIMITS? |
| | Maryland Washington | Hancock | | | 1 TES 2XXNO |
| FUNERAL | 100. STREET AND NUMBER | | 21.750 | | ATIZEN OF WHAT COUNTRY? |
| N. | 13708 Maple Ridge 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S | S. ARMED 13. WAS | | USA ORIGIN? (Specify Yes or No | 14. RACE — American Indian, |
| | 1 Never Married 2 Married FORCES? 1 YES 2 | X∑NO If yes | specify Cuban, Mexican, P YES 2 X MO Specify: | | Black, White, etc. Specify: |
| ВУ | 3 Widowed 4 Divorced | | | | White |
| ETED | (Specify only highest grade completed) | DECEDENT'S USUAL OCCUI (Give kind of work done during life. Do NOT use retired.) | | 16b. KIND OF BUSINESS/ | INDUSTRY |
| 12 | Elementary/Secondary (0-12) College (1-4 or 5 +) | Clerical | | W.Md. Rai | Imand |
| COMPL | 17. FATHER'S NAME (First, Middle, Last) | GIELICAL | 18. MOTHER'S NAME | (First, Middle, Melden Surname | |
| Б Ш | James P. Vantz | | Bertha (| Oaks | |
| TO B | 19e. INFORMANT'S NAME (Type/Print) | 197 - 1970 - 1970 | | e Number, City or Town, State, | |
| | H.Eugene Kershner | 13708 Maple | | | 1750 |
| 100 | 20e, METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removal from State Doc | ACE OF DISPOSITION (Name of place) t Haven Ceme | f cometery, crematory or | | - City or Town, State own, Md. 21740 |
| | 4 Denetion 5 Other (Specify) Res | | E AND ADDRESS OF FACILI | TY | |
| | Was NOR | 1.41 | II Main Ctm | Grove Fund | |
| 100 | 23. PART I. Enter the diseases, of complications that caused th | | | et Hancock, | |
| | shock, or heart fallure. List only one cause on each | line. | | | Interval Between Onset and Death |
| | | Imongici |) arres | t | 1 32.00 |
| event | DUE TO (OR AS A CO | Monard | Films | 1 + | |
| CERTIFICATION | Sequentially list conditions, Sequentially list conditions, Due to one as a co | HEAT | Fallure | - p10en1 | 7704141 |
| CAT | cause. Enter UNDERLYING | myo cara | lial int | arction | |
| LE L | | | | | 1 |
| ER P | resulting in death) LAST | lerotic c | ard10093 | icular a | 158956 |
| | PART II. Other algorificant conditions contributing to death but | not resulting in the under | lying cause given in Pa | rt I. 24s. WAS AN AUTOP: PERFORMED? | SY 24b. WERE AUTOPSY FINDINGS |
| S S | | | | _ 1 _ YES 2 _ NO | COMPLETION OF CAUSE OF DEATH? |
| snows any | | | | _ | 1 TES 2 NO |
| 3 2 | 25. WAS CASE REFERRED TO MEDICAL | | M M ACE OF DEATH (Check | anti anni | |
| | EXAMINER? 1 YES 2 NO HOSPITAL: 1 Impetion 2 ER/Outpetic | OTHER: | Home 5 Residence 6 | | |
| H G | 27. MANNER OF DEATH 28s. DATE OF INJURY (Morith, Day, Year) | | | 8d. DESCRIBE HOW INJURY | OCCURED |
| marked, BY PH | Netural 5 Pending | | YES 2 NO | | |
| | 3 Suicide 6 Could not be 20e. PLACE OF INJURY — building, etc. (Specify) | At home, farm, street, factory, | office 2 | 81. LOCATION (Street end Nun City or Town, State) | mber or Rural Route Number, |
| m 28 ETE | 4 Homicide determined | | | | |
| IMPORTANT: If Item 28 is O BE COMPLETED | 29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge one) | | | | |
| S S | MEDICAL EXAMINER: On the basis of examination as | nd/or investigation, in my opin | | | |
| B B | 29%, SIGNATURE OF CERTIFIER | D 06 D | 29c. LICENSE NUMBI | 296. 1 | DATE SIGNED (Month, Day, Year) |
| ع ا | THE MANN AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH | | | | 3/6/7/ |
| | George C. Newman 1799 How | vell Rd. Ha | gerstown | Md 21740 | |
| | 31. DATE FILED (Month, Day, Year) 32. REGISTBAR'S SIGNAT | une branda 00 | | | |
| | MAR 19'91 Fithe Davidson-1 | - Indiana | | | |



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND ME CERTIFICATE OF DEATH

| NTAL HYGIENI REG. NO. | 9 | | 07706 |
|--|---------------|-----------------------------|--|
| DATE OF DEATH DA | A AE | 3. T | TIME OF DEATN |
| 03 - 08 | | 1 | 6:10 P M |
| DATE OF BIRTN (Month, Day, Ybar) -3-1899 | | BIRTHPLA Country) Md. | CE (State or Foreign |
| ٧ | 9c. COUNTY | OF DEAT | N |
| | WIC | COMIC | 0 |
| | | 1 | I. INSIDE CITY LIMITS? YES 2 NO |
| | 10g. CITIZEN | | |
| | USA | | |
| ORIGIN? (Specify Year Puarto Rican, atc.) | | Black, W | American Indian, hita, stc. |
| | | Specify: | White |
| 18b. KIND OF BUS | INESS/INDUST | RY | |
| Dry Cle | anin⊵ | Stor | e |
| (First, Middle, Maiden | | | |
| nelia Mue | ller B | rown | |
| e Number, City or Town | | | |
| g, Md. 2 | 1849 | | |
| | CATION — City | or Town, | State |
| Bal | timore | , Md | • |
| Home, Inc elmar, De | | 0 | |
| s cardiac or reapi | | | Approximata interval Between Onset and Death |
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| | | | |
| rt I. 24a, WAS AN | | | RE AUTOPSY FINDINGS |
| PERFOR | RMED? | AM | AILABLE PRIOR TO HMPLETION OF CAUSE |
| 1 TYES 2 | | | DEATH? |
| - 1 | | 1 | _ 159 4 _ NU |
| only one) | | | |
| Other (Specify) | | | |
| 8d. DESCRIBE HOW I | NJURY OCCUR | ED | |
| 81. LOCATION (Street City or Town, State) | and Number or | Rural Rout | e Number, |
| | | | |

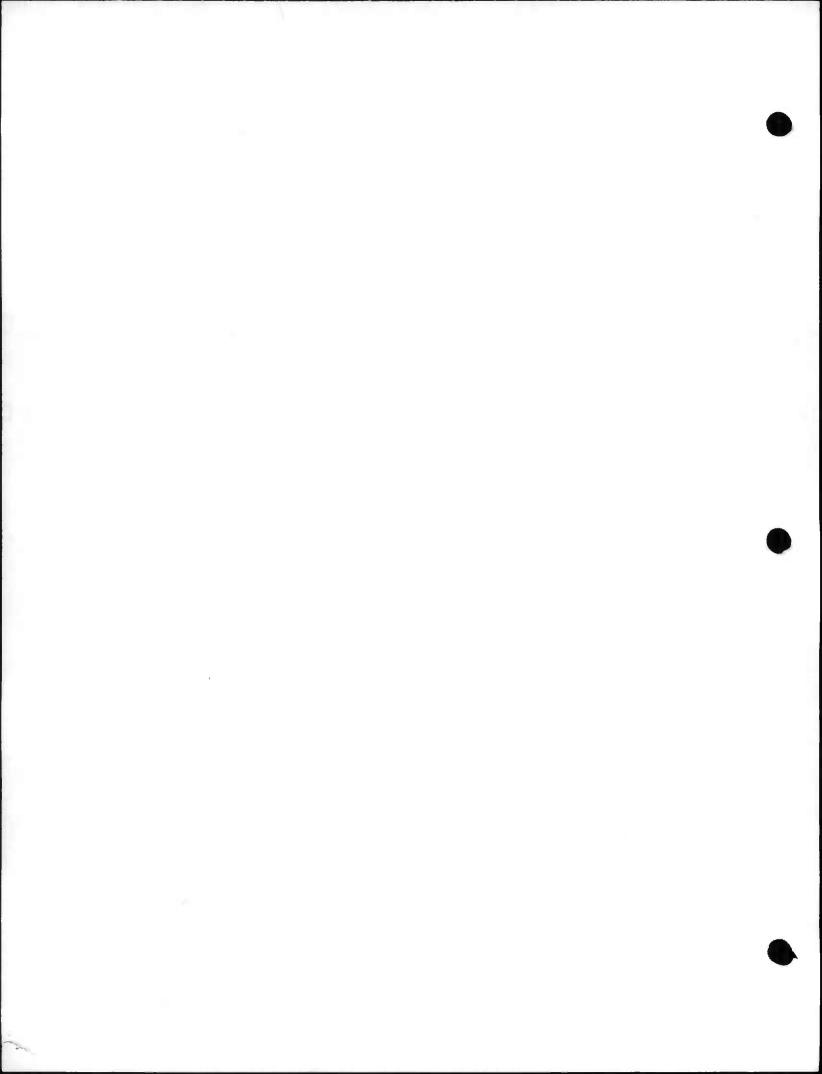
| 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN | | | | | | | | | | | | | | | |
|---|--|-------------------------|------------------------|-------------|---------------------------------|-----------------------------|---------------|--------------|------------------|------------|--|---------------------------|-------------------------------|-------------|--|
| | DIE B. KI | | | | | | | | | | MONTH | DA | | YEAR | |
| | CIAL SECURITY NUMB | | 5. SEX | a ADE | 'In yrs. Issi | hleen-t | E Inc | 0 4 VF10 | E 1818-19 | SA UMS | 7. DATE OF B | - 08 | 3 - | 91 | 6:10 P M |
| | | | 5. SEX | 1,110,000 | ırı yrs. Issi | YRS. | MONTHS | DAYS | HOURS | ABIN | (Month, Day | (Ybar) | | Count | |
| | 12-14-875 | | -21 | 91 | | rns. | | | | | 5-3-18 | 99 | | Md | |
| 9a, FA | CILITY NAME (If not in | stitution, give s | treet and number) | | 9b. CITY, TOWN OR LOCATION OF D | | | | | ATN | | 9c. COU | NTY OF E | EATN | |
| | SALISBUR | | ING HOME | | | SALISBURY | | | | | V | VICON | MICO | | |
| RESI 10a. S | DENCE OF DEC | 10b. COUNTY | , | | | | | | | | | 104 INDIDE OFF | | | |
| | | | | | | 10c. CITY, TOWN OR LOCATION | | | | | | | 10d. INSIDE CITY LIMITS? | | |
| Md | | Balti | nore | | | Baltimore | | | | | | 1X□ YES 2 □ NO | | | |
| 1 | TREET AND NUMBER | | | | | | 10f. ZIP CODE | | | | | | 10g. CITIZEN OF WHAT COUNTRY? | | |
| 2431 W. Lexington St. 212 | | | | | | | | | | 3 | | | US | A | |
| 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No — 14. RAC | | | | | | | | | | | E — American Indian, k, White, stc. | | | | |
| 1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puarto Rican, stc.) Black, IF YES, GIVE WAR OR DATES 1 VES 2 VI NO Specify. | | | | | | | | | | | ffy: | | | | |
| 3 ▼ Widowed 4 □ Divorced | | | | | | | | | | | White | | | | |
| | 15. DEC (Specify only | EDENT'S EDU | CATION completed) | | (Gi | CEDENT'S | vork done | during m | ON ost of workli | ng | 18b. KIN | D OF BUS | INESS/IN | DUSTRY | |
| Ele | mentary/Secondary (0 | - | College (1-4 or 5 | +) | Ilfe. | Do NOT us | e retired. |) | | | | | | | |
| | 5 | | | | Cle | rk | | | 107 | | Dry | Cle | anin | g St | ore |
| | HER'S NAME (First, M | | | | | | | | 16. MOT | NER'S NA | ME (First, Middle | e, Maiden | Sumame) | | |
| Ch | arles Her | cbert 1 | Brown | | | | | | Ber | tha | Amelia | Mue | ller | Bro | wn |
| 19a. IN | FORMANT'S NAME (| Type/Print) | | | 196 | . MAILING | ADDRES | SS (Street | and Number | or Rural | Route Number, C | ity or Town | n, State, Zi | p Code) | |
| No | rma A. Cl | lark | | | | RD#1 | Box | 23 | Pars | onsb | urg, M | d. 2 | 1849 | | |
| 20a, M | ETHOD OF DISPOSIT | ION _ | | 200 | PLACE | OF DISPOS | SITION /A | Jama of co | ametany cray | | 7,2 | | | City or To | own, Stata |
| | luriel 2 Crematic | | oval from State | _ Lo | oude | n Par | ck C | emet | ery | | | Bal | timo | re, | Md. |
| | SNATURE OF FUNERA | | CENSEE , A | | | | 22 | . NAME A | ND ADDRE | | | | | - | |
| | 11 | _ | 11. | 1 | | | S | hort | Fun | eral | Home, | | | | |
| | Willian | in M. | Short | 1 | | | | | | | Delmar | | | | |
| 23. P | ART I. Enter the d | Iseases, or | complications the | at cause | d the de | ath. Do n | not enta | r tha m | oda of dy | ing, aud | h as cardiac | or reapi | ratory ar | rest, | Approximata |
| IMME | anock, or n EDIATE CAUSE (Fli | | List only one ca | use on e | acn IIna | z() | | | | | | | | | Interval Between Onset and Death |
| disea | aa or condition | → | al | int | ~~~ | In | un. | mi | nd . | | | | | | |
| reaul | ting in death) | | DUE TO | OR AS | A CONSE | DUENCE OF | F): | , - | | | | | | | |
| 1 | | | . Dun | te | Don | 1t | 7 | | | | | | | | |
| | entielly list condit y, leading to imme | | DUE TO | OR AS | A CONSE | QUENCE OI | F): | | | | | | | | |
| Caus | e. Enter UNDERLY | ING | | | | | | | | | | | | | |
| | SE (Disease or Inju Initieted events | עיי | DUE TO | OR AS | A CONSE | DUENCE OF | F): | | | | | | | | |
| | iting in death) LAS | T | d | | | | | | | | | | | | |
| - | | | W1 | | | | | | | | | | | | |
| PART | II. Other algnifica | ent condition | na/contributing to | death t | out not r | esulting | in the t | ınderiyi | ng cause | given in | Part I. 24 | PERFOR | AUTOPSY | 24 | b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO |
| 1 _5 | 5/7 hu | Mon | Ursan | my 1 | UC | ady | U | | | | 11 | YES 2 | | | COMPLETION OF CAUSE OF DEATH? |
| | | | | | | | | | | | | | V | | 1 YES 2 NO |
| | | | | | | | | | | | _ 1 | | | | |
| 25. W | AS CASE REFERRED 1 | O MEDICAL | | | | | | 26. F | PLACE OF I | DEATH (C) | heck only one) | | | | |
| Ð | KAMINER? | | HOSPITAL: | □ EDIO | netlant " | _ no. | OTHE | ER: | | | | | | | |
| 11 — | NNER OF DEATH | | 1 Inpstient 2 | | pament 3 | 26b. TIM | - | 4 | me 6 R | asidenca | 6 Other (Sp | | N.HIPV A | Clinen | |
| 1 | | Pending | | Day, Ybar) | | IN. | JURY | W | ORK? | 7 200 | Zod. DESCHI | ec nuw l | HJUHT OC | COMED | |
| 2[| Accident | Investigation | 20- 51 40- | OF IN 111 | | - 4 | - mi | | YES 2 [| _ NO | 884 1 5 5 1 5 1 | A1 (0) | | | S W |
| 10 | Suicide 6 | Could not be determined | 28e. PLACE building | of INJUR | cify) | HT10, TBITTI, | wreet, fa | ictory, offi | ICB | | City or To | N (Street a wn, State) | and Numbe | er or Rural | Route Number, |
| | | | | | | | | | | | | | | | |
| (0 | | TIFYING PNYS | ICIAN: To the best of | of my know | viadga, da | ath occurr | ed at the | time, del | te and place | , and du | n to the cause(s |) and mar | nner as at | nted. | |
| or | | ICAL EXAMINE | ER: On the besis of | examination | on and/or | Investigation | on, In my | opinion, | death occu | red at the | time, data and | place, an | d due to | the cause | (a) and manner as stated. |
| 29b. S | IGNATURE AND SITLE | E OF CERTIFIE | R | / | | | | | 29c. LIC | ENSE NU | MBER | | 29d. DA | TE SIGNE | D (Mgnth, Day, Year) |
| | 5 | | 01 |) | MY |) | | | n | 41 | 1190 | | • | 3/1 | 1/2/ |
| 30. NA | ME AND ADDRESS O | F PERSON WI | O COMPLETED CAL | USE OF DE | EATH /ITE | M 27) /Time | Print | | P | 10 | 11 | | | -16 | |
| 1 | | · · · · · | | / | • | | | | | | | | | | |
| | EDDIE VEL | | | | | CIV | IC I | AVE. | , SAI | LISBU | JRY, MI | 21 | 1801 | | |
| 31. DA | TE FILED (Month, Day, | - 0 | 32. REGISTA | AR'S SIGI | NATURE | 1.00 | | | | | | | | | |
| | MAD 1 1 'C | 91 | Lukia D | avidso | n-Na | - | | | | | | | | | |

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 - mous after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECT

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



| | 1 - STATE REGISTRAR | SINIE OF MANIE | CERTIF | ICATE OF | | REG. NO. | | 6.30PM |
|----------------------|--|---|--------------------------|-----------------------------|---|---|--------------------------------|---|
| | 1. DECEDENT'S NAME (First, Middle, Last) Haveot | Harriet | D. L | OWE | | 2. DATE OF DEATH | w 8 | 3. TIME OF OEATH |
| | 4. SOCIAL SECURITY NUMBER 048-36-2165 | 5. SEX 6. AGE (| In yrs. last birthday) | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) | | 8. BIRTHPLACE (State or Foreign Country) |
| | 9a. EACILITY NAME (If not institution, give str | | 0.0 | 9b CITY TOWN | OR LOCATION OF DE | | 9c COU | NTY OF DEATH |
| œ | COLLINGSINO | 60 da 70. | | 12006 | | MD | | |
| 읽 | RESIDENCE OF DECEDENT | 27 | | KOCK | 1112 | 1 - 20 | onigomery | |
| DIRECTOR | 10a. STATE 10b. COUNTY | | 10c. CIT | Y, TOWN OR LOC | ATION | | 10d, INSIDE CITY ./ LIMITS? | |
| | | tgomery | Da | amascu | 5 | | | 1 TES AND NO |
| ₹I | 10e. STREET AND NUMBER | | | 1 | of. ZIP CODE | | - 1 | IZEN OF WHAT COUNTRY? |
| | 9929 Colora | | | | 20872 | | | erican |
| BY FUNERAL | 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced | 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA | 2 JHO | If yes, i | CENDENT OF HISPAN pecify Cuben, Mexica S 2 NO Specify | | or No— | 14. RACE — American Indian, Black, White, atc. Specify: White |
| | 15. DECEDENT'S EDUC (Specify only highest grade | | 16e. DECEDENT'S | USUAL OCCUPAT | TION | 16b. KIND OF BUS | SINESS/INC | DUSTRY |
| ᇤ | Elamentary/Secondary (0-12) | College (1-4 or 5+) | Iffe. Do NOT u | se retired.) | iost or working | | | |
| A P | 12 | 1 | HOM | emaker | | | | |
| COMPLETED | 17. FATHER'S NAME (First, Middle, Last) | Dudana | | | | ME (First, Middle, Melden | | |
| BE | | Driggs | | | Alic | | | |
| 6 | 19a. INFORMANT'S NAME (Type/Print) Edward C. Trew | hella | | | | noute Number, City or Tow art, Dama | | |
| | 20a. METHOD OF DISPOSITION 1) Burial 2 Cremetion 3 Remo | 20tr | o. PLACE OF DISPO | SITION (Name of o | emetery, crematory or | 20c, LO | CATION — | City or Town, State |
| | 4 Donation 5 Other (Specify) | | Rose H | | | | ky I | Hill, Conn. |
| | 21. SIGNATURE OF FUNERAL SERVICE LIC | ENSEE | | | AND ADDRESS OF FA | | D : | A., Funeral Hm |
| | Motort L. | William | N | | | farvland | | 20872 |
| | 23. PART V Enter-the diseases, or call shock, or heart feilure. If IMMEDIATE CAUSE (Finel disease or condition resulting in death) | | | I mon | oods of dying, suc | les cardiac or respi | ratory an | rest, Approximate Interval Between Onset and Death |
| CERTIFICATION | Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | DUE TO (OR AS A | A CONSEQUENCE O | I In | Henry I | Sense X2 | | Mony yes |
| PHYSICIAN: MEDICAL C | PART II. Other significent condition Recives Likeum Perzie | + Cenebro | refiler | | ng cause given in | DEDECT | RMED? | 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 |
| N | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | | | 26. | PLACE OF DEATH (Ch | eck only one) | | |
| Sic | 1 TES 2 NO | HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Outs | patient 3 🗆 DOA | OTHER: | ome 5 🗆 Rasidenca | 6 Other (Specify) | | |
| H | 27, MANNER OF DEATH | 26a. OATE OF INJURY (Month, Day, Year) | 28b. TH | | NJURY AT YORK? | 28d, OEŞCRIBE HOW | NJURY OC | CCURED |
| ΒX | 1 Natural 5 Pending 2 Accident Investigation | /~/ | 7 | | YES 2 NO | | | 1 |
| COMPLETED | 3 Suicide 6 Could not be 4 Homicide determined | 28e. PLACE OF INJURY building, etc. (Spec | / — At home, farm, city) | street, factory, of | Nca | 261. LOCATION (Street City or Town, State) | | or or Rural Route Number, |
| LE | 29a. CERTIFIER 1 CERTIFYING PHYSI | CIAN: To the best of my know | viedge, death occur | red at the time, de | ite and place, and due | to the cause(a) and ma | nner aa ata | sted. |
| N N | (Olloca oray | | | | | | | he cause(a) and menner as stated. |
| | 296. SIGNATURE AND THELE OF CHRITIFIES | 0/ | | | 29c. LICENSE NU | | | TE SIGNED (Month, Dey, Year) |
| BE | X/ 3 | (XI) | | | 735 | 197 | • | 8 Mm 91 |
| 5 | 30. NAME AND ABOMES OF PERSON WH | | EATH (ITEM 27) (Typ | e, Print) | 013 | 1 | | |
| | KOVIN M. CIL | MeD, 1 | 5001 D | whit. | Mill Rd | Grow What | hung | , MD 20878 |
| | 31. DATE FILED (Month, Day, Year) | 32. BEGISTRAR'S SIGN | NATURE | / / | | | 1 | |

| TO BE COMPLETED BY FU | TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION |
|---|--|
| i examiner must be notified at once. | IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
| And the land of the bound of belacied to use as the building. | 10 THE FUNEXAL DIRECTORS after this previous has been styling by the authoring physician and compress time of the principle o |
| er death if the threatne retained by the hospital or attending physicia | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Fig. 1. So the tospital or attending physicial |
| BAITIMORE, MARYLAND 21215-0020 | DIVISION OF VITAL RECORDS, P.O. BOX 68760, |
| (| |

| STATE OF MARYLAND / DEPARTMENT OF HEALTH AND | MENTAL HYGIENE |
|--|----------------|
| CERTIFICATE OF DEATH | REG. NO. |

| | FOR STATE REGISTRAR | STATE OF MARYLAN | ND / DEPARTME | | | MENTAL HYGIE | | . 07700 | | | |
|------------------|---|--|--|--------------------------|--------------------------------|--|-------------------------------|--|--|--|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | 2. DATE OF DEATH | | 3. TIME OF OEATH | | | |
| | MARGUERITE | V. | | LUECK | | March 12 | | 11:55 A M | | | |
| | | | | NDER 1 YEAR | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) | | BIRTHPLACE (State or Foreign Country) | | | |
| | 220-16-5718 9e. FACILITY NAME (If not institution, give stre- | 1 MXXX F 68 | YRS. MONT | | R LOCATION OF DE | 07-31-19 | 22 | MD | | | |
| DIRECTOR | Memorial Hospital | | | umber1 | | | 9c. COUNTY OF CEATH Allegany | | | | |
| EC | 10e. STATE 10b. COUNTY | | 10c. CITY, TOV | WN OR LOCATI | ON | | | 10d. INSIDE CITY | | | |
| 뜸 | MD Allegan | У | Cumber | cland, | | | | LIMITS? | | | |
| | 10e. STREET AND NUMBER | | | 101. | ZIP CODE | | 10g. CITIZEN | OF WHAT COUNTRY? | | | |
| E | 304 Park Street | | | 21 | 502 | | USA | | | | |
| BY FUNERAL | 11. MARITAL STATUS 1 Never Merried 2 Merried XX Widowed 4 Divorced | 12. WAS OECEDENT EVER IN U FORCES? 1 TYES IF YES, GIVE WAR OR DATE | 2/1/NO | | cify Cuben, Mexica | IIC ORIGIN? (Specify) n, Puerto Ricen, etc.) | ee or No- 14. | RACE — American Indien, Black, White, etc. Specify: White | | | |
| COMPLETED | 15. DECEDENT'S EDUCA (Specify only highest grade or Elemegtary/Secondary (0-12) | TION 1 cmpleted) College (1-4 or 5+) | (Give kind of work diffe. Do NOT use retir | lone during mos red.) | t of working | | usiness/indus | | | | |
| MO | 17. FATHER'S NAME (First, Middle, Last) | | | | 18. MOTHER'S NA | ME (First, Middle, Meld | | Τ. | | | |
| | Joseph Cessna | | | | Mildre | d Shaw | | | | | |
| TO BE | 19e. INFORMANT'S NAME (Type/Print) Mr. Allen L. Lueo | k | | | d Number or Rural I | Route Number, City or 76 | | de) | | | |
| | METHOD OF DISPOSITION | | | | ~ | | | | | | |
| П | 1 Buriel 2 Cremetion 3 Remov | | PLACE AND DATE OF I | | | | ocation — city nberlan | | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICE | Carpella' | | | elli Fur rland, M | outy neral Home ID 21502 | 2 | | | | |
| | 23. PART . Enter the dieeeses, or co | mpilcations that caused t | he death. Do not e | nter the mod | ie of dying, auc | h aa cerdiec or res | piratory arreal | , Approximata | | | |
| | IMMEDIATE CAUSE (Final | et only ona cause on eac | 1 + . | () | | | | Onset and Death | | | |
| | disease or condition resulting in death) | Melas | Taru | ر ر | en cu | - V | 1 | 10 | | | |
| | | DUE TO (OR AS A C | CONSEQUENCE OF): | | | | | 0 | | | |
| NO | Sequentially list conditions, b. | DUE TO (OR AS A C | CANCELLIEUCE OF | | | | | | | | |
| CERTIFICATION | If sny, leading to immediata cause. Enter UNDERLYING | DUE TO JOH AS A C | ONSECUENCE OF): | | | | | İ | | | |
| FIC | CAUSE (Disesse or injury that initiated events | DUE TO (OR AS A C | ONSEQUENCE OF): | | _ | | | | | | |
| E | resulting In death) LAST | | | | | | | | | | |
| | | | | | | | | | | | |
| AL | PART II. Other significant conditions | contributing to death but | not resulting in th | a Underlying | cause given in | | AN AUTOPSY ORMED? | 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO | | | |
| 8 | | | | | _ | 1 _ YES | 2 U HQ | OF DEATH? | | | |
| ME | | | | | | _ | | 1 TES 2 NO | | | |
| ä | T | | | | 2 | | | | | | |
| PHYSICIAN: MEDIC | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HØSPITAL: | | HER: | ACE OF DEATH (Ch | or and an arrangement | | | | | |
| 1YS | 1 YES 1 NO | Inpatient 2 ER/Output | 28b. TIME OF | Nursing Home | | 6 Other (Specify) 28d. DESCRIBE HON | A IM ILIBA OCCITE | DED. | | | |
| | 1 Natural 8 Pending | (Month, Day, Year) | INJURY | M 1 Y | RK? | 200. DESCRIBE NO | V MOONT COCO | ico | | | |
| ВУ | Accident investigation 3 Suicide & Could not be | 28e. PLACE OF INJURY - | - At home, farm, street | | | 281, LOCATION (Stre | | Rural Route Number, | | | |
| 回 | 4 Homicide 6 Could not be determined | building, etc. (Specify | 0 | | | City or Town, Sti | (e) | | | | |
| E | 29s. CERTIFIER CERTIFYING SHYSIC | IAN: To the best of my knowled | to death occurred at | the time date | and place, and due | to the cause(s) and s | nannar sa stated | | | | |
| COMPLETED | Totales may | _ | | | | | | seuse(e) end manner se stated. | | | |
| | 29b. SIGNATURE AND JITLE OF CENTIFIES | | 1 | | 29a LICENSE NUI | | | IGNED (Month, Day, Year) | | | |
| BE | | 4 - 1 | | | 1112 | 775 | 1 | 114 191 | | | |
| 2 | 30. NAME AND ADDRESS OF PERSON WHO | COMPLETED CAUSE OF DEAT | H (ITES 27) (Type, Print | 1) | 15.0 | , , , , | 1. 2 | | | | |
| | Dr. Fiscus Memoria | al Hospital N | dedical Bu | | Cumber | land, MD. | 21502 | | | | |
| | MAR I 4 1991 des | 32. REGISTRAR'S SIGNAT | TURE | | | | | | | | |

DHMH-16 Rev 1/89

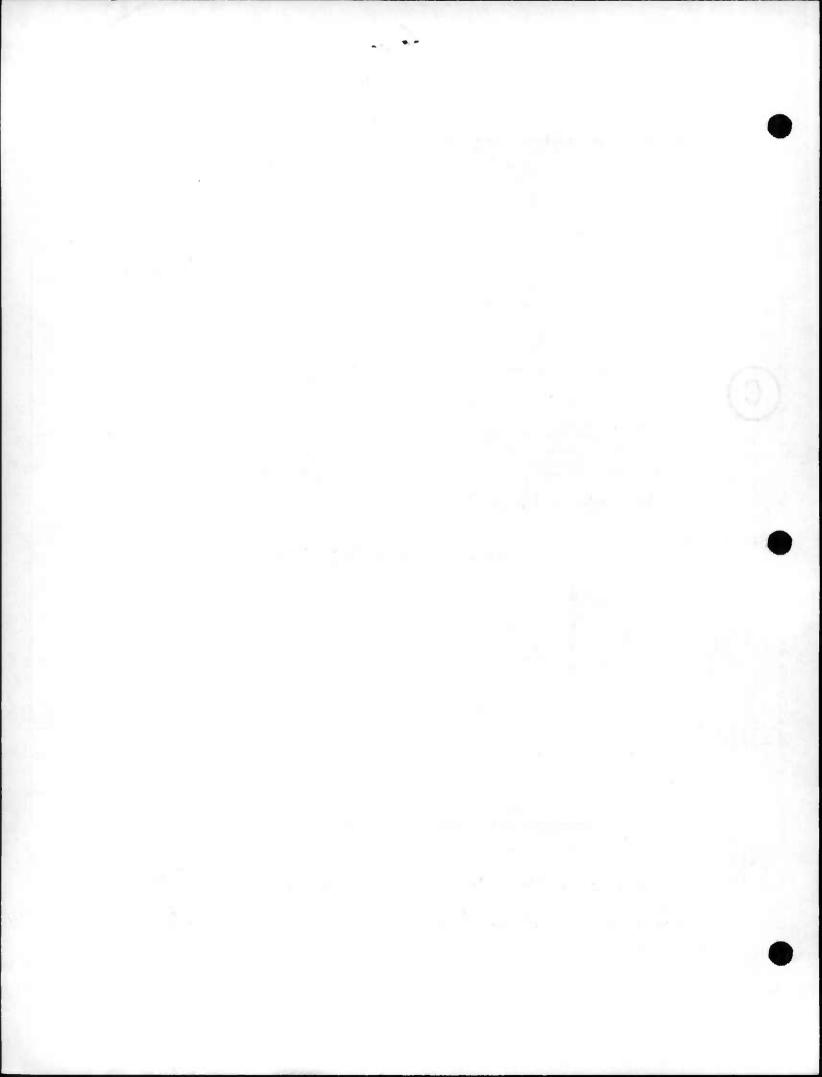
| | 1 - STATE REGISTRAR | | CERT | IFICATE O | F DEATH | | REG. NO. | | | | |
|----------------------------|--|--|---|--|--|--------------------------------------|---|---|--|--|--|
| | 1. DECEDENT'S NAME (First, Middle, Las Dolones 1 | 4nn | Ann Losten | | | 7. DATE | OF BIRTH | 9 1 | 3. TIME OF DEATH | | |
| | 235-48-3211 9a. FACILITY NAME (If not institution, give | | 56 YRS | | N OR LOCATION OF E | | 21, 1934 | We s | St Virginia | | |
| TOR | Union Hospital | | | | | | | | | | |
| DIRECTOR | Maryland Ced | | | ary, town or Lo Elkton | CATION | | | 10d. INSIDE CITY LIMITS? 1 X YES 2 1 NO | | | |
| RAL | 100. STREET AND NUMBER 107 Hunter Place | 9 | | | 101. ZIP CODE 21921 | | | J.S.A | WHAT COUNTRY? | | |
| 11. I SE COMPLETED BY FUNE | 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER FORCES? 1 YES | S 2 NO | If yes, | DECENOENT OF HISPA specify Cuban, Mexic (ES 2 NO Speci | en, Puerto | N? (Specify Yes or No— Ricen, etc.) | Blac | CE - American Indian, ck, White, etc. | | |
| | 15. OECEOENT'S E (Specify only highest pr Elementary/Secondary (0-12) | DUCATION ade completed) College (1-4 or 5+) | (Give kind life. Do NO | T'S USUAL OCCUP! of work done during T use retired.) | ATION most of working | 161 | o. KIND OF BUSINESS/I | NDUSTRY | | | |
| | 17. FATHER'S NAME (First, Middle, Last) Clifton | R. Talkingt | on | | 18. MOTHER'S N | | Middle, Maiden Surname | | | | |
| | 19e. INFORMANT'S NAME (Type/Print) | K. Idikinge | | ING ADDRESS (Stre | et and Number or Rura | | ber, City or Town, State, | | | | |
| - | Michael T. Loste | The second secon | | 7 Hunter | | | kton, MD | 2192 | | | |
| | 20a. METHOD OF DISPOSITION Mall 19 Burlai 2 Cremation 3 R 4 Donation 6 Other (Specify) | ch 12, 1991 2 emoval from State | other place) | | cometery, cremetory or | | v North | | Town, State , Maryland | | |
| | 23. PART I, Enter the diseases, or heart faller | | | B | 1kton, MD | ockt | on Streets 1921 | 5 | Approximate | | |
| ICATION | shock, or heart failure immediate cause. Enter UnDERLYING CAUSE (Disease or injury | a. DUE TO (OR AS | MAY () CI S A CONSEQUENCE S A CONSEQUENCE | B E On not enter the second of | ow and St 1kton, MD | ch as car | on Streets 1921 | 5 | Approximate interval Between | | |
| | shock, or heart failure immediate cause. Enter UNDERLYING CAUSE (Please or Injury that initiated events resulting in death) | a. DUE TO (OR AS C. DUE TO (OR AS DUE TO (OR AS | B A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE | B E Po not enter the second of | ow and St 1kton, MD mode of dying, su faction | cockto 2. | on Streets 1921 diac or reapiratory | arrest, | Approximate interval Betwee Onset and Deat | | |
| : MEDICAL CERTIFICATION | shock, or heart failure immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | a. DUE TO (OR AS C. DUE TO (OR AS DUE TO (OR AS | B A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE | B E Po not enter the second of | ow and St 1kton, MD mode of dying, su faction | cockto 2. | on Streets 1921 | arrest, | Approximate interval Betwee Onset and Deat | | |
| MEDICAL | shock, or heart failure immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significant conditions. | a. DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. HOSPITAL: | B A CONSEQUENCE B A CONSEQUENCE B A CONSEQUENCE B Dut not resulting | B E Po not enter the second of the second o | OW and St 1kton, MD mode of dying, su faction | n Part I. | On Streets 1921 diac or respiratory 24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO | arrest, | Approximate interval Betwee Onset and Deat Approximate | | |
| PHYSICIAN: MEDICAL | shock, or heart failure immediate cause. (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of the cond | a. DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS d. LIONS CONTRIBUTING TO death | B A CONSEQUENCE B A CONSEQUENCE B A CONSEQUENCE B Dut not resulting but not resulting but not resulting cutpatient 3 DO | B E No not enter the second of the second o | ow and St 1kton, MD mode of dying, su faction | n Part I. | On Streets 1921 diac or respiratory 24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO | arreat, | Approximate interval Betwee Onset and Deat Onset and Deat on the Approximate A | | |
| D BY PHYSICIAN: MEDICAL | shock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the conditions in the condition of the cond | a. DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS d. LONE CONTRIBUTING TO death PARTITION TO THE PROPERTY OF THE PROPER | B A CONSEQUENCE B A CONSEQUENCE B A CONSEQUENCE B Dut not resulting but not resulting cutpatient 3 DO. Y 28b. | B E Po not enter the second of the second o | OW and St Ikton, MD mode of dying, su faction ying cause given in PLACE OF DEATH (C frome 6 Residence INJURY AT WORK? YES 2 ND | n Part I. | On Streets 1921 diac or respiratory 24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO | SY 24 | Approximate interval Betwee Onset and Deat onset and Deat of the Interval Betwee Onset and Deat of the Interval Betwee Onset and Interval Betwee Onset of the Interval Interval Interval Interval Interval Interval Interval | | |
| BY PHYSICIAN: MEDICAL | shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigatic 3 Suicide 8 Could not determined 29a. CERTIFIER (Check only) 1 CERTIFYING PM | a. DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS d. LONE CONTRIBUTING TO death PARTITION TO THE PROPERTY OF THE PROPER | each line. On V C C A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE Dut not resulting utpatient 3 DO. Y TY — At home, far pecify) | B E Po not enter the second of the second o | OW and St 1kton, MD mode of dying, su faction f | n Part I. Check only o 2 ef. LOChy | 24a, WAS AN AUTOPS PERFORMED? 1 YES 2 NO NO (Specify) SCRIBE HOW INJURY (Or Nown, State) | BY 24 DOCCURED | Approximate interval Betwee Onset and Deat and Deat Approximate interval Betwee Onset and Deat and Deat and Deat and Deat and Deat and Deat approximate and Deat and | | |

Jedia Savidson Bandala

MAR 1

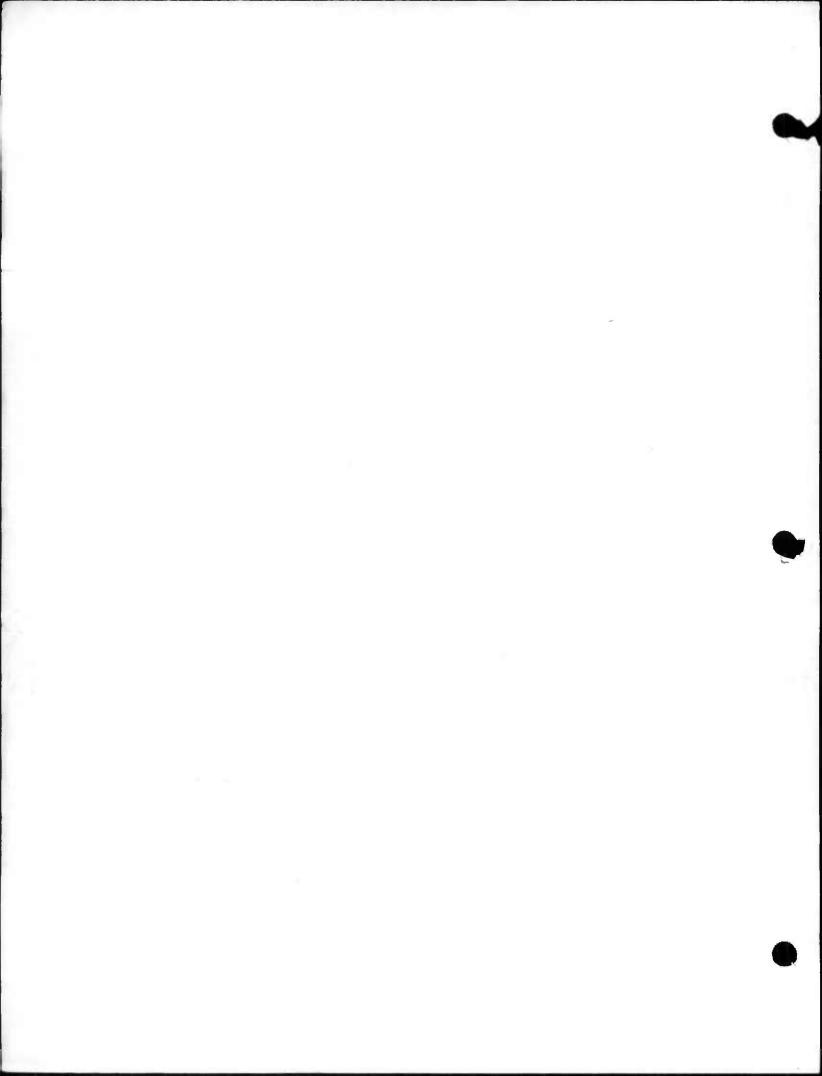
BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,



| | | 1. DECEDENT'S NAME (First | | | | | | | | | 2, DATE OF D | DAY | | YEAR | 3. TIME OF DEATH 10:15 A M |
|--|---------------|---|-------------------------------------|-------------------------------------|----------------------------|-----------------------------|-------------|-----------|--|--|--------------------------|---|--|------------------|---|
| | | 4. SOCIAL SECURITY NUMBER | John | Valen 5. SEX | tine 6. AGE (In yrs. Is | | IF UNDER | n a MEAR | IF UNDER | | March | | 19 | | IPLACE (State or Foreign |
| | | | | 5, SEA 10 M 2 F | | YRS. | MONTHS | DAYS | | MIN. | (Month, Day, | Year) | 2.7 | Country | γ) |
| (3) | | 218-32-024 Se. FACILITY NAME (If not in | + T | | 53 | 11101 | Sh CITY | TOWN | OR LOCATI | ON OF DE | |) 19 | | Mar | ryland |
| | 8 | 508 South | | , | | | | | | AIN | | | roli | | |
| | 5 | RESIDENCE OF DEC | 10b, COUNTY | | | | | | | | | | | 10d. INSIDE CITY | |
| Pige | DIRECTOR | Maryland | 100 | arolin | 0 | 10c. CITY, TOWN OR LOCATION | | | | | n | | | | LIMITS? |
| permit. | | 10e. STREET AND NUMBER | | az oz zn | | Dento: | | | | | 10g. CITIZEN OF | | | IZEN OF W | |
| isi | UNERAL | 508 South | Fifth | Avenue | | | | | 21629 | | | | U.S.A. | | |
| 3146 ing physician. the burial-transit | E. | 11. MARITAL STATUS 1 Never Married 2X | | FORCES? 1 | FORCES? 1 YES 2 NO If yes | | | | AS DECENDENT OF HISPANIC ORIGIN? (Specify Yes, specify Cuban, Mexican, Puerto Rican, etc.) | | | | fes or No— 14. RACE — American Indian, Black, White, atc. | | — American Indian, c, White, atc. |
| | à | 3 Widowed 4 Divo | | IF YES, GIVE Y | MAR OR DATES | | | 1 🗌 YI | ES 2 TKNO | Specify | c. | | | Cau | casian |
| 203- aftend | 9 | | EDENT'S EDUCA y highest grade co | | 0 | ECEDENT'S Sive kind of | work done | during r | TION most of working | ng | 16b, KINI | OF BUS | INESS/IN | DUSTRY | |
| | COMPLET | Elementary/Secondary (t | 0-12) | College (1-4 or 5 | +) | a. Do NOT u | | | | | _ | | | , | |
| AND 2 the hospital detached fo | ₹ I | 12 | | | | Inn | Kee | per | | | | n K | | ing | |
| | - 11 | 17. FATHER'S NAME (First, N | | | | | | | | 7 | | AME (First, Middle, Melden Surname) rence Zimmermann | | | |
| | B | John Va | | ne Ly | ons, S | | 2 ADDRES | e /9 | | | rence Route Number, G | - | | | 1 |
| 2 2 2 | 2 | Thelma P. | | | [] | | | | | | | | | | MD 21629 |
| 2 8 8 | | 20a. METHOD OF DISPOSIT | TON | | 20b. PLACE | OF DISPO | | | comotory, cres | | I | | | City or To | |
| ORE, e 6 may ector, pa | | N Burlei 2 ☐ Cremetic 4 ☐ Donation 5 ☐ Other | | rel from State | other p | ton | | | | | | Den | ton | . Ma | aryland |
| Page al direc | | 21. SIGNATURE OF FUNDA | L SERVICE LICE | NSEE / | 00 | 0011 | 22. | NAME | AND ADDRE | | | | | | 13 / 2011 0 |
| BALTIMORE ter death. Page 6 may the funeral director, p wal. | | 1 kg | reloy | & C | 11/4 | No | 1 | | | | ral Ho Dentor | | | | 21629 |
| ca aft | | 23. PART I. Enter the d | | | at caused the d | | | | | | | | | | Approximate |
| 24 nour | | IMMEDIATE CAUSE (Findisease or condition | | M | factor | a. | 1 | ore. | Cel | 10 | Lung | Cu | h (?). | | Onset and Death |
| 146, L ted within 24 completely fills ial, cremation, | | resulting in death) | a. | DUE TO | OR AS A CONSI | QUENCE C | OF): | 7 | | | Lung | Citi | ر العالم | | 12/12 |
| 1314 precuted and con burial, | z | | 6 b. | | ignet | 45 | mar | buce | , | | | | | | |
| 8 2 2 E | 5 | Sequentially list condit if any, leading to imme | dlata | DUE TO | OR AS A CONSI | QUENCE C | OF): | / | | | | | | | |
| | 2 | cause. Enter UNDERLY CAUSE (Disease or inju | | C. DUE TO (OR AS A CONSEQUENCE OF): | | | | | • | | | | | | |
| ertifing I | CERTIFICATION | that initiated events resulting in death) LAS | т | SECULENCE OF): | | | | | | | İ | | | | |
| S, P.(| CE | | d. | | | | | | | | | | | | 1 |
| ADS, F at the deal by the att and Menta y injury. | AL | PART II. Other algnifica | ant conditions | contributing to | death but not | resulting | in the u | nderly | ing cause | given in | Part i. 24e | PERFOR | | 24b | . WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO |
| F 5 8 - 5 | EDICAL | · | | | | | | | | | 10 | YES 2 | NO | . | OF DEATH? |
| A | Σ | | | | | | | | | | - | | | | 1 TES 2 |
| NL R le law r has be Dept. | AN | 25. WAS CASE REFERRED 1 | O MEDICAL | _ | | | | 26 | DI ACE OF I | DEATH (Ch | eck only one) | | | | |
| Z f 2 2 5 | <u> </u> | EXAMINER? | | HOSPITAL: | ER/Outpatient | a ⊓ nos | OTHE | R: | | , | 6 Other (Sp | a militari | Und | er H | ospice |
| 보유프 | PHYSICIAN: | 27. MANNER OF DEATH | | 28a. DATE O | F INJURY | 26b. TII | WE OF | 28c. I | NJURY AT | - STATE OF THE STA | 28d. DESCRIE | | | | Spr |
| | ВУ Р | Natural 5 | Pending Investigation | (Month, I | Day, Year) | " | M M | | WORK? 2 [| □ NO | _ | | - | | |
| 0 5 4 5 4 | | 3 Suicide 6 | Could not be | 28e. PLACE (| OF INJURY — At I | ome, farm, | street, fac | ctory, of | Mice | | 26f. LOCATIO | | and Numbe | or Aurel I | Route Number, |
| OIVISION OR ATTEN DIRECTOR: hours after Item 28 Is | ш | 4 Homicide | determined | | | | | | | | | ,, | | | 7 |
| S S S S S S S S S S S S S S S S S S S | 2 | 29a. CERTIFIER (Check only | TIFYING PHYSICI | IAN: To the best o | of my knowledge, o | leath occur | red at the | tima, di | ata end place | e, and due | to the cause(s) |) and man | ner as str | ited, | 4 |
| HOSPITAL FUNERAL Within 72 | COMPLET | anal | DICAL EXAMINER: | On the basis of | examination and/o | Investigati | ion, in my | opinion | , death occu | ired at the | time, date and | place, and | d due to t | he cause(s | n) end manner as stated. |
| TO THE HOSPI TO THE FUNER The filed within | BE C | 29b. SIGNATURE AND TITLE | of CENTIFIER | ian | 10 | | | - | 29c, LIC | ENSE NUI | MBER | | 29d. DA | TE SIGNED | (Month, Day, Year) |
| 5 5 8 M | 0 | 20 NAME AND ADDRESS | A PERSON WITE | complete con | USE OF PEARLY | EM AT C | . 0-1 | | 1// | 35, | 12/ | | | 2/ | 1171 |
| | | 30. NAME AND ADDRESS O | MO H | COMPLETED CAL | A P | | e, Print) | n | 11 | 12 | nton | M | 11) | 2/ | 13 9 |
| | - 1 | | TV /V | | 171 | | 4 . | 1/ | - 1 | IV | | | 4 | - | |

32. REGISTRAN'S SIGNATURE
Julia Davidson-Randade



| De 70 | detacl | | once |
|---|---|---|---|
| 6 | 90 | | F |
| HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certincate be executed within 24 hours after death. Page 6 may be retained by the ho | FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact | | ITANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once |
| 9 | 96 5 | | 9 |
| may. | c, pa | | st b |
| age b | directo | | er mu |
| Seath. P | funeral | | хатіл |
| Te | the | loval | ial i |
| NUS 3 | In by | T rem | nedic |
| 24 M | filled | OU, C | he n |
| MILI | yletely | remat | ant, 1 |
| red v | COM | ial, c | AP : |
| COCCE | and | o pri | mati |
| 8 | sician | rior t | trau |
| Incati | phys | ane p | her |
| Cer | nding | Hygi | or 01 |
| death | atte | ental | 17,0 |
| ale me | y the | Z P | In |
| that | ped b | Ith ar | any |
| dures dures | Sign | Hea | 0WS |
| W re | peel | pt. of | 3 sh |
| ne la | has | e Del | 1 2 E |
| N. I | ficate | Stat | r Itel |
| SICIA | cent | the t | 1,0 |
| H | r this | h with | arke |
| DING | Afte | deat | E |
| LEN | JOR. | after | 28 |
| DR A | DIREC | hours | tem |
| M | A | 2 | = |
| HOSP | FUNE | within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. | TANT |

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH YEAR George S. LINDNER 1991 February 11:05 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 XM 2 - F Baltimore, MD 11/30/13 578-07-0826 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR DOCTORS COMMINITY HOSPITAL LANHAM PRINCE GEORGE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY 1X YES 2 NO Bladensburg Prince George's Maryland FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f, ZIP CODE 20710 U.S.A. 4303 54th Place 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16h KIND OF BUSINESS/INDUSTRY (Specify only highest grade of Flementery/Secondary (0-12) College (1-4 or 5+) Metropolitan Police Dept. Washington, DC Police 8th 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Martha Hilleary Childs Thomas Henry Lindner BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 rene/Lindner 4303 54th Place, Bladensburg, Maryland 20a. METHOD OF DISPOSITION
1 N Burlet 2 Cremation 3
4 Donaton 5 Other (Spec 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State DATE Lincoln Cemetery 3/2/91 Brentwood, Maryland diy) OF THERAL 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home, PA 4739 Baltimore Ave., Hyattsville, MD 20781 23. PART I. Entar tha disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, **Approximata** shock, or heart failure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Finel disease or condition_ months ung Acer resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 1 NO 1 TES 2 THO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 | YES 2 | WO Impatient 2 ER/Outpatient 3 DOA ng Home 5 - Residence 8 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED Netural 8 Pendi м 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be determined 4 🔲 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, deeth occured at the time, data and place, and due to the cause(s) and men Dw BE 2

8926

WOODXARD



IMPORTANT:

9

4 ARVe

31. DATE FILED (Mont

FEB

36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Zew.

32. REGISTRAR'S SIGNATURE

Julia Davidson-Randall

KA

THE H

2 2 3



STATE OF MAI

| RYLAND / DEPAI CERTIF | | | | | MENTAL HYGII REG. I | | | | |
|-----------------------------|----------|--------|----------|-----------|---------------------------|--------|-----------|-------------|---------------|
| | | | | | 2. DATE OF DEATH MONTH | DAY 2 | YEAR 9 | 3. TIME O | 306 A |
| AGE (In yrs. last birthday) | IF UNDER | 1 YEAR | IF UNDE | R 24 HRS. | 7. DATE OF BIRTH | | | HPLACE (Sta | te or Foreign |
| 63 YRS. | MONTHS | DAYS | HOURS | MIN. | MARCH 16 | | Coun | (ry) | |
| | 9b. CITY | , TOWN | OR LOCAT | ON OF C | DEATH | 9c. CO | UNTY OF I | DEATH | |

| ROBERT A | LFRED | LORD | | | | | | | 3 | 2 | _ • | 91 60 | Mark 3-0 N |
|---|--|--|-----------------------|-----------------------------|---------------|-----------|----------|--------------------------------------|----------------|-----------------------|----------------------|--------------------------------|--|
| 4. SOCIAL SECURITY NUME | | 5. SEX | 6. AGE (In yrs. | last birthday) | IF UNDER | | _ | R 24 HRS. | 7. DATE OF | F BIRTH Day, Year) | | 8. BIRTHPLA Country) | ACE (State or Foreign |
| 076-24-414 | 7 | 1 ▼ M 2 □ F | 63 | YRS. | MONTHS | DAYS | HOURS | MIN. | MARCH | | 1927 | ood/my) | |
| 9e. FACILITY NAME (If not in | stitution, give | street end number) | | | 9b. CITY | , TOWN | OR LOCAT | ION OF O | EATH | | 9c. COUN | TY OF DEAT | Н |
| RT. 249. C | EDAR (| OVE MARI | NA | | - | TALL | TIM | BERS | } | | ST. | MARY ' | S COUNTY |
| 10a. STATE | 10b. COUNT | ry | | 10c. CITY, TOWN OR LOCATION | | | | | | | 100 | d. INSIDE CITY LIMITS? | |
| MD. | ST. | MARY'S CO | VITYU | TY TALL TIMBERS | | | | | | | | | YES 2 NO |
| 10e. STREET AND NUMBER | | 100 100 | | | | | | ZIP CODE | | | 10g. CITIZ | EN OF WHA | T COUNTRY? |
| BOX 92 | | | | | | | 2069 | 90 | | | U. | S.A. | |
| 11. MARITAL STATUS 1 Never Merried 2 X 3 Widowed 4 Dive | | NT EVER IN U.S. I [X] YES 2 MAR OR DATES | ARMED NO | | If yes, sp | ecify Cub | | NIC ORIGIN? in, Puerto filo y: | | or No- | Black, W Specify: | American Indian, hite, etc. | |
| 15. DEC (Specify onl | EDENT'S ED | UCATION le completed) | 16e. | DECEDENT'S | work done | during mo | | ina | 16b. F | UND OF BU | SINESS/INO | USTRY | |
| Elementary/Secondary (I | | College (1-4 or 6 | | ille. Do NOT u | ise retired.) | | | | | | | | |
| 12TH. GRAD | | | В | OSUN | | | | | | MARII | | | |
| 17. FATHER'S NAME (First, M | Holdle, Last) | | | | | | 5.7 | | ME (First, Mic | | Surname) | | |
| CLARENCE I | | | | | | | | | RUSSEI | | | | |
| 19e. INFORMANT'S NAME (| | | | | | | | | Route Numbe | | | | |
| KRYSTYNA K | | KA-LORD | | | | | | | BROOKI | | | 1222_ | |
| 20e. METHOO OF DISPOSIT | on 3 🗆 Rec | moval from State | othe | CE OF DISPO | | | | | | | | City or Town, | |
| 4 Donation 6 Other | | ICENSES. | _ CHA | ARLES | | | | DEINS ESS OF FA | | LE | ONARL | NOWN, | MARYLAND |
| Souis | A. | Dinemo | 0 | | 1 | MATT | INGL | EY-G | ARDIN | | | HOME | P.A. |
| 23. PART I. Enter the d | | | | | | | | | | | | | Approximata |
| shock, or h | | . List only one ca | use on each | | | | • | | 1 | | | | Onset and Death |
| disease or condition resulting in death) | → | a. Sud | den O (OR AS A CON | | | ~ | Pro | G. | Acu | RN | 1I | | minutes |
| Sequentially list condit | | b. OUE TO | OR AS A CON | ISEOUENCE C | OF): | | | | | | | | |
| cause. Enter UNDERLY CAUSE (Disease or inju | ING | G | | | | | | | | | | | |
| that initiated events resulting in death) LAS | | DUE TO | OR AS A CON | SEQUENCE C | OF): | | | | | | | | |
| DARW II Onto a desident | | | 1 -4 1 4 - | | | | | | T | | | | |
| PART II. Other aignifice | ent condition | one contributing to | death but n | ot reaulting | in the u | ndenyin | g cause | given in | Part I. | 24a. WAS AN PERFO | | AM | ERE AUTOPSY FINDINGS AILABLE PRIOR TO |
| | | | | | | | | | - 1 | 1 TYES | NO | | OMPLETION OF CAUSE DEATH? |
| | | | | | | | | | - 1 | | | 11 | YES 2 NO |
| 25. WAS CASE REFERRED T | O MEDICAL | | | | | 28. P | LACE OF | DEATH (C/ | teck only one |) | | | |
| EXAMINER? | | HOSPITAL: | ☐ ER/Outpatien | t 3 🗆 DOA | OTHE 4 Nu | | ne 5 5 | Tesidence | 6 🗆 Other | (Specify) | | | |
| 27. MANNEY OF DEATH | | 28e, DATE O | F INJURY | 26b, TII | ME OF | 28c. IN | JURY AT | | 7 | | INJURY OCC | CURED | |
| | Pending Investigation | | Day, Year) | , IN | JURY M | | YES 2 | □ NO | | | | | |
| 2 Deidelde | 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town. State) | | | | | | | | | | | | |
| 29a. CERTIFIER 1 CER | TIFYING PHY | SICIAN: To the best o | f my knowledou | , death accur | red at the | time. dat | and plea | on, and de- | to the care | e(e) and ma | nner es efet | ed. | |
| (Orlder drilly | glio- | VER: On the basis of | | | | | | | | | | | nd manner as stated. |
| | | _ | 1 | | | | Ties | | | ,, | 1111 | | |

RSON WHO COMPLETED DAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Sulia Davidson-Randelle

LEONARDTOWN, MARYLAND 20650

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral drive be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner in DIVISION OF VITAL RECORDS, P.O. BOX 13146,

be detached for use as the burial-transit permit. Pages 1, 2, 3 should

by the hospital or attending physician. RYLAND 21203-3146

BALTIMORI

hours after death. Page

TO BE COMPLETED BY FUNERAL DIRECTOR

at once.

(12

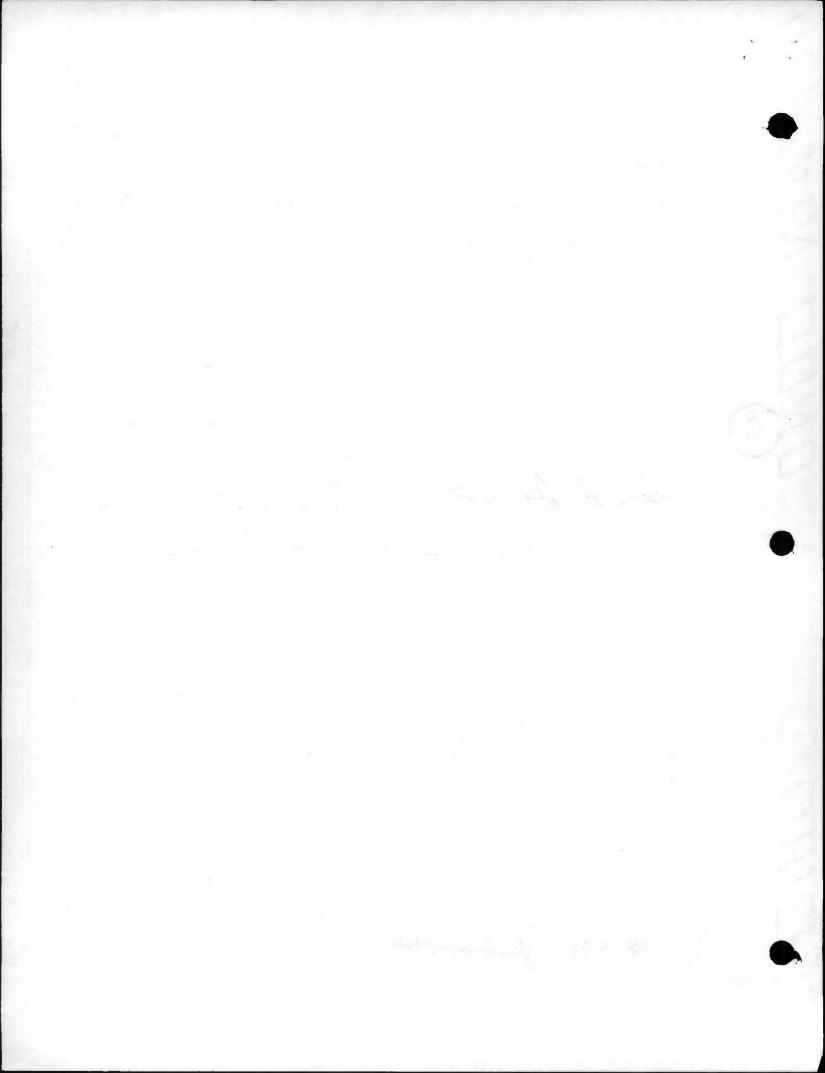
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

0

DAVID ALLEN, M.D.

5 '91

31. DATE FILED (Month, Day, Year)
MAR 5 'C



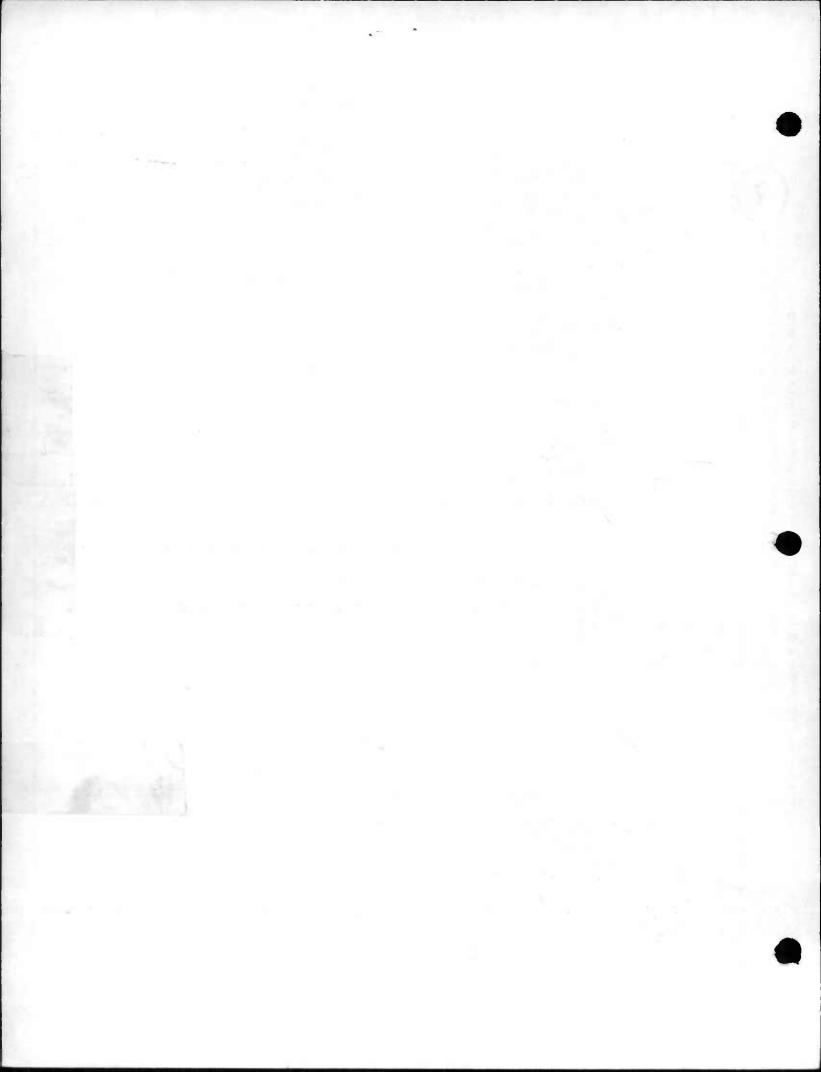
1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 91 07713

| REGISTRAR | | CERTIF | ICALE | OF DEATH | | REG. NO. | | |
|---|--|--|--------------------------|---|-----------------|--------------------|-----------------|---|
| DECEDENT'S NAME (First, Middle, Last) | | | | | MONTH | OF DEATH DAY | YE | 3. TIME OF DEATH |
| Marion P. Lynch | | | | | Febru | | 0, 199 | |
| SOCIAL SECURITY NUMBER 579-22-1251 | 6. SEX 1 □ M 2 🗑 F | 6. AGE (In yrs. lest birthday) 81 YRS. | MONTHS 0 | YEAR IF UNDER 24 HRS DAYS HOURS MIN. | (Month, | Day, Year) | 909 | Country) NEW YORK |
| FACILITY NAME (If not institution, give: | | 01 | at 0000 0 | | Febru | lary Z | | Washington, I |
| | Control March | | | OWN OR LOCATION OF | DEATH | | 9c. COUNTY | |
| 5310 Pine Orcha | d Dr. #30 | 7 | Silv | er Spring | | | Montg | omery |
| . STATE 10b. COUNT | Υ | 10c. CIT | Y, TOWN OR | LOCATION | | | | 10d, INSIDE CITY |
| ryland Monts | gomery | S. | 1 vor | Spring | | | | LIMITS? |
| STREET AND NUMBER | Somery | 1 51 | TAGE | 101. ZIP CODE | | | 4A- CITIZEN | OF WHAT COUNTRY? |
| 15310 Pine Orcha | ard Dr. # | 3G | | 20906 | | | U.S.A | |
| MARITAL STATUS | 12. WAS DECEDENT | EVER IN U.S. ARMED | 13. WA | S DECENDENT OF HISP | PANIC ORIGIN | (Specify Yea | or No.— 14. | RACE — American Indian, Black, White, etc. |
| Never Married 2 Married Widowed 4 Divorced | IF YES, GIVE W | ☐ YES 2 ☐ NO AR OR DATES T | | yes, specify Cuben, Mex YES 2 NO Spe | | Ican, etc.) | | Specify: White |
| 15. DECEDENT'S EDU (Specify only highest grad | ICATION completed) | 16a. DECEDENT'S (Give kind of | work done dur | UPATION ring most of working | 16b. | KIND OF BUS | INESS/INDUST | |
| Elementary/Secondary (0-12) | College (1-4 or 5 + |) Ille, Do NOT u | se retired.) | | | | | |
| | 5+ | Analyst | | | De | partm | ent of | Defense |
| FATHER'S NAME (First, Middle, Last) | DITT T T | AM DAITT | | 16. MOTHER'S | NAME (First, M | liddle, Maiden S | Surname) | |
| -Marion Paull | MITTI | AM PAULL | | Flor | ence | M BERN | ETT | |
| . INFORMANT'S NAME (Type/Print) | | 19b. MAILING | ADDRESS (| Street and Number or Run | | | | (e) |
| John Birckhead | | 11/10 | Cross | twood Dr. | Owings | MD | 20736 | |
| . METHOD OF DISPOSITION | E-Service Contraction | 20b. PLACE OF DISPO | | of cemetery, crematory of | | | | or Town, State |
| Burial 2 Cremation 3 Ren | noval from Simin | other place) | | emetery 2/ | | | | |
| SIGNATURE OF FUNERAL SERVICE I | CENTRE | TRESUTTECL | | AME AND ADDRESS OF | | LCLI | nton, | MD. |
| A | 17 71 | 10- | | | | Total | 4308 St | uitland Rd. |
| . PART I. Enter the discusses, or | O FE | asoce | KODE | ELL D. WII | nein, | THE. | ouitla | nd, MD. 20746 |
| equentially list conditions, smy, is ading to immediate ause. Enter UNDERLYING AUSE (Disease or injury not initiated events esuiting in death) LAST | b. Serve DUE TO: | COR AS A CONSEQUENCE OF | F): P): P): Les | sin | | | | |
| • | d | | | | | | | |
| ART II. Other significant condition | ns contributing to | daeth but not resulting | in tha und | erlying cause given | in Part i. | 24a. WAS AN PERFOR | MED? | 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| WAS CASE REFERRED TO MEDICAL | | | | 26. PLACE OF DEATH | (Check only one | 9) | | |
| EXAMINER? 1 ☐ YES 2 ☐ NO | HOSPITAL: | ER/Outpatient 3 🗆 DOA | OTHER! | ng Home 5 \ Residen | ce 6 🗆 Other | (Specify) | | |
| MANNER OF DEATH | 28a. DATE OF | | E OF 2 | Sc. INJURY AT | - | | JURY OCCUR | ED |
| 1 Natural 5 Pending | (Month, De | zy, 1987) IN. | JURY M | WORK? 1 YES 2 NO | | | | |
| 2 Accident Investigation 3 Suicide & Could not be | 28e. PLACE O | F INJURY — At home, farm, | street, factor | | 281. LOCA | ATION (Street a | nd Number or F | Rural Route Number, |
| 3 Suicide 6 Could not be 4 Homicide determined | building, | etc. (Specify) | | | City o | or Town, State) | | |
| cond. | Commence of the Commence of th | my knowledge, death occur | | | | | | |
| one) 2 MEDICAL EXAMIN | ER: On the beals of a | camination and/or investigation | on, in my opi | nion, death occured at | the time, data | and place, and | d due to the ce | suse(s) and manner as stated. |
| SIGNATURE AND TITLE OF CERTIFIE | R L | | | 29c. LICENSE | NUMBER | , , | 29d. DATE SI | GNED (Month, Day, Year) |
| 1116 | 72 | | | D/86 | 12 7 | 7d | 1 2 | -22-91 |
| NAME AND ADDRESS OF PERSON W | HO COMPLETED CAUS | SE OF DEATH (ITEM 27) (Type | , Print) | leinen lus | -ld (| 31vd | 5.51 | in PMU 2090 |
| | | | | ansare wo | . / 4 | | / | |
| FEB 26 91 | Sulia D | B'S SIGNATURE audson-Randall | | | | | | |

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within servicus after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit, filled within 72 hours after death with the State Dept. of Health and Memai Hyplene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR



DIRECTOR

FUNERAL

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be notified at once.

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injury, or other traumatic event,

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Item

REG. NO

| All I | | 5 2, 2, 3 | |
|--|---|---|---|
| BALTIMORE, MARYLAND 21203-3146 | 24 hours after death. Page 6 may be retained by the hospital or attending physician. | L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director; page 5 should be detached for use as the burial-transit permit. Pres 7 8 as | Ition, or removal. |
| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician. | . DIRECTOR: After this certificate has been signed by the attending physician and completely | hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. |

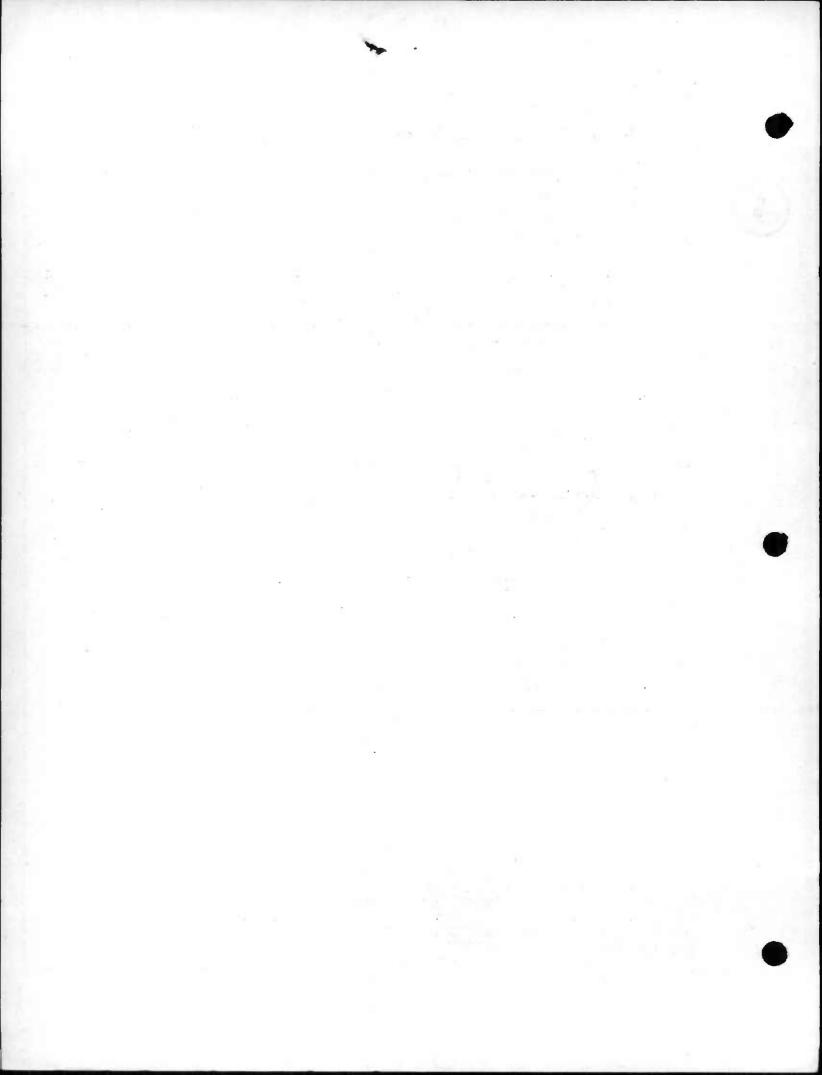
1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATN VEAD LIEDTKE AUGUSTE F (Oma) 1991 8:20 P March 6. AGE (In vrs. last birthday) A. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTN (Month, Dev. Year) 8. BIRTNPLACE (State or Foreign DAYS HOURS MIN. 1 M 2 3F 214-62-3937 May 25,1904 Germany 9e. FACILITY NAME (If not institution, give street and number) 95 CITY TOWN OR LOCATION OF DEATH 90 COUNTY OF DEATH Frostburg Village Nursing Home Frostburg Allegany RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Allegany LaVale 1 YES 2 1 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Germany 1120 Simpson Avenue 21502 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE --- American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yee, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Merried 1 TYES 2 F ND Specify: Specify: 3 . Widowed 4 Divorced white 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementery/Secondary (0-12) College (1-4 or 8+) 12 Housewife own home 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Hedwig August Sawallisch Pagel 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1120 Simpson Avenue, LaVale, MD 21502 Sliviak 20s. METHOD OF DISPOSITION
1 Q Juriel 2 Cremetion 3 Removal from State
4 Donation 8 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Cumberland, MD Sunset Memorial Park SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hafer Chapel of the Hills Mortuary da 23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cerdiec or respiratory arrest, MD Approximate shock, or heart failure. List only one cause Interval Batween Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events TO JOB AS A CONSEQUENCE OF resulting in death) LAST 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PART II. Other algorificant conditions ophtributing to death but not resulting in the underlying causa given in Part I. 24a. WAS AN AUTOPSY PHYSICIAN: MEDICAL 1 TYES 2 NO OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 ☐ Inputient 2 ☐ ER/Outpetient 3 ☐ DOA 1 YES 2 NO ng Nome 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED INJURY 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY --- Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide determined 29e. CERTIFIER (Check only one)

MEDICAL SYMMETS: On the best of my knowledge, death occurred at the time, date and piece, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, deeth occured at the time, date end place, and due to the cause(s) and menner as stated. 296. BIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Move), Day, Year) D24951 ▶ March 7,1991 Chang H. Oh, M.D. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH, (TEM 27) (Type, Proc) Tarn Terrace, Frostburg, Md. 21532 Chang H. Oh, MD. 31. DATE FILED (Month, Day, Year)

TO THE HOSPITAL (
TO THE FUNERAL D
DE filed within 72 h
IMPORTANT: If It

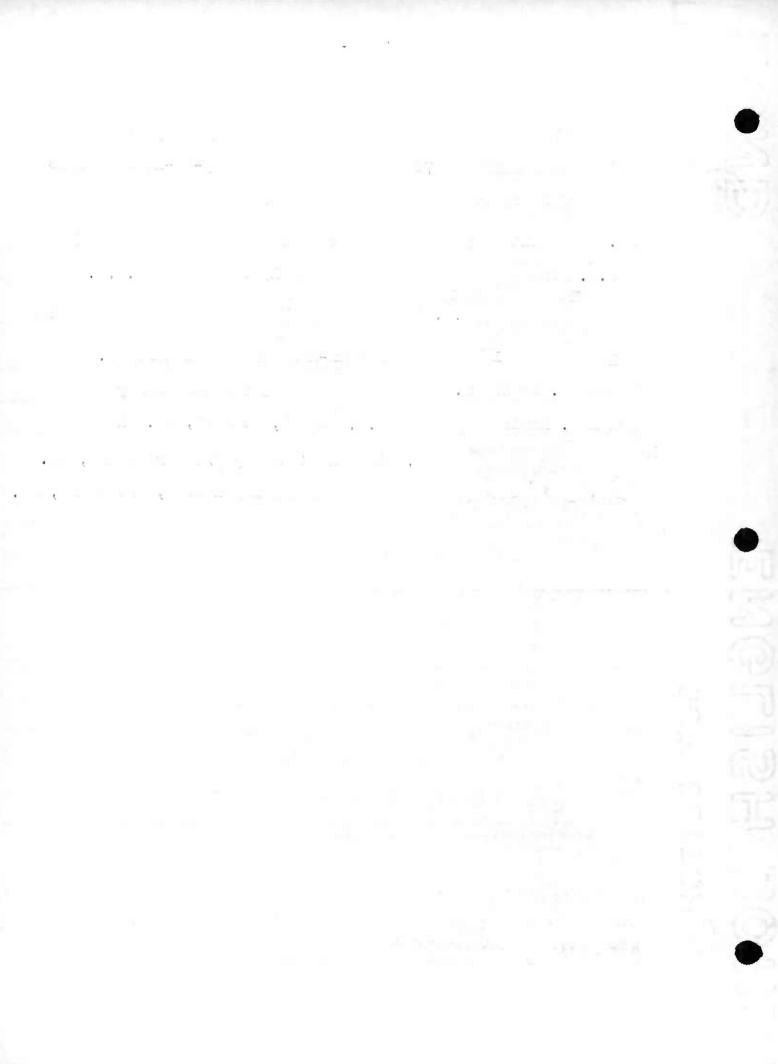
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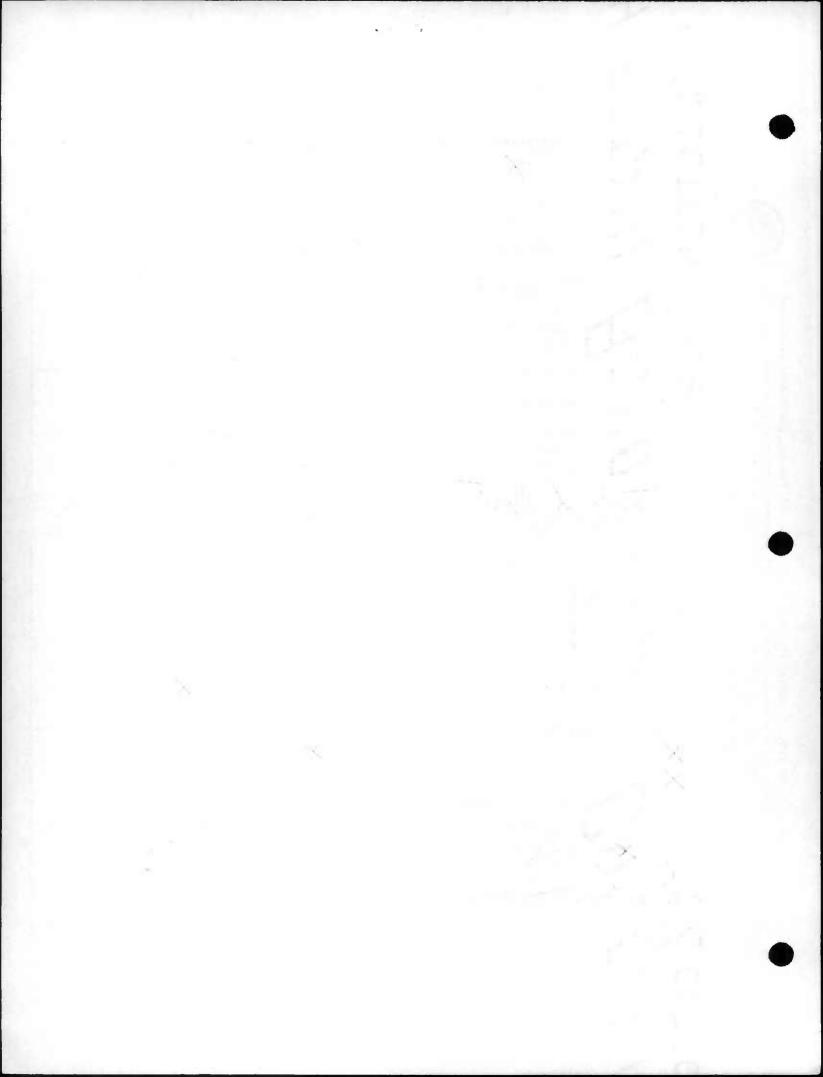
MAR 08 1991

| | | | | | | | J | 1 0//13 |
|---------------|--|--|------------------------------------|------------------------------------|-------------------|--------------------------|---------------------|--|
| | FOR STATE REGISTRAR | STATE OF MARYLAN | ID / DEPAR | TMENT OF I | HEALTH AN | | GIENE 3. NO. | |
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | 2. DATE OF DE | | 3. TIME OF DEATH |
| 8 | CHARLES EDWARD | LEWIS | | | | MARCH | | 3.15 P M |
| | 4. SOCIAL SECURITY NUMBER | | rrs. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HF | | | B. BIRTHPLACE (State or Foreign |
| - 4 | 220 10 1500 | 1 GM 2 F 770 | YRS. | MONTHS DAYS | HOURS MI | (Month, Day, 1 | (bar) | Country) |
| | 220-10-1309 | A 10 | mo. | | | | 1920 | Ohio |
| | 9a. FACILITY NAME (If not institution, give str | set and number) | | 96. CITY, TOWN | OR LOCATION O | F DEATH | 9c. COUNT | TY OF DEATH |
| OF | SACRED HEART HOS | SPITAL | | CUMBER | LAND. M | ARYLAND | AT | LEGANY |
| DIRECTOR | RESIDENCE OF DECEDENT | | | | | | | |
| R | 10a. STATE 10b. COUNTY | | 10c. CIT | Y, TOWN OR LOCA | TION | | | 10d. INSIDE CITY LIMITS? |
| | Md Al | legany | | Eckha | rt | | | 1 YES 2 NO |
| A | 10e. STREET AND NUMBER | | | 10 | f. ZIP CODE | | 10g. CITIZI | EN OF WHAT COUNTRY? |
| ER | P.O. Box 2 | | | | 2752 | 8 | U.S | Δ |
| FUNERAL | 11. MARITAL STATUS | 12. WAS DECEDENT EVER IN U. | .S. ARMED | 13, WAS DE | The second second | SPANIC ORIGIN? (Spec | | 14. RACE American Indian. |
| | 1 Never Married 2 Married | FORCES? 1 YES | 2 NO | If yes, s | | exican, Puerto Rican, e | | Black, White, atc. |
| A | 3 Widowed 4 Divorced | W.W. 2 | .5 | 1012 | 2 M NO 3 | pecny: | | Specify: White |
| 0 | 15. DECEDENT'S EDUC | ATION 16 | Sa. DECEDENT'S | USUAL OCCUPAT | ON | 16b. KIND | OF BUSINESS/INDU | |
| E | (Specify only highest grade of | | (Give kind of a life. Do NOT us | work done during m se retired.) | ost of working | | | |
| 7 | Elementary/Secondary (0-12) | College (1-4 or 5+) | Sales | sman-Ma | nager | Ce | ment Co | O . |
| COMPLETED | 17. FATHER'S NAME (First, Middle, Last) | | | | | S NAME (First, Middle, | | |
| | Charles E. Lev | ria Sp. | | | | therine | | |
| BE | | TO DE | _ | | | | | |
| 2 | 19a. INFORMANT'S NAME (Type/Print) | | | | | tural Route Number, City | | |
| | Helen F. Lewi | LS | P. | BOX | 24, 14 | ckhart, | Mu. El | 520 |
| | 20e. METHOD OF DISPOSITION ↑ Buriel 2 □ Cremation 3 □ Ramo | | netary, crematory | e of DISPOSITIO | Name | 1 | 20c. LOCATION — C | ity or Town, State |
| | 4 Donation 5 Other (Specify) | St | Mich | naels (| emeter | ry 13/9 | Frostb | urg, Md. |
| | 21. SIGNATURE OF FUNERAL SERVICE LICE | INSEE / | | 22. NAME / | ND ADDRESS O | F FACILITY | | |
| | Med P | May) | | Durs | t Fun | eral Hon | ie. Fro | stburg, Md. |
| | 23. PART I. Enter the diseasee, or co | omplications that saused to | he death Do | not enter the m | ada of dulan | auch as conflos a | | at Assessulments |
| | shock, or heart fallure. L | let only one cause on anci | h lina. | not auter the ur | oue or aying, | such sa cardisc o | r reapiratory stre | interval Between |
| . 1 | IMMEDIATE CAUSE (Final | ~ / | | . 11 | / | / | | Onset and Death |
| | disease or condition resulting in death) | Colon Care | | | 116/25 | Pases | | 6449-5 |
| - 1 | | DUE TO (OR AS A C | ONSEQUENCE O | F): | | | | |
| Z | Commenter that and district Co | | | | | | | |
| CERTIFICATION | Sequentially list conditions, if any, leading to immediate | DUE TO (OR AS A CO | ONSEQUENCE O | P): | | | | |
| S | CAUSE (Disease or Injury | | | | | | | |
| 里 | that initiated events | DUE TO (OR AS A C | ONSEQUENCE O | F): | | | | |
| E | resulting in death) LAST | | | | | | | |
| 2 | | | | | | | | |
| 4 | PART II. Other significant conditions | contributing to death but | not resulting | in the underlyi | ng cause give | | PERFORMED? | 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO |
| MEDICAL | Itypolly votalis v | n Hyperca | alcen | 119 | | 110 | YES 2 NO | OF DEATH? |
| Ä | Concochive HAG | of Failure. | Ventr. | 124/00-1 | rrhyt | hmia | 9 | 1 YES 2 NO |
| 2 | This on pitrile | rtswi | - 14 / | | | 7.7.8 | | |
| A | 25. WAS CASE REFERRED TO MEDICAL | *3** | | 28. I | LACE OF DEATH | H (Check only one) | | |
| PHYSICIAN: | EXAMINER? | HOSPITAL: 1 Dispetient 2 ER/Outpeti | a - a - DOA | OTHER: | | | | |
| ₹ | 27. MANNER OF DEATH | 28a. DATE OF INJURY | 28b. TIA | _ | JURY AT | nce 8 Other (Spec | HOW INJURY OCC | IDED |
| | 1 Natural 5 Pending | (Month, Day, Year) | IN. | JURY W | ORK? | | HOW INJUNI OCC | THEO |
| B | 2 Accident Investigation | | | | YES 2 NO | | | |
| ED | 3 Suicide 8 Could not be 4 Homicide determined | 28a. PLACE OF INJURY — building, atc. (Specify, | At nome, term, | street, factory, off | ca | City or Town | | or Rural Route Number, |
| E | Itomasiae vetermined | | | - 10 Twi | | | | |
| 7 | 29a. CERTIFIER 1 CERTIFYING PHYSIC | CIAN: To the best of my knowled | ige, death occur | red at the time, de | a and place, and | d due to the cause(s) | and manner as state | d. |
| COMPLET | A CONTRACTOR OF THE CONTRACTOR | | | | | | | cause(a) and manner as stated. |
| | 29b, SIGNARURE AND TITLE OF CERTIFIER | | 11 | | 29c. LICENSE | | | SIGNED, (Month, Day, Year) |
| B | 111. 6. | 1/1/ | .//1 | 41 | 111 | 35/35 | | 7/2/0/ |
| ٩ | 30. NAME AND ADDRESS OF PERSON WHO | and the second discount of the latest | H (ITEM 27) (Ton) | - Print) | 1 1 1 1 | 22/33 | / | ///// |



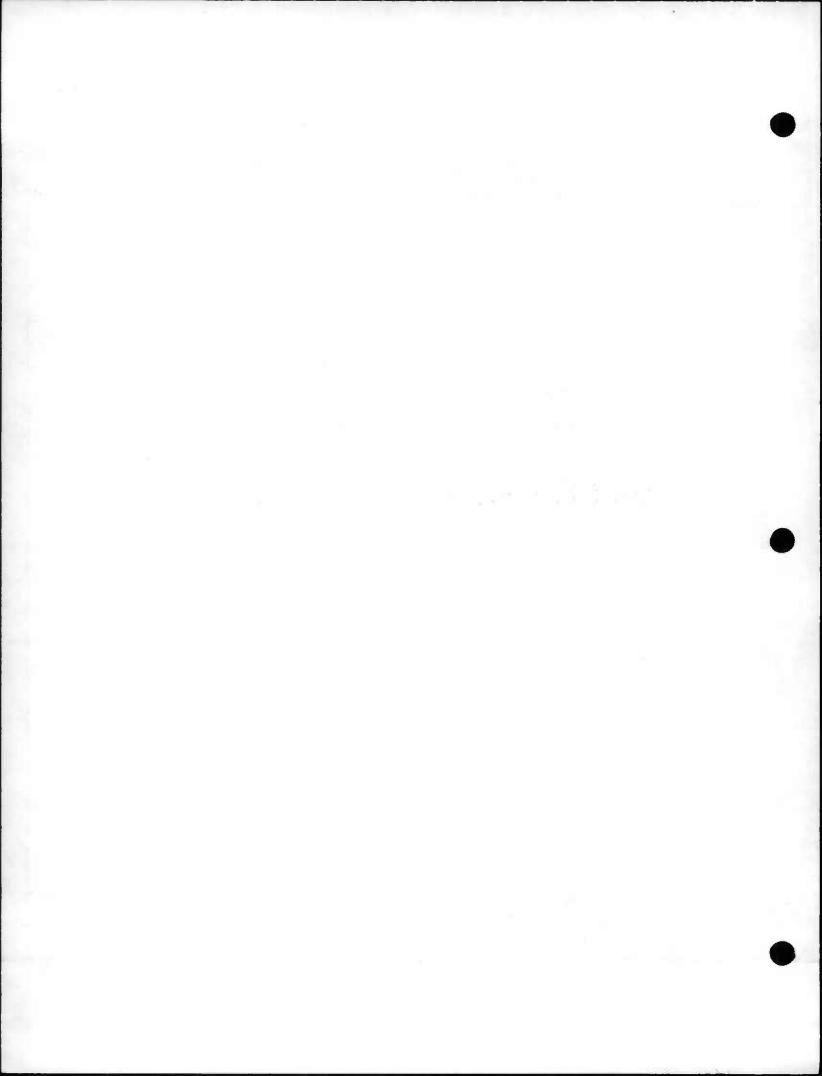
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| , BALTIMORE, MARYLAND 21203-3146 | ithin 24 nours after death. Page 6 may be retained by the hospital or attending physician. | letely filled in by the funeral director, page 5 should be detached for use as the burlal-transit per | remation, or removal. Int, the medical examiner must be notified at once. |
| DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146 | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital or attending physician. | TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complotely filled in by the funeral director, page 5 should be detached for use as the burial-transit permitted to the complete of the complete | be filed within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burlal, chemation, or removal. IMPORTANT: If I liem 28 is marked, or I liem 23 shows eny injury, or other traumatic event, the medical examiner must be notified at once. |

| 1. DECEDENT'S NAME (First | | | | | | | | | | | |
|--|---|--|--|---|--|---|--|--|------------------------------------|---|--|
| | t, Middle, Last) | | | | | | 2. DATE | OF DEATH | AY | YEAR | 3. TIME OF DEATH |
| | | GOULD LAN | NDENBERGE | TR. | | | MAI | RCH 9 | 199 | 91 | 4:00 P. |
| 4. SOCIAL SECURITY NUM 219-54-201 | .3 | 5. SEX | 6. AGE (In yrs. last | t birthday) YRS. | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | (Mont | OF BIRTH | 06 | 6. BIRTH Count PEN | PLACE (State or Foreign) NA . |
| 9a, FACILITY NAME (If not it 245 COLUMB | BIA STR | | | | 96. CITY, TOWN CUMBERI | OR LOCATION OF D | EATH | | | NTY OF D | |
| 10a. STATE | 10b. COUNT | | | | Y, TOWN OR LOCA | | | | | | 10d. INSIDE CITY LIMITS? |
| MARYLAND 100. STREET AND NUMBER | | EGANY | | CU | MBERLANI | M. ZIP CODE | | | Lan our | TEN OF I | 1 X YES 2 NO |
| 245 COLUMB | | | | | | 21502 | | | U.S | .A. | |
| 11. MARITAL STATUS 1 Never Married 2 2 3 Wildowed 4 Div | | FORCES? 1 | NT EVER IN U.S. ARI 1 YES 2 V N WAR OR DATES | MED IO | If yes, s | CENDENT OF HISP/ pecify Cuben, Mexic S 2 NO Spec | an, Puerto | | s or No— | Spec WHI | E — American Indian, k, Whits, etc. |
| 15. DEI (Specify on Elementary/Secondary (| CEDENT'S EDU nly highest grad (0-12) | UCATION le completed) College (1-4 or 5 | +) (G/ | two kind of a Do NOT us | work done during me retired.) KEEPER | TON lost of working | | HOUSE | | | |
| 17. FATHER'S NAME (First, A ALBERT | | AN | | | | 16. MOTHER'S N | AME (First, | | | | |
| 196. INFORMANT'S NAME (| (Type/Print) 5 TABLE | ER. | 1.172 | | | and Number or Rure 12 BEDFO | Route Num | | | Code) | |
| 20s. METHOD OF DISPOSIT | TION | | 20h PLACE | OF DISPOS | SITION (Name of co | emetery, cremetory or | | | CATION - | City or To | own, State |
| 1 XBuriel 2 Cremati 4 Donation 5 Othe | ion 3 🗆 Ren er (Specify) | noval from State | REST | LAWN | CEMETE | RY | | LAVA | ALE,M | ARYL | AND |
| 21. SIGNATURE OF FUNER | AL SERVICE L | ICENSEE A | -11 | | 22. NAME A | OX-MERRI | ACILITY | ואזנים אד | LIOME | | |
| 23. PART I. Enter the c shock, or I IMMEDIATE CAUSE (Fi disease or condition resulting in death) | heert fellure. | a. GENE | | CARD | 10VASCU | DECATUR (| STREE ch as car | ET CUM | BERLA | ND M | ARYLAND Approximate Interval Betwo |
| shock, or I IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condi if any, leading to immu- cause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LA: PART II. Other signific | itions, ediete YING jury | a. GENE DUE TO b. DUE TO c. DUE TO d. DUE TO | RALIZED D (OR AS A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSEC | CARD QUENCE O | 1 494] not enter the m DIOVASCU | DECATUR : | STREE ch as car ASE | ET CUM | RAUTOPSY RMEDP | ND M | Approximate Interval Betw Onset and D |
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| shock, or I IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentiely list cond if any, leading to immeause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LA: PART II. Other signific | itions, edicte ying jury str | a. GENE DUE TO b. DUE TO c. DUE TO d | CRALIZED O (OR AS A CONSECT O (O | CARD QUENCE O QUENCE O | 1 494] not enter the m DIOVASCIJI P): PF): In the underlyle | DECATUR ioda of dying, su LAR DISE ing cause given to place of Death (c | STREE ch as car ASE h Part I. | 24a. WAS APPERFO | RAUTOPSY RMEDP | ND M | Approximate Interval Betw Onset and D |
| shock, or I | itions, edicte ying jury str | a. GENE DUE TO b. DUE TO c. DUE TO d | CRALIZED O (OR AS A CONSECT O (O | CARD QUENCE O QUENCE O QUENCE O | A94] not enter the m DIOVASCIJI P): PF): In the underlyie | DECATUR ioda of dying, su LAR DISE ing cause given to place of DEATH (Comme 5) Recidence | ASE Theck only o | 24a. WAS APPERFO | NAUTOPSY RMED | ND M | Approximate Interval Betw Onset and D |
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| shock, or I IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentielly list cond if any, leading to immediate. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LA: PART II. Other signific 25. WAS CASE REFERRED EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Notural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER Check any 1 CERTIFIER CERTIFIER CERTIFIER 1 CERTIFIER | titions, edilete ying jury st Control MEDICAL Pending investigation Could not be determined RTIFYING PHYSIDICAL EXAMIN | a | CRALIZED O (OR AS A CONSECT O (O | CARD QUENCE O QUENCE | A94 Inot enter the m DIOVASCIII P): PF): In the underlying the u | DECATUR index of dying, su LAR DISE Ing cause given in PLACE OF DEATH (Come See Residence AUURY AT OVORK? YES 2 NO Tice | STREE ch as car ASE ASE h Part I. check only of the control o | 24a. WAS APPERFO | NAUTOPSY RMEDIE 2 NO | 241 241 CURED or or Rural the cause | Approximate Interval Betw Onset and D |



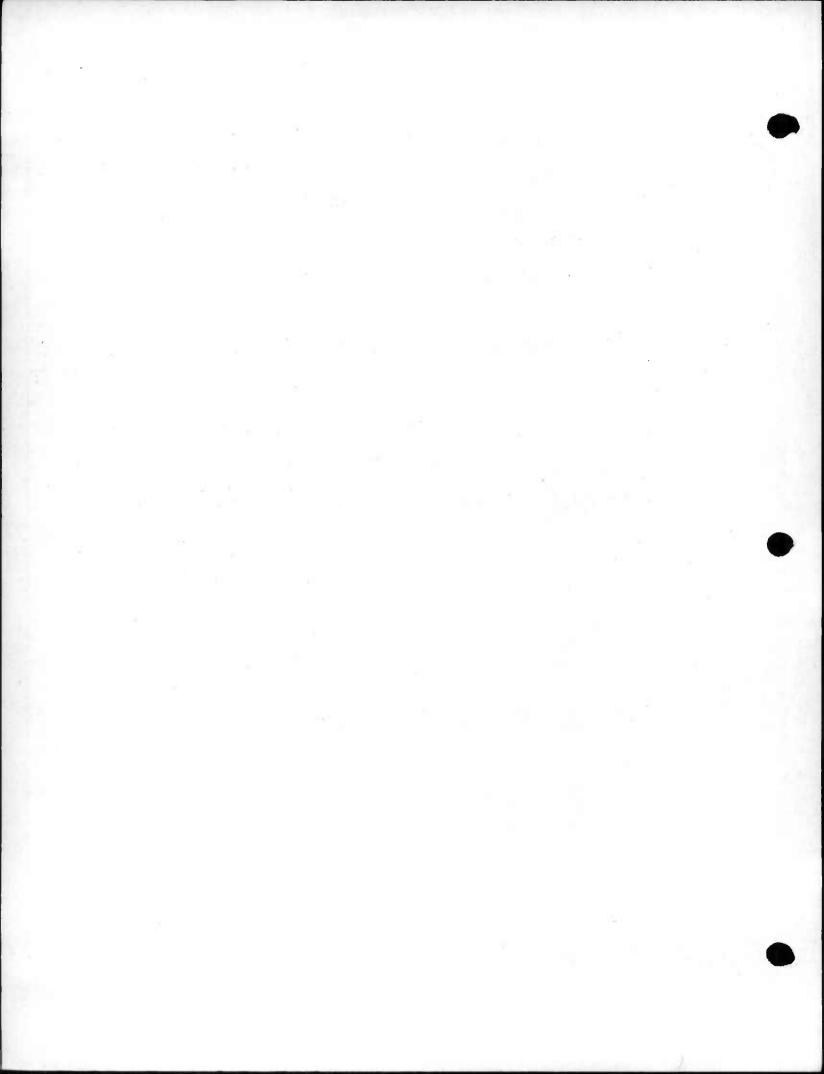
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| 9) | 5 | E | af |
| \geq | B | H | SIL |
| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | HE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 nours | HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in | ed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re |
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| | REGISTRAR 1. DECEDENT'S NAME (First, | , Middle, Lest) | | | | ICATE O | | | | REG. NO. | WY. | YEAR 3. | TIME OF DEATH |
|--------------|---|---------------------------------|--|-------------------------|--|--|--------------|-------------------------------|---------|---------------------------------|-----------|-------------------------|---------------------------------------|
| | | |] | Ethe1 | Virgin | ia Lee | | | | 0 | | 91 | 9-30 |
| | 4. SOCIAL SECURITY NUME | | 5. SEX | | rs. last birthday) | IF UNDER 1 YEAR | _ | F UNDER 24 HRS. | | TE OF BIRTH onth, Day, Year) | | 8. BIRTHPLA Country) | CE (State or For |
| | 577 10 7871 | | 1 🗌 60 2 🔯 F | 79 | YAS. | | | | | ne 28 19 | | | ngton I |
| HC HC | SOUTHERN | stitution, give si | LAND 14 | OSPITA | 36 | 96. CITY, TOWN OR LOCATION OF DEATH CLINTON PR | | | | RINC | E GEC | | |
| ECTOR | RESIDENCE OF DEC | 10b. COUNTY | , | | 100 00 | Y, TOWN OR LO | CATION | M | | | | 1 10 | J. INSIDE CITY |
| DIR | | | | a d | | | | | | | | | LIMITS? |
| - 10 | Virginia 10e. BTREET AND NUMBER | Wes | t Morela | and | | Colonia I | | PCODE | | | 10g. CIT | IZEN OF WHA | - 25 |
| BY FUNERAL | 151 4th Street 22443 United | | | | | | | ted S | rates | | | | |
| | 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARME | | | | | 13. WAS D | ECEN | DENT OF HISPAN | IIC ORI | GIN? (Specify Yes | | | American India |
| | 1 Never Merried 2 Merried FORCES? 1 YES | | | | | | | Y Cuban, Mexica NO Specify | | | | Specify: | |
| | 7 to 1 to 2 to 2 to 2 to 2 to 2 to 2 to 2 | | | | | | | | | No | | | White |
| ETED | | EDENT'S EDU- y highest grade | completed) | | (Give kind of life, Do NOT u | work done during | most o | of working | | HOUGH | | Finan | 0.0 |
| 2 E | Elementary/Secondary (6 | | College (1-4 or 5 | +) | | t Inves | tio | rator | | Corpor | | | ce |
| COMPL | 17, FATNER'S NAME (First, M | liddle, Last) | | | OZ CUZI | LIIVED | ~ | | ME (Fir | st, Middle, Maiden | | 711 | |
| EC | George Wils | | per | | | | " | | | es Upper | , | | |
| 00 | 196. INFORMANT'S NAME (| | 1 | | 19b. MAILING | ADDRESS (Street | et and | | _ | lumber, City or Tow | | p Code) | |
| 2 | Herbert 0. | Lee J | r. | | 13418 | 3 Yorkt | own | Drive | В | owie Man | rylar | nd 20 | 715 |
| | 20a. METHOD OF DISPOSIT | | augh Araga Chata | 20b. PL | LACE OF DISPO | SITION (Name of | cemete | ery, cremetory or | | 20c. LO | CATION — | - City or Town, | Btata |
| | 4 Donation 5 Other | | OVAL FROM STATA | | | itan Cr | ema | tory | | Ale | exand | iria V | irginia |
| | 21. SIGNATURE OF FUNERA | L SERVICE LIC | ENSEE | | 0 | | | ADDRESS OF FA | | - 1111 | | | |
| | Kolon | 1 6 | FITIN | 10 2 | Knen | | | | | neral Ho s Rd. Bo | | | 7715 |
| | 23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fig | aart fallure. | complications the List only one car | et caused thuse on each | na death. Do n line. | not anter tha | mode | of dying, suc | h ss c | cardisc or respi | ratory ar | rreat, | Approxima Interval Be Onset and |
| | disesse or condition resulting in death) | → | m.t. | 1.1.1 | tie 1 | Durce | - 0 | | | | | | |
| | Toolighing in Goatin) | | DUE TO | (OR AS A CO | ONSEQUENCE C | Diseaser Br | | | | | | | |
| Z | Sequentially list condit | lone | a Car | cho | ma c | of Br | aa | et | | | | | |
| ERTIFICATION | If any, leading to imme | diata | DUE TO | OR AS A CO | ONSEQUENCE O | 016/: | | | | | | | |
| 5 | CAUSE (Disease or Injury | | | | | | | | | | | | |
| Ē | that initiated events resulting in death) LAST | | | | | | | | | | | | |
| CE | d | | | | | | | | | | | | |
| ¥ | PART II. Other algolifica | | _/ | | | In the underly | ying c | euse given in | Part I | . 24s, WAS AN PERFOR | | AM | RE AUTOPSY FI |
| EDICAL | Jocheme | e l | Least | _ov. | rene | - , 7 | 4 | peps | kin | LANGES 2 | □ NO | | MPLETION OF C DEATH? |
| Σ | Chronic | obs | heelen | a () | ulma | nary | 1 | men | e | | | 1 | YES 2 |
| AN | | | | | | 0 | | | | | | | |
| SICI | 25. WAS CASE REFERRED 1 EXAMINER? | TO MEDICAL | HOSPITAL: | | | OTHER: | . PLAC | CE OF DEATH (Ch | neck on | ly one) | | | |
| ΥS | 1 TYES 2 THO | | 1 N Inpetient 2 | | ent 3 DOA | | lome | 5 Residence | T | Other (Specify) DESCRIBE HOW I | N HIPV OC | COURED | |
| РНУ | | Pending | (Month, E | | | JURY | WORK | | 200. | DESCRIBE NOW I | INJUNT OC | CONED | |
| B | 2 Accident | Investigation | 28e. PLACE O | OF INJURY — | At home, farm | street, factory, o | | 3 1 10 | 281 | LOCATION (Street | and Numbe | er or Rural Bout | n Number |
| 9 | 3 Suicide 8 4 Homicide | Could not be determined | building | , etc. (Specify) | | , | | | | City or Town, State) | | | |
| | 29a. CERTIFIER | TIFVING BUVE | ICIAN. To the heat o | d must be soud and | | | | | : | | | | |
| - | and and | | ICIAN: To the best of a | | | | | | | | | | nd manner as a |
| MPLE | | | | | The strip of the s | - On, an my opinion | - | ec. LICENSE NU | | date and prace, or | - | | PO INDIVIDUE AS E |
| COMPLE | DOL GIONATURE AND TITL | T OF OFFITTIES | | | | | | | | | | | |
| BE COMPLE | 296. SIGNATURE AND TITLE | E OF CERTIFIE | Cabono | MA | Λ | | 1 | Person | | 0 | 29d. DA | | onth, Day, Year) |
| E COMPL | Thelen | 0 | Capone | M. | A (ITEM 27) (Im | e. Print) | | Person | 18 | 0 | 29d. UA | 3 - 2 | - 1 |
| BE COMPL | 29b. SIGNATURE AND TITLE 7 SLEEN 30. NAME AND ADDRESS O HELEN D | OF PERSON WI | Capone | M. JSE OF DEATH M.D. | D H (ITEM 27) (Typ) 750/ | e, Print) SUR | | DOI | 18 | Chri | • | 3 - 2 | -91 |



| | | shows | , |
|---|--|--|--|
| DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146 | AL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. | 4. DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1. 2, a should be detached for use as the bunal-transit permit. Pages 1. 2, a should be detached for use as the bunal-transit permit. Pages 1. 2, a should be detached for use as the bunal-transit permit. Pages 1. 2, a should be detached for the bunal-transit permit. | 1 HOURS BUILD WAS ALL THE WORLD WITH THE WAS A PROPERTY OF THE WORLD WAS A PROPERTY OF THE WAS A PROPERTY OF T |

| - 1 | 1. DECEDENT'S NAME (First, Middle, La | | | | | | 2. DATE OF DE | EATH DAY | YEA | 3. TIME OF DEATH | |
|------------------------------------|--|---|---|--|--|--|--|--|---|---|--|
| TTE: | Dorothy | М. | | Lekas | | | | March | 7, 199 | 91 | 6L15 A |
| | 4. SOCIAL SECURITY NUMBER | 5. SEX | | yrs. lest birthday) | IF UNDER 1 YE | AR IF UN | DER 24 HRS. | 7. DATE OF BH (Month, Day, | RTH Ybar) | 8. Bill | RTHPLACE (State or For |
| | 579-22-0029 | 1 🗆 M 2 💢 F | 80 | YRS. | MONTHS DA | HOOK | | Oct. 8 | , 1910 |) G | reece |
| | 9a, FACILITY NAME (If not institution, gi | ve street and number) | | | 96. CITY, TO | WN OR LOC | ATION OF DE | ATH | 9c. | COUNTY O | F DEATH |
| 5 | Lorien Nursin | g_Home | | | Columbia | | | | | Howa | rd |
| ECTOR | RESIDENCE OF DECEDENT 10a. STATE 10b. COU | | | 10c. Cl | TY. TOWN OR L | OCATION | | | | | 10d. INSIDE CITY |
| DIR | Maryland Pri | nce Georg | 010 | | Laurel | | | | | | LIMITS? |
| | 10a. STREET AND NUMBER | nee dedig | C 5 | Laurei | | | | | 10g. CITIZEN O | | |
| FUNERAL | 14736 - 4th St., Apt. 209 | | | | | 20 | 707 | | 200 | J.S.A | |
| 3 | 11. MARITAL STATUS | 12. WAS DECEDE | NT EVER IN U. | | 13. WAS | | | IIC ORIOIN? (Spe | | | ACE — American India |
| B⊀ | 1 Never Married 2XXMarried FORCES? 1 IF YES, GIVE WAR | | | | If yo | a, specify Co | | n, Puerto Ricen, | | 8 | pochy: White |
| | 15. DECEDENT'S EDUCATION (Specify only highest grade completed) | | | 6a. DECEDENT'S | S USUAL OCCU | PATION | akina | 16b. KIND | OF BUSINESS | S/INDUSTR | Υ |
| 9 | Elementary/Secondary (0-12) College (1-4 or 5+) | | | Wait | ree retired.) | ng most or wo | инту | Goo | raetor | m Ca | rryout |
| COMPLETED | 6 | | walt | 1 655 | | | Geo | rgetow | vii Ca | Tryout | |
| 8 | 17. FATHER'S NAME (First, Middle, Last) GUS Kalaviti | | | 16. M | Jenn's NA | ME (First, Middle, | Maiden Surnai | me) | | | |
| BE | | 1105 | | | | | | | | | |
| 6 | 19a. INFORMANT'S NAME (Type/Print) | | | 7.5 | 111 | | | Route Number, Cit | | | |
| | George Lekas | | | | | | | | | | d 20707 |
| | 20a, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 F | emovel from State | O | LACE OF DISPO | | | | | 20c. LOCATIO | | |
| | 4 Donation 5 Other (Specify) | I PERMIT | | Fort L | | | | | Brentw | vood, | Maryland |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY George P. Kalas Funeral Home | | | | | | | | | | |
| | HERROR | LYXO | the | D) | | | | 11 Rd. | | | l. Marvlar |
| | shock, or heert fellu IMMEDIATE CAUSE (Finel disease or condition resulting in death) | . Ma | lign | ant | Ven | ticu | lau | Ass | 1 Chu | ua' | Onset and |
| O | Sequentially list conditions, | a VOI | lile | ONSEQUENCE | Ly Occ | ind | ieil | ly | fanct | San | 1 |
| CERTIFICATION | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | d. | O (OR AS A C | ONSEQUENCE (| | | ieil | Ty Ty | Sere | Lane | 4 |
| | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | d. | O (OR AS A Co | ONSEQUENCE (| in the undar | | rle rle | | WAS AN AUTO PERFORMEOT YES 2 Y | | AVAILABLE PRIOR COMPLETION OF |
| MEDICAL | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | d. | o death but | not resulting | in the undar | | rle | | PERFORMEO? | | AVAILABLE PRIOR COMPLETION OF |
| MEDICAL | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the conditions of the cause of th | d. OUE TO | o death but | not resulting | in the undar | rlying ceus | Les le given in | - 10 | PERFORMEO? | | AVAILABLE PRIOR COMPLETION OF |
| SICIAN: MEDICAL | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | dtlone contributing to | o death but | not resulting | in the under | riying ceus | Ce Do | ack only one) | PERFORMEO? | | AVAILABLE PRIOR COMPLETION OF |
| SICIAN: MEDICAL | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the cause of the cau | d | O (OR AS A CO | not resulting | In the undar | rlying ceus | Ce do | - 10 | PERFORMEO? YES 2 | 0 | AVAILABLE PRIOR COMPLETION OF COP DEATH? |
| PHYSICIAN: MEDICAL | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition of the condition of the condition of the condition of the condition of the cause of | d | o death but | not resulting | In the under | riying ceus | F DEATH (Ch | 1 □ sck only one) 6 □ Other (Spe | PERFORMEO? YES 2 | 0 | AMALABLE PRIOR COMPLETION OF COP DEATH? |
| D BY PHYSICIAN: MEDICAL | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition of the condi | d | o death but | not resulting | In the undar | A Constitution of the cons | F DEATH (Ch | sck only one) 6 Other (Spe 28d. DESCRIBI | PERFORMEO? YES 2 Activity E HOW INJURY | Y OCCURE | AVAILABLE PRIOR COMPLETION OF COP DEATH? |
| MPLETED BY PHYSICIAN: MEDICAL | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition of the condi | HOSPITAL: 1 inpetient 2 28e. PLACE building | O (OR AS A CO O death but O death but OF INJURY Dey, Year) OF INJURY G, etc. (Specify) | not resulting Cl Onseouence of | In the under In the under OTHER: 4 XXXviriling ME OF 1 atreet, factory, | 28. PLACE 0 Home 5 L. NJURY AWORK? L. WORK? L. YES Office | F DEATH (Ch | sck only one) 6 Other (Spe 28d, DESCRIB) 291. LOCATION City or Row | YES 2 | Y OCCUREI | AMALABLE PRIOR COMPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COMPLETION OF C |
| E COMPLETED BY PHYSICIAN: MEDICAL | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition of the condi | d | O (OR AS A CO O death but O death but OF INJURY Dey, Year) OF INJURY G, etc. (Specify) | not resulting Cl Onseouence of | In the under In the under OTHER: 4 XXXviriling ME OF 1 atreet, factory, | PLACE O Home 5 C. INJURY AT WORK? VES office | F DEATH (Ch | ack only one) 6 Other (Spe 28d. DESCRIBI 28f. LOCATION City or for to the cause(a) time, data and j | PERFORMEO? YES 2 Activity) E HOW INJURY I (Street and Num, State) and menner a place, and due | Y OCCUREI | 1 YES 2 N |
| BE COMPLETED BY PHYSICIAN: MEDICAL | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition of the condi | HOSPITAL: 1 Inpetient 2 28a. DATE C (Month.) 14YSICIAN: To the best of | O (OR AS A CO O death but O death but O death but OF INJURY Dey, Year) OF INJURY Of my knowled examination a | not resulting | In the undar | PLACE O Home 5 C. INJURY AT WORK? VES office | F DEATH (Ch. Residence 2 NO | ack only one) 6 Other (Spe 28d. DESCRIBI 28f. LOCATION City or for to the cause(a) time, data and j | PERFORMEO? YES 2 Activity) E HOW INJURY I (Street and Num, State) and menner a place, and due | Y OCCUREI | AWALABLE PRIOR COMPLETION OF COMPLETION OF COP DEATH? 1 YES 2 h |
| E COMPLETED BY PHYSICIAN: MEDICAL | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition of the condi | HOSPITAL: 1 Inpetient 2 28a. DATE C (Month.) 14YSICIAN: To the best of | O (OR AS A CO O death but O death but O death but OF INJURY Dey, 'ber') OF INJURY Of my knowled examination a | not resulting Cl Cl Cl Cl Cl Cl Cl Cl Cl C | In the undar | rlying ceus 28. PLACE O 28. PLACE O Home 5 c. INJURY A WORK? A VES office 29c. | F DEATH (Ch. Residence T 2 NO No No No No No No No No No | ack only one) 6 Other (Spe 28d. DESCRIBI 28f. LOCATION City or Row to the cause(a) time, data and p | YES 2 VICTOR (Street and No. Man, Stete) and menner a place, and due | y occurrence or Rumber or | AVAILABLE PRIOR COMPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COPPLETION OF COMPLETION OF |



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Ellene

4 SOCIAL SECURITY NUMBER

269-44-7135

1 -

| L RECORDS, P.O. BOX 13146, | 1990 977 77 77 77 77 77 77 77 77 77 77 77 77 | |
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| ISION OF VITAL | 1 | ֡ |
| OF | | |
| NOISI | | |

9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION DF DEATH 9c. COUNTY OF DEATH Washington Adventist Hospital Takoma Park DIRECTO RESIDENCE OF DECEDENT Montgomery - 8 10a. STATE 10c. CITY, TOWN OR LOCATION Silver Spring permit. FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 302 Charlton Court 20902 **burial-transit** 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO nours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FDRCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 XXMarried BY 3 Widowed 4 Divorced as the COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY nse (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) director, page 5 should be detached for Actress - Teacher School 1 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Alex McKinnely notified at Horn Gloria 19b. MAILING ADDRESS (Street and Number or Flural Floure Number, City or Town, State, Zip Code)
302 Chariton Court
Silver Spring, Md. 20902 19a. INFORMANT'S NAME (Type/Print) 0 Alex M. McKinney be 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State Burial 2 Cremation 3 Removal from State must Memphis, 4 Donation 5 DOther (Specify) 0. Patterson Funeral Home examiner Marshall's Funeral Home Street, N. W., 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral 9th 4217 nors C 20011 Washington D. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, filled in by shock, or heart fallure. List only one cause on each line. 0 IMMEDIATE CAUSE (Final completely filled rial, cremation, the disease or condition_ Marchaeler other traumatic event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): cancer of loneast burial, examente CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): attending physician a ntal Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 0 been signed by the atter Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PHYSICIAN: MEDICAL shows any 1 TYES 2 NO has bee 23 ME. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Pe P Hei After this certificate death with the State OTHER: 1 VES 2 NO Inpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) marked, or 27. MANNER OF DEATH 26a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation Natural Accident 1 YES 2 NO BY ATTENDING 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide HOSPITAL OR ATTENDIN FUNERAL DIRECTOR: At Within 72 hours after de .00 6 8 Could not be 4 Homicide 28 COMPLET Hel 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(a) and manner as stated. = THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and ma BOL SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mo mardin O. Willem BE D23473 30. NAME AND ADDRESS OF PERSON WHO COMPLETED QUISE OF DEATH (ITEM 27) (Type, Print) 7525 GEPENWAY LT MARSIN D. WELTZ 32. REGISTRAR'S SIGNATURE lia Tavidson-Randell

Lowe

6. AGE (In yrs. last birthday)

43

6. SEX

1 | M 2 X F

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

MONTHS

VRS.

IF UNDER 24 HRS.

MIN.

HOURS

8. BIRTHPLACE (State or Foreign

10d, INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, etc.

Black

Th

Approximate

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

th. Day Year)

2

OF DEATH? 1 | YES 2 | NO

Onset and Death

1 YES 2 ND

Tennessee

Mountgomery

USA

Specify:

YEAR

1991

REG. NO

1947

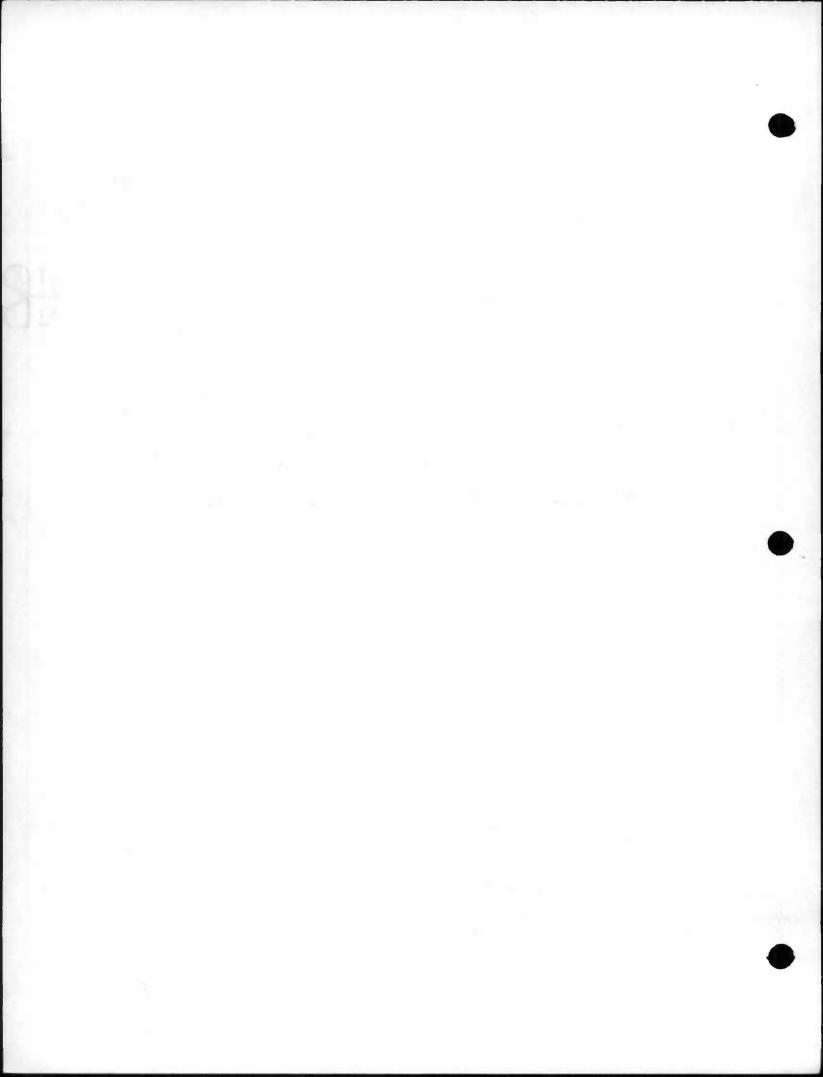
2. DATE OF DEATH MONTH

7. DATE OF BIRTH

Month, Day, You July 5,

DHMH-18 Rev 1/89

91



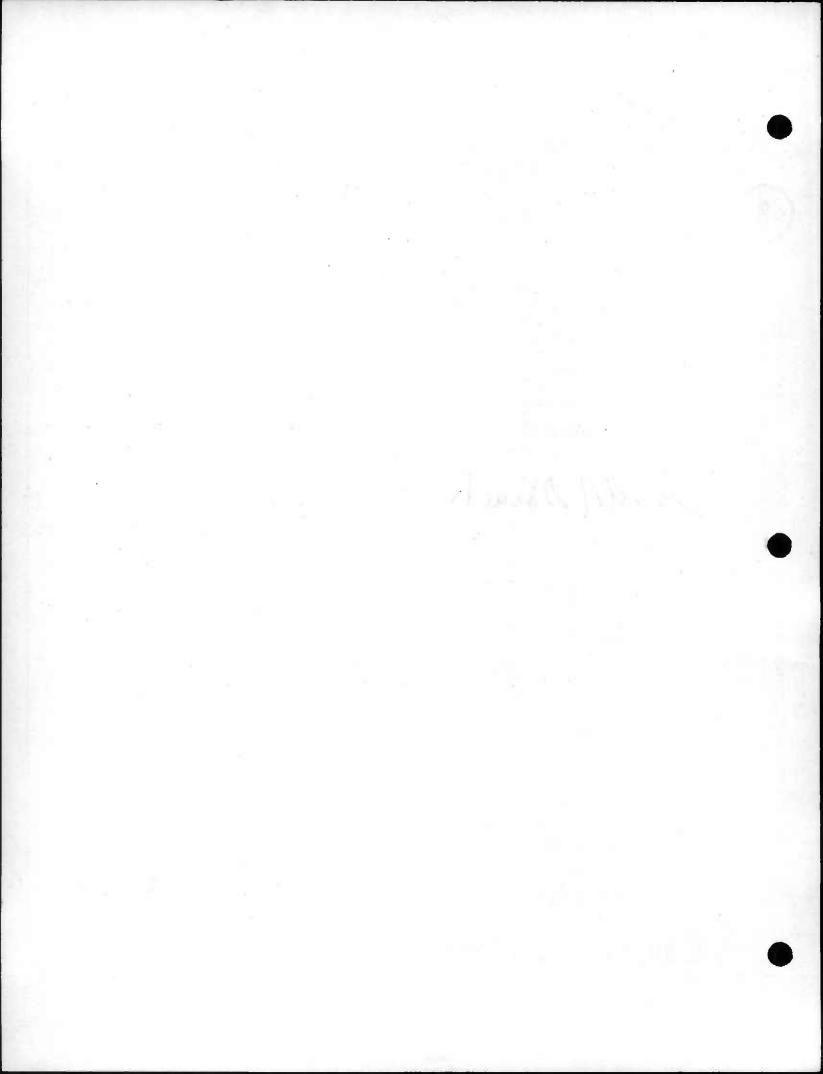
DHMH-15 Rev 1/89

| _ | FOR STATE REGISTRAR | STATE OF MARYL | AND / DEPARTM CERTIFIC | | | MENTAL HYGIENI REG. NO. | E | | 0116.0 | |
|---------------|--|--|--|-----------------------------|---|---|---|-------------------------|-------------------------------------|--|
| | 1. DECEOENT'S NAME (First, Middle, LI JOHNNIE REN | | | | | 2. DATE OF DEATH DA | 6 | 91 | ALL P | |
| | 4. SOCIAL SECURITY NUMBER 578–68–7094 | 1 🗆 M 2 💢 F | 42 YRS. MO | UNDER 1 YEAR NTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF SIRTH (Month, Day, Year) | rvof | RTH C | AROLINA | |
| ECTOR | 90. FACILITY NAME (If not institution, go WASH. ADVENT RESIDENCE OF DECEDENT | RIST HOSPITAL | | | A PARK | | MON. | | | |
| DIR | 10s. STATE 10b. CO | | | OWN OR LOCAT | PRING | | | 10000 | INSIDE CITY LIMITS? YES 2 NO | |
| IERAL | 100. STREET AND NUMBER 2005 ERIE S | t. #104 | A | 10f | 20903 | 3 | 10g. CITIZEN | U.S. | | |
| BY FUN | 11, MARITAL STATUS RSFer Married 2 Merried 2 Diverced | 12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D. | 2 NO | If yes, spi | ENDENT OF HISPAN ecity, Cuben, Mexican 2 00 Specify | IC ORIGIN? (Specify Yee n, Puarto Rican, etc.) | or No— 14. | RACE - AI Black, Whi | merican Indien, the, etc. | |
| PLETED | 1s. OECEOENT'S (Specify only highest of Elementary/Secondary (0-12) 12th grade | | 16e. DECEDENT'S US (Give kind of work life. Do NOT use n SECRETA) | done during mo. stired.) | ON at of working | 16b. KIND OF BUS | | 'RY | | |
| E COMPLET | 17. FATHER'S NAME (First, Middle, Leet) 18. MOTHER'S NAME (First, JOHNNY MACK JOSIE MAE G | | | | | | Sumeme) | | | |
| TO B | 19a. INFORMANT'S NAME (Type/Print) MR. TERRENCE JEFFERSON 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2005 ERIE STREET #104 ADELPHI, MARYLAND 20783 | | | | | | | | | |
| | 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of complex), crematory or 20c. LOCATION — City or Town, State 20c. DOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of complex), crematory or LINCOLN MEMORIAL CEMETERY 21. SIGNATURE OF DISPOSITION 22. NAME AND ADDRESS OF FACILITY ROLLINS FUNERAL HOME, INC. | | | | | | | | | |
| | 23. PART I. Enter the diseases, | or commissions that cause | d the deeth. Do not | 4339 | HUNT PL | ACE, N.E. | WASH. | | 20019 | |
| | shock, or heart falls IMMEDIATE CAUSE (Fine) disease or condition resulting in death) | ure. M only one cause on e | ach line. | | | | | | Interval Between Onset and Deati | |
| CERTIFICATION | disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due to (or as a consequence of): ARTISEIO SUERCITIC CORDIDVASCULAR DISEASE Y CALL. Due to (or as a consequence of): Due to (or as a consequence of): ARTISEIO SUERCITIC CORDIDVASCULAR DISEASE Y CALL. Due to (or as a consequence of): | | | | | | | | | |
| MEDICAL C | PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. | | | | | | 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATHY 1 YES 2 YES | | | |
| SICIAN: N | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | 26. PI | LACE OF DEATH (Ch | eck only one) | | | | |
| PHY | 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending | 28a. DATE OF INJURY (Month, Day, Year) | | OF 28c, INJ | JURY AT DRK? YES 2 NO | 6 Other (Specify) 28d. DESCRIBE HOW I | INJURY OCCUP | IED | | |
| TED BY | 2 Accident Investigat 3 Suicide 6 Could no 4 Homicide determine | t be 26e. PLACE OF INJURY building, etc. (Spe | Y — At home, farm, strendly) | set, factory, offic | 20 | 281. LOCATION (Street City or Town, State) | 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State) | | | |
| COMPLE | CONDUN UNITY | HYSICIAN: To the best of my know MINER: On the basic of examination | | | | | | | I manner ea stated. | |
| 8 | 206. SIGNATURE AND TITLE OF CERT | weeken de | Examin | disal | 29c. LICENSE NUI | 852 | 29d, DATE S | IGNED (Mor | nth, Day, Year) | |
| 2 | Paul A DEVO | N WHO COMPLETED CAUSE OF OR | B QUEEN | bury. | RdHV | 852 attsville | mx | 0 20 | 0781 | |
| 8 | 31. DATE FILED MAR 0 6 '9 | 32. REGISTRAN'S SIGN | | 2 | | | | | | |

| | FOR 1 - STATE REGISTRAR | STATE OF MARY | /LAND / DEI CERT | PARTMENT FIFICATE | OF HEAL | TH AND | MENTAL HYGI REG. | | 07721 | | |
|--------------------|--|--|---|---------------------------------------|--------------------------------|---------------------------|--|---|---|------|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) Millie G. Lin | ebaugh | | | | | 2. DATE OF DEATH 03 | DAY | 3. TIME OF DEATH 4:25 | Ам | |
| | 4. SOCIAL SECURITY NUMBER 217 30 5575 | 5. SEX 6. AC | E (In yrs. leat birth | MONTHS | DAYS HOL | JNDER 24 HRS. JRS MIN. | 7. DATE OF BIRTH 12/19/ | 12 N | BIRTHPLACE (State or Foreign Country) Orth Caroli | na | |
| OR | 9a. FACILITY NAME (If not institution, give a Avalon Home, | | | 9b. CITY | Hager | S t O W I | | 9c. COUNTY OF DEATH Washington | | | |
| - DIRECTOR | RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Maryland Washi 10c. STREET AND NUMBER | | agers | 10d. INSIDE CITY LIMITS? 1 YES 2 X NO | | | | | | | |
| FUNERAL | 16 Wyncote Dri | ve | | | 21.7 | | | USA | N OF WHAT COUNTRY? | | |
| 87 | 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF | ES 2 XNO | | | Cuban, Maxica | NIC ORIGIN? (Specifi an, Puarto Rican, etc. y: | Yea or No — 1- | RACE — American Indian, Black, Whita, etc. Specify: White | | |
| COMPLETED | 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 yrs. | CATION completed) College (1-4 or 5+) | (Give kin | int's usual o | | working | | store | BTRY | | |
| SON | 17. FATHER'S NAME (First, Middle, Last) | | | | | | AME (First, Middle, Ma | | | | |
| BE (| Herman | Hooker | | | L | ula | Delcell | e All | .en | | |
| TO | Gloria I. Hamm | ond | | | | | Route Number, City of | | ode) Tryland 217 | 40 | |
| | 20a. METHOD OF DISPOSITION 1 X Burlat 2 Cremation 3 Rem 4 Donation 5 Other (Specify) | oval from State | Rose H | III C | eme of cometer, | crematory or | | LOCATION - CI | y or Town, Stata) Wn , Maryla | anc | |
| | 21. SIGNATURE OF FUNERAL SERVICE LIG | Minic | K | G€ | name and al erald ineral | N. M | innich | 305 N | . Potomac stown, Md. | | |
| | 23. PART I. Enter the disesees, or shock, or heert fellure. IMMEDIATE CAUSE (Final disesse or condition resulting in death) | List Dnly Dne ceuse of | sed the death. n each line. A 2 A AS A CONSEQUEN | o ime | the mode of | | | eapiratory srret | Approximate interval Betwoonset and Dr | reen | |
| CERTIFICATION | Sequentially list conditions, if smy, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | с | AS A CONSEQUEN | | | | | | | | |
| - | PART II. Other significent condition | es contributing to deet | h but not resul | ting in the u | ndariying ce | use given in | Part I. 24a, WA | S AN AUTOPSY | 24b. WERE AUTOPSY FINDS | NGS | |
| PHYSICIAN: MEDICAL | Coronary Ar | tery Diseas | e, Pa | Hins | ens | | | RFORMED? | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | SE | |
| ICIAN | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | OTHE | A: | OF DEATH (C | | | | | |
| BY PHYS | 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation | 1 Inpetient 2 ERA 28a. DATE OF INJU (Month, Day, Yes | RY 28 | b. TIME OF INJURY | 26c. INJURY WORK? 1 YES | AT | 6 ☐ Other (Specify, 26d. DESCRIBE H | | RED | | |
| | 3 Suicide 6 Could not be 4 Homicide detarmined | 28e. PLACE OF INJ building, etc. (| URY — At home, i Specify) | farm, street, fac | tory, office | | | 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | | |
| COMPLETED | anal | ICIAN: To the best of my k | | | | | | | f. cause(a) and menner as state | ıd. | |
| BE | 296. SIGNATURE AND TITLE OF CERTIFIE | L MD. | | | 294 | LICENSE NU | MBER (2/7 | 29d. DATE | SIGNED (Month, Day, Year) | | |
| 5 | William W. Les | | | | Hag | ersto | wn, Md. | 21740 | 1 7 | | |

pe. REGISTBAR'S SIGNATURE Juna Davidson-Randelle

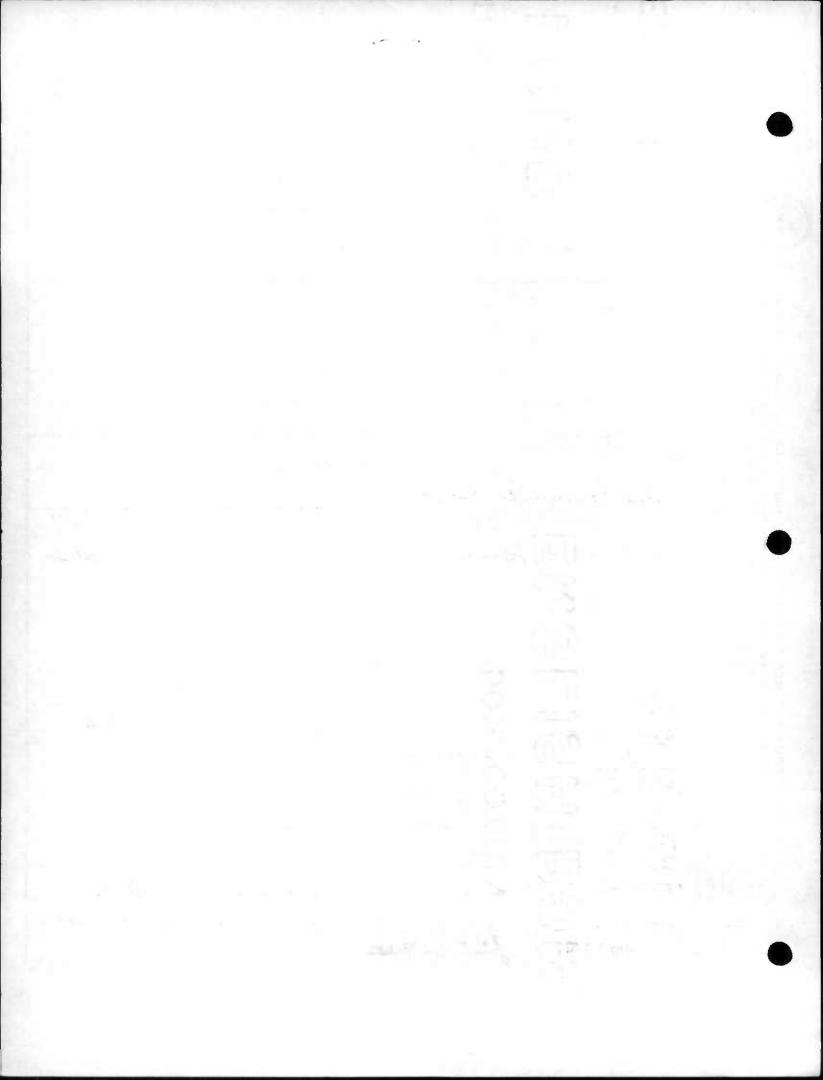
31. DATE FILED (Month, Day, Year)
MAR 1 5 '91



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| OF VI | PHYSICIAN: |
| DIVISION OF VITAL RECORDS, P.O. BOX 68760, | AL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after de |
| 5 | OR |
| | 1 |

| | 1. DECEDENT'S NAME (| First, Middle, Last |) | | | | | | 2. | DATE OF | | | | 3. TIME OF DEA | |
|-------------------------------|--|--|--|--|--|---|--|---|----------------------|--|--------------------|---|--------------------------|--|--|
| 1 | Willi | am | Raymo | nd | | Lvons | | | | MONTH 3 | DA | | 91 | 1:38 | |
| | 4. SOCIAL SECURITY N | | 5. SEX | 6. AGE (In yrs | . last birthday) | IF UNDER 1 YE | | IF UNDER 24 HR | 3. 7. | DATE OF | | | 8. BIR | THPLACE (State or I | |
| 8 | 217-05- | -3710 | 1 🗆 📉 2 🗆 F | 91 | YRS. | MONTHS DA | Y8 I | HOURS MIN | | Mar. | ch 3 | 0,1 | | intry) | |
| | 9a. FACILITY NAME (# # | | | | | 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE | | | | | DEATH | | | | |
| OR | Memoria | | | | | Easton | | | | Ta | | | Tal | albot | |
| DIRECTOR | RESIDENCE OF D | 10b, COUN | | | 10c. CIT | 10c. CITY, TOWN OR LOCATION | | | | | | | 10d, INSIDE CIT | | |
| 딤 | MD | Т | albot | | | Easto | n | | | | | | | 1 YES 2 | |
| AL | 10e. STREET AND NUM | BER | | | | | 10f, 2 | ZIP CODE | | | | 10g. CIT | IZEN OF | F WHAT COUNTRY? | |
| FUNERAL | 413 Ark | or Pl | | | | | | 216 | | | | | USA | | |
| 5 | 11. MARITAL STATUS | 1 Never Married 2 Married FORCES? 1 YES 2 | | | | If yes | s, spec | NDENT OF HIS city Cuban, Ma | kican, P | | | or No- | Ble | ACE — American Inc leck, White, atc. | |
| В | 3 Widowed 4 | | 1 🗆 | YES 2 | MNO S | ecity: | | | | Spi | White | | | | |
| | 15. DECEDENT'S EDUCATION (Specify only highest grade completed) | | | | DECEDENT'S | S USUAL OCCUI | PATION | of unddon | | 16b. KI | ND OF BUS | SINESS/IN | | | |
| LET | Elementary/Seconda | +) | Me. Do NOT u | ise retired.) | | | | | | | | | | | |
| COMPL | 8 | | | | Par | ts Mai | | | | | | | rts | Store | |
| | 17. FATHER'S NAME (Fin | 24 - 1 - 1 - 1 - 1 - 1 - 1 | | | | 16. MOTHER'S | | | | | | | | | |
| TO BE | Willian | | yons | | 105 MAII IN | G ADDRESS (St | 700' 00' | | | | erid | | in Corde) | | |
| | W. LeRo | | ne | | | | | | | | | | | on, MD | |
| | 20a. METHOD OF DISPO | DSITION | | 20b. PL/ | | E OF OISPOSI | | | 101 | OATE | 7 | | | Town, State | |
| | 1 Donation 8 0 | | moval from State | of ceme | ciary, cremator | y or other place | Cen | neter | 7 | | I Ea | | | | |
| | 21. SIGNATURE OF FUN | ERAN SERVICE I | | | | | | | | | | | | | |
| | | | | | | 22. NAN | AE ANO | ADDRESS OF | FACILI | TY | TT | | | | |
| | | Dewn | wer B | CF. | | Net 200 | wna 0 S | am Fu | ner rri | al son | Str | eet | Ea | ston, A | |
| | 23. PART I. Enter th | Delection de diseeses, or or heart fellure (Finel | r complications the List only one ce | at caused the | e death. Do line. | New 200 | wna 0 S | am Fu | ner rri | al son | Str | eet | Ea rrest, | Approxite Interval Onset as | |
| FICATION | 23. PART I. Enter the shock, of immediate Cause disease or condition resulting in death) Sequentially list could any, leading to impressed in the cause. Enter UNDEI CAUSE (Disease or cause.) | de disesses, or heart fellure (Finel n | r complications the List only one ce | at caused the use on each CVDD of or as a cold of or a cold of | e death. Do line. NSEQUENCE (| New 200 not enter the | wna 0 S | am Fu | ner rri | al son | Str | eet | Ea | Approxir Interval Onset ar | |
| RTIFICATION | 23. PART I. Enter the shock, of immediate Cause disease or condition resulting in death) Sequentially list confit any, leading to in cause. Enter UNDE | ne diseesea, or heart fellure (Finel n | r complications the List only one ce | at caused the | e death. Do line. NSEQUENCE (| New 200 not enter the | wna 0 S | am Fu | ner rri | al son | Str | eet | Ea | Approxir Interval Onset ar | |
| . CERTIFICATION | 23. PART I. Enter the shock, of immediate CAUSE disease or condition resulting in death) Sequentially list confrant, leading to incause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) | ne diseesea, or heart fellure (Finel n | a. ASB DUE TO DUE TO d | at caused the use on each CVD or or as a con or or as a con or or as a con or or as a con or or as a con or or as a con or or or as a con | e death. Do line. NSEQUENCE (| New 200 not enter the DF): | wna 0 S mode | AM Fundaments of American | ner | son | Str c or reapl | eet | rrest, | Approxite Interval Onest as | |
| 4 | 23. PART I. Enter the shock, of IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list confirming in the shock of | ne diseesea, or heart fellure (Finel n | a. ASB DUE TO DUE TO d | at caused the use on each CVD or or as a con or or as a con or or as a con or or as a con or or as a con or or as a con or or or as a con | e death. Do line. NSEQUENCE (| New 200 not enter the DF): | wna 0 S mode | AM Fundaments of American | ner | SON se cerdled | Str c or reapi | ratory ar | rrest, | Approxite Interval Onset as USANC | |
| 4 | 23. PART I. Enter the shock, of immediate CAUSE disease or condition resulting in death) Sequentially list confrant, leading to incause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) | ne diseesea, or heart fellure (Finel n | a. ASB DUE TO DUE TO d | at caused the use on each CVD or or as a con or or as a con or or as a con or or as a con or or as a con or or as a con or or or as a con | e death. Do line. NSEQUENCE (| New 200 not enter the DF): | wna 0 S mode | AM Fundaments of American | ner | SON se cerdled | Str c or reapl | ratory ar | rrest, | Approxis Interval Onset as LANC 24b. WERE AUTOPSY AMALABLE PRIO COMPLETION OF DEATH? | |
| MEDICAL | 23. PART I. Enter the shock, of immediate CAUSE disease or condition resulting in death) Sequentially list confrant, leading to incause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) | ne diseesea, or heart fellure (Finel n | a. ASB DUE TO DUE TO d | at caused the use on each CVD or or as a con or or as a con or or as a con or or as a con or or as a con or or as a con or or or as a con | e death. Do line. NSEQUENCE (| New 200 not enter the DF): | wna 0 S mode | AM Fundaments of American | ner | SON se cerdled | Str c or reapi | ratory ar | rrest, | Approxite Interval Onset as ULANC Onset August Onset Augu | |
| MEDICAL | 23. PART I. Enter the shock, of IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list configure in the shock of t | deceses, or heart fellure (Finel n | a. ASB DUE TO DUE TO d | at caused the use on each CVD or or as a con or or as a con or or as a con or or as a con or or as a con or or as a con or or or as a con | e death. Do line. NSEQUENCE (| New 200 not enter the DF): | W n a | AM Fundaments of American | ner rri such e | ral | Str c or reapi | ratory ar | rrest, | Approxis Interval Onset as LANC 24b. WERE AUTOPSY AMALABLE PRIO COMPLETION OF DEATH? | |
| SICIAN: MEDICAL | 23. PART I. Enter the shock, of immediate CAUSE disease or condition resulting in death) Sequentially list confrant, leading to incause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART II. Other aign | ne disesses, or heart fellure (Finel n | a. ASB DUE TO DUE TO d | at caused the use on each CVD O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) | e death. Do ilne. NSEQUENCE (NSEQUENCE (NSEQUENCE (NSEQUENCE (| New 200 not enter the 200 not | W n a | cause given | ner rri such e | only one) | Str c or reapli | ratory ar | rrest, | Approxis Interval Onset as LANC 24b. WERE AUTOPSY AMALABLE PRIO COMPLETION OF DEATH? | |
| Y PHYSICIAN: MEDICAL | 23. PART I. Enter the shock, of immediate Cause disease or condition resulting in death) Sequentially list confrant, leading to include. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART II. Other aign 25. WAS CASE REFERREXAMINER? 1 VES 2 NO. | ne disesses, or heart fellure (Finel n) Inditions, mediate RLYING Injury LAST Ifficent conditions | b. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO | at caused the use on each CVD O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) | e death. Do line. NSEQUENCE C NSEQUENCE C NSEQUENCE C | New 200 not enter the 200 not | W n a node | cause gives | nerrisuch e | rt I. 2 | Str c or reapli | AUTOPSY | ' 2 | Approxisinterval Onset as VEANC AMPLETION OF DEATH? | |
| ED BY PHYSICIAN: MEDICAL | 23. PART I. Enter the shock, of immediate Cause disease or condition resulting in death) Sequentially list confrant, leading to include a cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART II. Other sign 25. WAS CASE REFERREAMINER? 1 VES 2 NO. 27. MANNER OF DEATH 1 Netural Sequents of the confrant in the cause. | ne disesses, or heart feliure (Finel n) Inditione, namediate RLYING Injury LAST Ifficent conditions to MEDICAL (Finel n) | r complications the List only one ce a. ASS DUE TO b. DUE TO c. DUE TO d. One contributing to HOSPITAL: 1 Inputent 2 28e. DATE O (Month,) | at caused the use on each CVD of or as a cond of or as a cond of or as a cond of or as a cond of or as a cond of or as a cond of or as a cond of or as a cond of or as a cond or a cond or as a cond or as a cond or as a cond or as a cond or as a cond or as a cond or as a cond or a cond or a cond or a cond or a cond or a cond or a cond or a cond or a cond or a cond or a | e death. Do line. NSEQUENCE C NSEQUENCE C NSEQUENCE C NSEQUENCE C 100 resulting | New 200 not enter the 200 not | WN a O S o mode riying j Home work work i | cause gives cause gives cause of Death f and Reside | nerrisuch e | only one) Other (S | Str c or reapi | AUTOPSY MED? | 2 2 CCURED | Approxisinterval Onset as VEANC AMPLETION OF DEATH? | |
| MPLETED BY PHYSICIAN: MEDICAL | 23. PART I. Enter the shock, of IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list configure in the shock of t | re disesses, or heart fellure (Finel n) Inditiona, mediate RLYING Injury is LAST Ifficent conditions to the condition of t | r complications the List only one ce a. ASS DUE TO b. DUE TO c. DUE TO d. One contributing to HOSPITAL: 1 Inputent 2 28e. DATE O (Month,) | at caused the use on each CVD O (OR AS A CO) O (OR | e death. Do ilne. NSEQUENCE C NSEQUENCE C NSEQUENCE C NSEQUENCE C And a DOA 28b. Till IN | New 200 not enter the 200 not | Win a O See mode o m | cause gives cause gives cause gives cause gives cause gives cause gives cause gives cause gives cause gives | nerrisuch e | int I. 2- int I. | 4a. WAS AN PERFOR | AUTOPSY NO NO NO NO NO NO NO NO NO NO NO NO NO | 2 2 CCCURED or or Rum | Approxis Interval Onset as VEANC ONSET AS VEANC ONSET AS VEANC ONSET AS VEANC ONSET AS VEANC ONSET AS VEANC ONSET AS VEANC ONSET AS VEANC ONSET AS VEANC ONSET AS VEANC ONSET AS VEANC ONSET AS VEANC ONSET AS VEANCE ON VEANC ONSET AS VEANCE ON VEANC ON V | |
| ETED BY PHYSICIAN: MEDICAL | 23. PART I. Enter the shock, of IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list configure in the shock of t | inditions, | r complications the List only one ce a. DUE TO b. DUE TO c. DUE TO d | at caused the use on each CVD O (OR AS A CO) O (OR | e death. Do ilne. NSEQUENCE C NSEQUENCE C NSEQUENCE C NSEQUENCE C And a DOA 28b. Till IN | New 200 not enter the 200 not | Win a O Se mode o mo | cause gives cause gives cause gives cause gives cause gives cause gives cause gives cause gives cause gives | Check (Check 2) | rt I. 2. only one) Other (Sed. DESCF | 4a. WAS AN PERFOR | AUTOPSY AMED? AND NO SINJURY OCCUPANT OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T | 2 2 2 CCCURED or or Rund | Approxis Interval Onset as VEANC ONSET AS VEANC ONSET AS VEANC ONSET AS VEANC ONSET AS VEANC ONSET AS VEANC ONSET AS VEANC ONSET AS VEANC ONSET AS VEANC ONSET AS VEANC ONSET AS VEANC ONSET AS VEANC ONSET AS VEANCE ON VEANC ONSET AS VEANCE ON VEANC ON V | |

32. REGISTRAR'S SIGNATURE

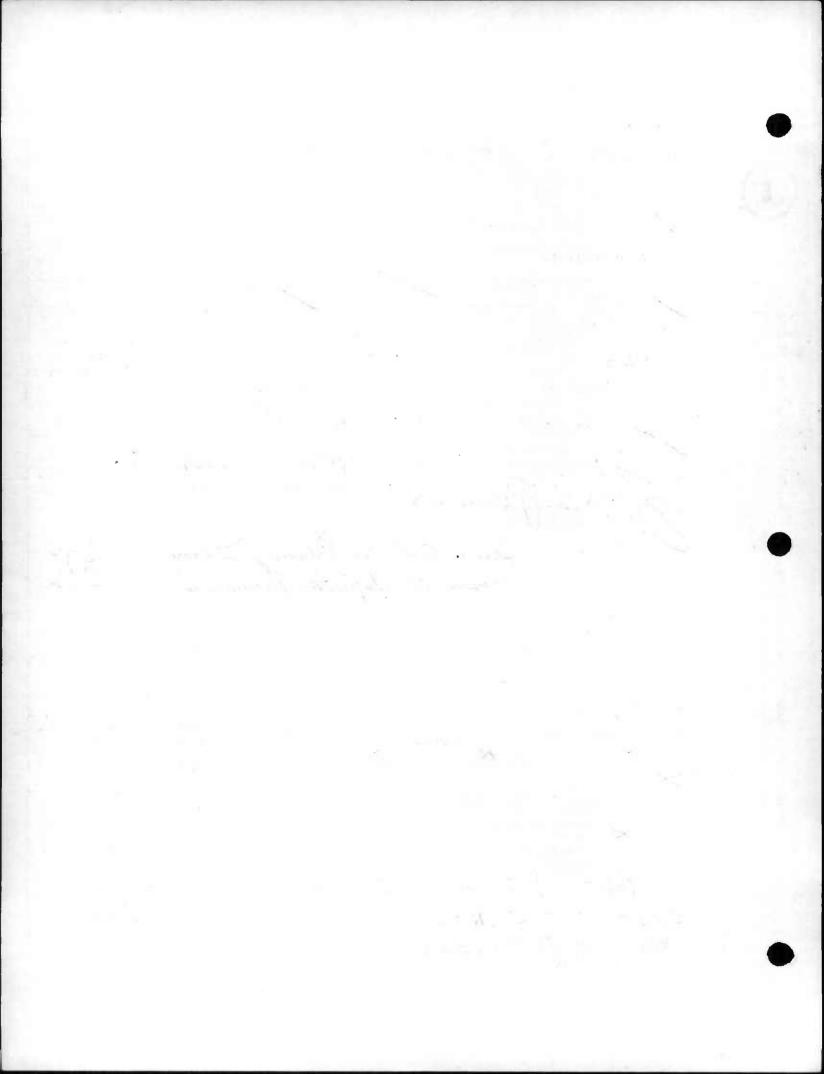


TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

| STATE OF MARYLA | ND / DEPARTMENT | OF HEALTH AND | MENTAL HYGIENI |
|-----------------|-----------------|---------------|----------------|
| | CERTIFICATE | OF DEATH | REG. NO. |

| FOR STATE REGISTRAR | STATE OF MARYL | AND / DEPARTM | | | MENTAL HYGI | | | |
|--|---|--|------------------------------|--|---|----------------------------|----------------------------|--|
| 1. DECEDENT'S NAME (First, Middle, Lass Aloysia | 0. | | inghau | | 2. DATE OF DEAT | N | YEAR | 3. TIME OF DEATN |
| 4. SOCIAL SECURITY NUMBER 139-30-7790 | 1 🗌 M 2 🗍 F | | ONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH | 5 6 | 6. BIRTH Counti W1.S | PLACE (State or Foreign |
| 90. FACILITY NAME (If not Institution, give 24 Truckhouse 1 | Road | | Severn | a Park | ATH | PG. COUN Ann | | cundel |
| HESIDENCE OF DECEDENT | Mě Arundel | 1ºATHd | OR LOCAT | ION | | | | 10d. INSIDE CITY LIMITS? |
| 780 Tourst Circ | cle | | 101 | ZIP CODE 210 | 12 | 10g. CITIZ | S'A | WHAT COUNTRY? |
| 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced | 12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D | 2 NO | If yes, spe | ENDENT OF HISPAN Helty Cuben Mexico 2 NO Specifi | IIC ORIGIN? (Specif n, Puerto Rican, etc | y Yee or No— | Black | E — American Indian, k, White, etc. |
| 15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) | OUCATION de completed) College (1-4 or 6+) | 16a. DECEDENT'S US (Give kind of work life. Do NOT use n Librari | k done during mo etired.) | N st of working | | BUSINESS/INDU | | lucati |
| 17. FATHER'S NAME (First, Middle, Last) Emmanuel Oberla | and | | | 18. MOTHER'S NA Emma Ki | ME (First, Middle, Ma Cesl | iden Sumeme) | | |
| Mr. Robert H. I | Koster | 196. MAILING AI 1731 Fi | | | Route Number, City of Croft | | Code) | 21114 |
| 23. PART I. Enter the diseases, o shock, or heart failure immediate or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST | a. Due TO (OR AS DUE TO (OR AS | ech line. | Barrano | | h as cardiec or r | | Par | Approximate interval Betwee Onset and Dea |
| PART II. Other significant condition | one contributing to deeth i | but not resulting in | the underlyin | g ceuse given in | PE | S AN AUTOPSY REFORMED? | 240 | D. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 | HOSPITAL: | | THER: | ACE OF DEATH (Ch | eck only one) 6 Other (Specify | 1 | | |
| 27. MANNER OF DEATH | 28e. DATE OF INJURY (Month, Day, Year) | 28b. TIME (| OF 28c. INJ | | 28d. DESCRIBE H | | URED | |
| 2 Accident 3 Suicide 6 Could not be determined | 28e, PLACE OF INJUR | Y — At home, ferm, stre | est, factory, offic | • | 28t. LOCATION (S City or Town, | treet end Number State) | or Rural | Route Number, |
| enal enal | YSICIAN: To the best of my know | | | | | | | a) and manner as stated. |
| 296. SIGNATURE AND TITLE OF CERTIF | South Ed | in, me | 5 | D36 | MBER 70 / | 29d. DATE | SIGNED | (Month, Day, Year) |
| ROBERT SC. 31. DATE FILED (MONTH, Day, Year) | NHO COMPLETED CAUSE OF DE | M.D., 600 | | LY AVE, | ANNAPOL | 15, MD | 2 | 49 |
| MAR 1 2 1991 | Ledia Nacidana To | | | | | | | |



M

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

4. SOCIAL SECURITY NUMBER

218-38-5461

(Specify only high

6 Could not be

5. SEX

1 X M 2 - F

| DATE OF DEATH | DAY 22 | 47 | 3. TIME OF DEAT 0625 |
|---------------|--------|-----------|----------------------|

7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign

June 1, 1943 Maryland 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN

IF UNDER 1 YEAR IF UNDER 24 HRS.

DAYS

9a. FACILITY NAME (If not institution, give street and number) Frederick Frederick Memorial Hospital Frederick

6. AGE (In yrs. lest birthday)

RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNT 10d. INSIDE CITY LIMITS? 1 THES 2 ND Maryland Frederick Frederick

10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 286 Pinoak Drive 21701

U.S.A. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: Specify: 3 Widowed 4 Divorced

1960-1964 White 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY

Elementary/Secondary (0-12) College (1-4 or 5+) Owned & Operated Woodworking Business 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname)

Fred B. Morgan Eileana Wall 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

Mrs. Roberta Morgan 286 Pinoak Drive, Frederick, Md. 21701 20a. METHOD OF DISPOSITION
16 Burlet 2 Cremation 3 Premoval from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State

Brownsville Methodist Cemetery Brownsville, 4 Donation 5 Other (Specify) Indiana

21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Keeney and Basford P.A. Funeral Home Richard

106 East Church St., Frederick, Md. 21701 M00255 23. PART I. Enter the diseases, or complications the caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart fallure. List only one cause on each line. Interval Batween **Onset and Death** IMMEDIATE CAUSE (Final

disease or condition Condine resulting in dasth) orrest DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 24 1900120010 Sequentially list conditions,

if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (DR AS A CONSEQUENCE OF): 4000 resulting in deeth) LAST

PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE 1 TES NO OF DEATH? 1 TES 2 NO

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Dispatient 2 ER/Outpatient 3 DOA OTHER: 4 Nursing N 1 YES 2 NO me 5 🗆 Residence 8 🗀 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 2 Accident 5 Pending 1 YES 2 ND 28e. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end piece, and due to the cause(s) and manner as stated.

295, SIGNATURE AND TITLE OF CERTIFI 29c. LICENSE NUMBER 29st, DATE SIGNED (Month, Day, Wair) 2 000 122 14626 NESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (5ps. Print)

64 6 50 50

31. DATE FILED (Month, Day, Year) 32. BEGISTRAR'S SIGNATURE

Julia Savidson-Randell

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attending physician and commal Hygiene prior to burial,

n signed by the Health and N

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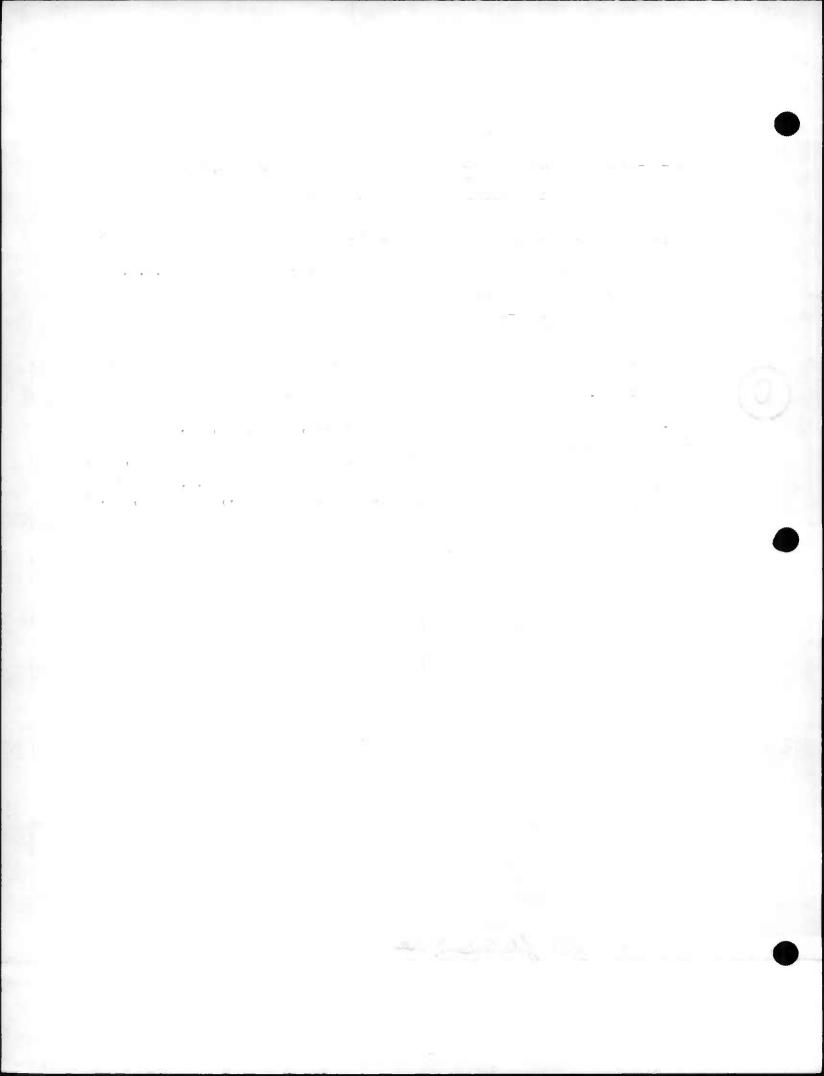
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Page 6 may be BALTIMORE, ours after death. executed within BOX 13146, 8 the death certificate

P.O. DIVISION OF VITAL RECORDS, that OR ATTENDING PHYSICIAN: The law TO THE HOSPITAL ON AN ANTI-TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death w IMPORTANT: if Item 28 is mark

requires



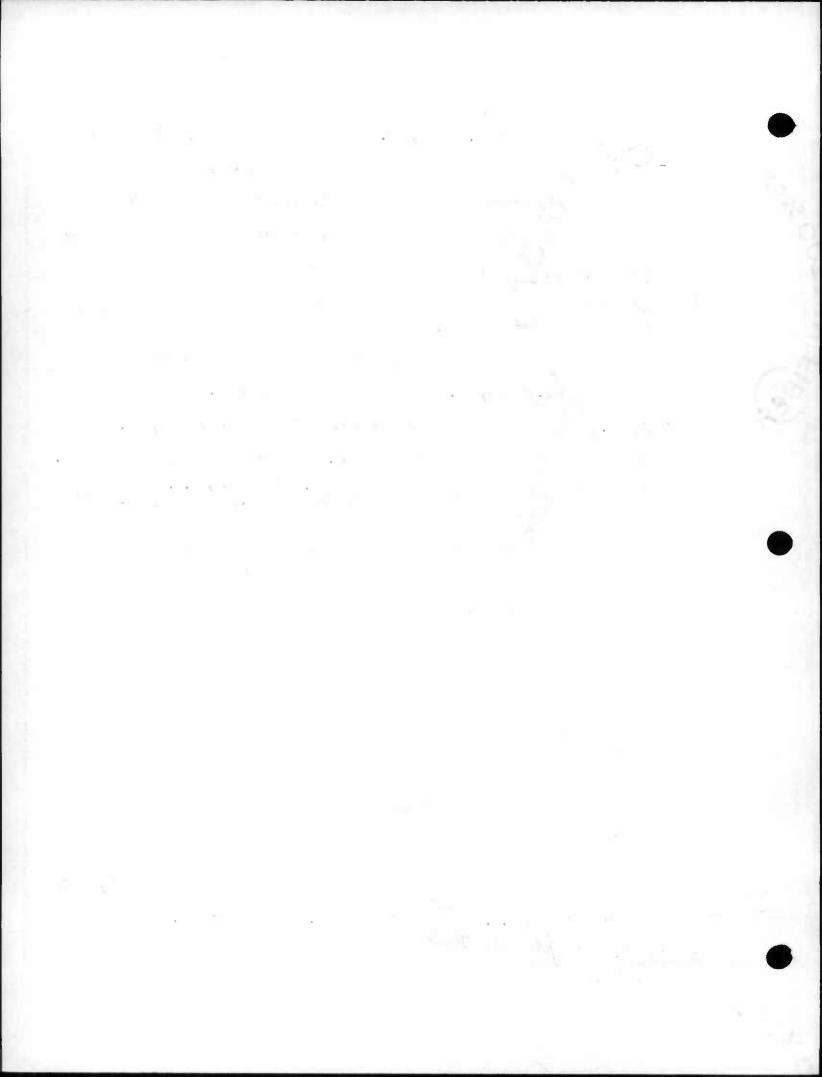
DHMH-18 Rev 1/69

| BALTIMORE, MARGANG 21203-3146 | O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- nours after death. Page 6 may be really the properties of the law of the strength of the attending physician and completely filled in by the funeral director, page 5 minus in directing the law of the law of the attending physician and completely filled in by the funeral director, page 5 minus in directing the law of the law of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. |
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| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$\infty\$, nours after death. Page 6 may be really the confidence of the attention physician and completely filled in by the funeral director, page 5 mount or national and the state beat is a feet beat. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. |

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

| - STATE REGISTRAR | | SIMIL OF IM | CE | RTIF | CATE C | F DEATH | 111211111 | REG. NO. | | | | | |
|--|--|----------------------------|---|--|------------------|--|-------------------|------------------------------------|-----------|-------------|---|-----------|--|
| 1. DECEDENT'S NAME (First, | Middle, Last) | | | | | | MONT | OF DEATH | Υ | YEAR | 3. TIME OF OE | TH | |
| | Ha | | B. Myer | | · . | | Ma | rch 4, | 1991 | | 1:30 | РМм | |
| 4. SOCIAL SECURITY NUMBER 218-14-6438 | ER | 5. SEX 1 2 M 2 D F | . AGE (In yrs. last | birthday)YRS. | MONTHS DAY | | (Monti | of BIRTH h, Day, Year) 192 | 3 | Countr | a. BIRTHPLACE (State or Foreign Country) Maryland | | |
| 9e. FACILITY NAME (If not in | 200 We | athervane | Way | | | on Location of D Gaithersb | | | | ontg | omery | | |
| 10a. STATE Maryland | 10b. COUNTY | tgomery | | 10c. CITY | TOWN OR LO | aithersbu | rg | | | | 10d. INSIDE CITY LIMITS? 1 YES 2 NO | | |
| 10a. STREET AND NUMBER 9225 | Stewar | town Road | | | | 101. ZIP COOE 20879 | | | 10g. CITI | USA | WHAT COUNTRY? | | |
| | 1 Never Merried 2 Merried IF YES, GIVE WAR | | | | | DECENDENT OF HISP/ n, specify Cuben, Mexic YES 2 1 NO Spec | an, Puerto | | or No— | Blac | E — American India, White, etc. Black | lien, | |
| 15. DEC (Specify onl) Elementary/Secondary (6 | (Gi | Do NOT us | usual occul ork done durin retired.) | 168 | Const | | | | | | | | |
| 17. FATHER'S NAME (Flist, M Har | | B. Myers, | Sr. | | | 16. MOTHER'S N | | Middle, Meiden | | | | | |
| 100. INFORMANT'S NAME (1 | | | | | | town Road | | | | | 20879 | | |
| 20e. METHOD OF DISPOSIT Duriel 2 Crematic Donation 5 Other | n 3 🗆 Reme | oval from State | 20b. PLACE other pla | OF DISPOSITION (Name of cemetery, crematory or 20c. LO | | | | | | | ings, M | 1. | |
| 21. SIGNATURE OF FUNERA | L SERVICE LIC | Molegy | ath. | | 22. NAR | in L. Mol | ACILITY .eswo] | | | Md | 20872 | | |
| IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentielty list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injit that Initiated events resulting in death) LAS | dions, dilate ING | c. Powe 10 (| OR AS A CONSECUTION OF AS | OUENCE OF | me of | forch cute | in | CU, | ren A | | | | |
| PART II. Other significa | ant condition | a contributing to | leath but not (| resulting | in the under | rlying cause given I | in Part i. | 24a, WAS AN PERFOI | RMED1 | 24 | b. WERE AUTOPSY MARLABLE PRIC COMPLETION O OF DEATH? | F CAUSE | |
| 25. WAS CASE REFERRED EXAMINER? | TO MEDICAL | HOSPITAL: | ER/Outpatient 3 | DOA | OTHER: | 26. PLACE OF DEATH (| | | | | | | |
| 27. MANNER OF OEATH 1 Natural 5 2 Accident | Pending Investigation | 28a. OATE OF (Month, Da | | 28b. TIM | E OF 28 | c. INJURY AT WORK? | ¥ | SCRIBE HOW | INJURY O | CURED | | | |
| a 🗆 a delete | Could not be determined | 28e. PLACE Of building, o | INJURY — At he rtc. (Specify) | ome, farm, | street, factory, | , office | | CATION (Street y or Town, State | | er or Rural | l Route Number, | | |
| (Check only | | | | | | , date end place, end d | | | | | o(e) and manner a | a stated. | |
| 296. SIGNATURE AND TITL | HAR | N-0. | 5 05 05 0 | 1 27 M Types | P | 29c. LICENSE N | _ | 174 | N 0.0 | | 5, 199 | | |
| Hiru | Khiar | ney, M.D. | 19 | 520-1 | | s Dr., Ger | mant | own, M | d. 20 | 0874 | | | |
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| HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within nours after death. Page 6 may bet the second or attending physician. | FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 and 10 miles for use as the burial-transit permit. Pages 1, within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal. | value is here. On it mended so them 32 about minute or other bourselfs aren't the medical avandance much be notified of ence |
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OF TO THE FUNERAL DE FILOR WITHIN 72 M

BALTIMÓRE, MARY AND 21203-3146

1. OECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH 3-2-91 ABLE ROSE MANAHAN MONTH 3 MANAHAN ROS 91 L 2 4. SOCIAL SECURITY NUMBER 214-58-9806 214-58-9806 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, 9au 20-51 8. BIRTNPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. MARYLAND FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FREDERICK FREDERICK FREDERICK MEMORIAL HOSPITAL DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10a. STATE 10d. INSIDE CITY THURMONT FREDERICK MARYLAND 1 TO YES 2 NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 21788 U.S.A. 21 BROWN AVENUE, TRAILER #5 12. WAS OECEDENT EVER IN U.S. ARMEO FORCES? 1 ☐ YES 2 ◯ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced WHITE ETED 15. DECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elamentary/Secondary (0-12) College (1-4 or 5+) COMPL LABORER SHOE FACTORY 10 17. FATHER'S NAME (First, Middle, Last)
ELLIS LEE BAKER 18. MOTHER'S NAME (First, Middle, Maiden Surname) JUANITA MARIE DERIX 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code 2 21 BROWN AVENUE, TRAILER #5, THURMONT, MARYLAND MARTIN U. MANANHAN METHOD OF DISPOSITION

Burial 2 Cremation 3 Removal from Stata 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State RESTHAVEN MEMORIAL GARDENS FREDERICK, MARYLAND 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEI 22. NAME AND ADDRESS OF FACILITY & SON FUNERAL HOMES, P.A. EAST MAIN STREET, THURMONT, MARYLAND plications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, 23. PART I. Enter the diseases, pr coi shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final IL (metice MTOCCOULL disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): unchent DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO 1 - YES 2 - NO COMPLETION OF CAUSE 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATN (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 - Hursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a, DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Netural
2 Accident 5 Pending 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated 29b, SIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIGNED (Month, Day, Year) BE 31. 3/2/ 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) Jettrey W. Ste Cover 310 -neren'th 32. REGISTRAR'S SIGNATURE

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ur attending physician.

21203-3146

STATE REGISTRAR

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| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | TAL OD ATTENDIALS DEVELOAN. The few requires that the death certificate he executed within |
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physician

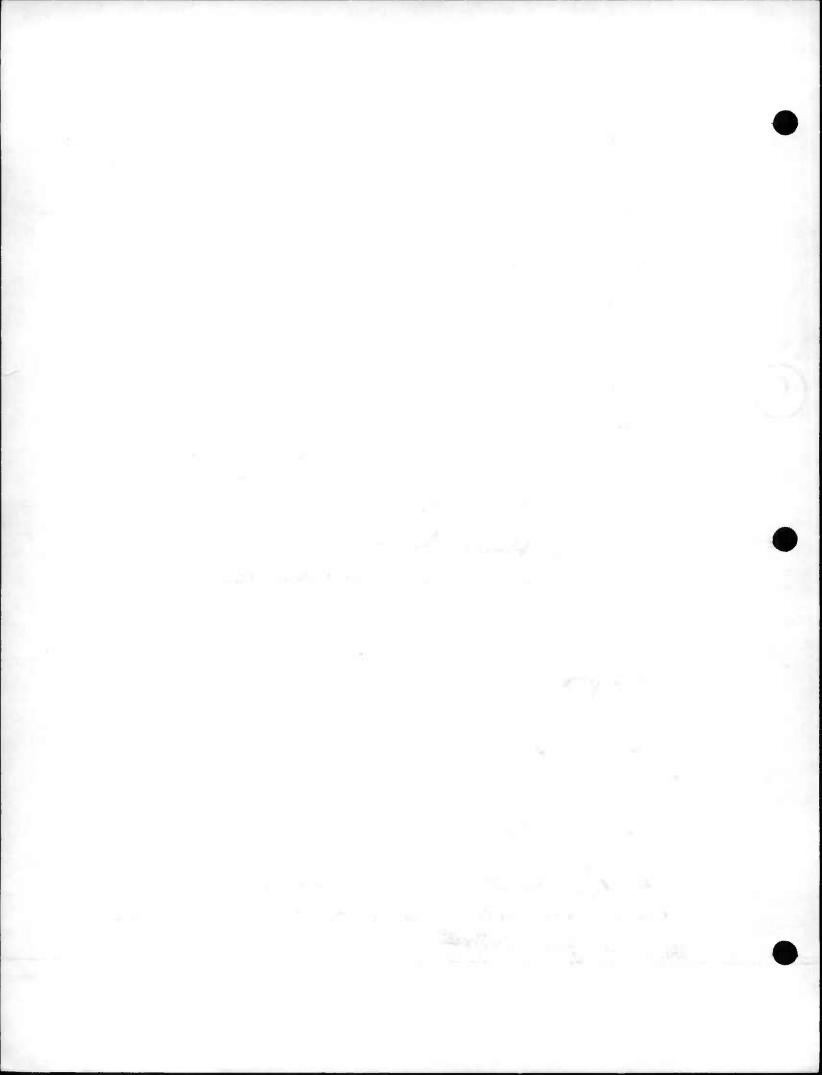
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2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Robert E. Miss 1155 obest 5:35 March 1991 A IF UNDER 1 YEAR IF UNDER 24 HRS. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN A. BIRTNPLACE (State or Foreign HOURS 214-10-1915 1 📈 M 2 🗌 F YRS. Jan 24. 1914 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH Frederick 9b. CITY, TOWN OR LOCATION OF DEATN Frederick Memorial Hospital Frederick DIRECTOR RESIDENCE OF DECEDENT 10c CITY TOWN OR LOCATION 10a. STATE 10h COLINTY 10d. INSIDE CITY Maruland Frederick I jamsville 17 YES 2 . NO 10g. CITIZEN OF WHAT COUNTRY?
U. S. A. FUNERAL 101. ZIP CODE 21754 10a. STREET AND NUMBER 10420 Old National Pipo 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE - American Indian, Black, White, atc. 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 Never Married 2 X Married 1 - YES 2 NO Specify: specify white BY 3 Widowed 4 Divorced COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION ecify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY (Spe Elamentary/Secondary (0-12) Airplanes Mechanic 11 years 17. FATHER'S NAME (First, Middle, Last)
Edward W. Miss 18. MOTNER'S NAME (First, Middle, Maiden Surname, Della Whipp notified at BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 19a. INFORMANT'S NAME (Type/Print) 9 10420 Old National Pike, Ijamsville, Md. 21754 Anna Miss 9 20a, METHOD OF DISPOSITION
1 Zullurial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must Resthaven Memorial Gardens Frederick, Md. 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY StaufferFuneral Home examiner 21. SIGNATURE # FUNERAL SERVICE LICENSEE Maron 1621 Opossumtown Pike, Frederick, Md. 21702 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on asch line. interval Between Onset and Death IMMEDIATE CAUSE (Final cremation, traumatic event, the disease or condition resulting in dasth) Hear rysician and completely prior to burial, crematic DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury 23 shows any injury, or other attending phy DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST signed by the atte PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 THO 1 YES 2 NO PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Hem ! certificate h HOSPITAL:

| Unpetient 2 | ER/Outpetient 3 | DOA | 4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2-500 6 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATN 28b. TIME OF 28d. DESCRIBE NOW INJURY OCCURED with t marked, 1 24 Natural 5 Pending 1 YES 2 NO After th BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 28 is 1 3 Sulcide DIRECTOR: A hours after d COMPLETED 5 Could not be 4 Homicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT DE filed within 72 hours a IMPORTANT: If Item 2 29a. CERTIFIER (CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 721648 9 LETED CAUSE OF DEATH (ITEM 27) (Type, Print) 310 w. 91 5tr. 31. DATE FILED (Month, Day, Year) 0 8 1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



DHMH-16 Rev 1/89

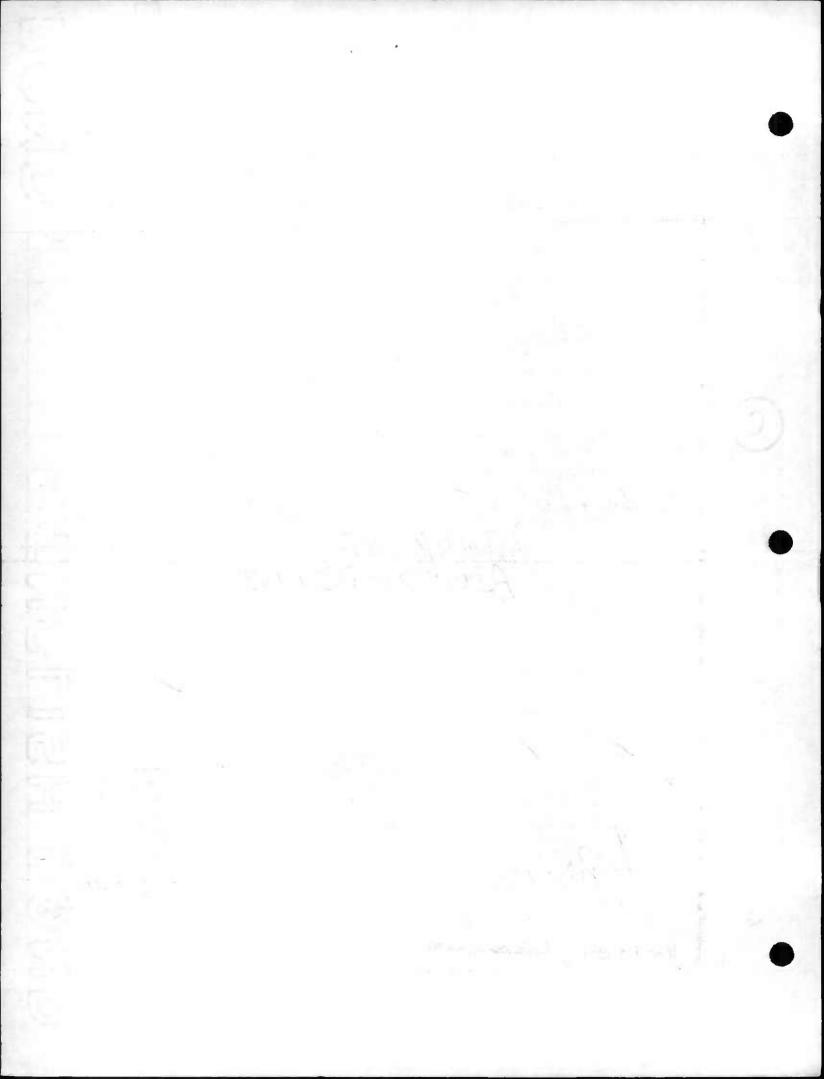
FOR STATE REGISTRAR

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| 1 | 1. DECEDENT'S NAME (First, Middle, Leet) RALPH Belmont MORELAND 2. DATE OF DEATH MONTH DAY YEAR MONTH DAY YEAR MONTH MORELAND 9:45 p. M. | | | | | | | | | | | | | |
|--|--|--|------------------------------|---------------------|--|-----------------------|----------------------|---------------|------------|-------------|--|------------------|--|-----------------------------|
| 1 3 | | | * | | | | DREL | | | _ | arch 8 | , 19 | | 9:45 p M |
| | 4. SOCIAL SECURITY NUM | | 5. SEX | 6. AGE (In yrs. las | | IF UNDER | DAYS | HOURS | ER 24 HRS. | (Monti | OF BIRTH , Day, Year) | | Count | |
| | 705-12-249 | | 1 🛭 M 2 🗆 F | 79 | YRS. | | | | | 9.2 | 1.11 | | Lev | els, WV |
| | 9a. FACILITY NAME (If not is | nstitution, give a | atreet and number) | | | 9b. CITY | r, TOWN | OR LOCA | TION OF DE | EATH | | 9c. COU | NTY OF D | EATH |
| DIRECTOR | Memori | | ospital | | | | C | umbe | r1an | d | | <u> </u> | A. | 11egany |
| l Ä | 10a. STATE | 10b. COUNT | Y | | 10c. CIT | Y, TOWN | OR LOCA | TION | | | | | | 10d. INSIDE CITY LIMITS? |
| | WV | | shire | _ | L | evel | | | | | | | | 1 TYES 2 TONO |
| FUNERAL | 10a. STREET AND NUMBER | | | | | | 10 | f. ZIP CO | | | | 10g. CIT | IZEN OF 1 | WHAT COUNTRY? |
| Ä | Star Rt. | Box 26 | | | | | | 2543 | | | | | US | |
| 15 | 11. MARITAL STATUS 1 Never Married 2 X | Mountard | 12. WAS DECEDED | NT EVER IN U.S. AF | U.S. ARMED 13, WAS DECENDENT OF HISP. 2X NO If yes, specify Cuben, Maxi- | | | | | | or No- | 14. RAC | E — American Indian, k, White, atc. | |
| B | 3 Widowed 4 Div | | IF YES, GIVE | WAR OR DATES | | | 1 YES | 2 (XNO | D Specifi | y: | | | Spec | WHite |
| | | CEDENT'S EDU | | (6 | ECEDENT'S | work done | | | king | 16b | KIND OF BUS | SINESS/IN | DUSTRY | |
| COMPLETED | Elementary/Secondary (| 0-12) | College (1-4 or 5 | +) | Do NOT us | se retired.) Ck D: | rivo | ~ | | | Dont | of 1 | Ui ab | |
| M P | NA NA | | | | II U | JA D. | TIVE | _ | | | Dept. | | nign | ways |
| COM | 17. FATHER'S NAME (First, A | | r Morola | nd. | | | | 1 | | | Middle, Malden | | · | |
| BE | | Isaac Slyvester Moreland 19a, INFORMANT'S NAME (Type/Print) | | | | | | <u> </u> | Bessi | | | | Larg | ent |
| 2 | Margaret E | | 5nc [| | | | | | | | ber, City or Tow | | p Code) | |
| | | | | 20b. PLACE | | _ | | | Lev | els, | | 5431 CATION — | City or Y | Otata |
| | 20a, METHOD OF DISPOSE 1 M Burial 2 Cremati 4 Donation 5 Othe | | noval from State | of cemetary | | or other p | place) Erv | | | 3/1 | 1./91 | LEve | ls. | WV |
| ехашпе | 21. SIGNATURE OF FUNER | AL SERVICE LI | CENSEE | 1. | | 22. | NAME A | ND ADDR | ESS OF FA | CILITY S | affer | Fune | eral | Home, Inc. |
| menical exam | Sa | inhos | MING | net | | 2: | 30 E | . Ma | ain | St., | Romne | y, W | v 2 | 6757 |
| CERTIFICATION | IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Onset and Daeth Onset and Daeth DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | | | |
| HH | resoluting in death) Ex- | resulting in death) LAST | | | | | | | | | | | | |
| MEDICAL | PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, PERFORMED? 1 YES 2 NO COMPLET | | | | | | | | | | b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | | |
| SZ | 25. WAS CASE REFERRED | TO MEDICAL | | | | | 26 P | N ACE OF | DEATH (C) | hack only o | na) | | | |
| YSICI, | EXAMINER? | | HOSPITAL: | ☐ ER/Outpatient | 2 17 004 | OTHE | R: | | | 1 | | | | 107 |
| ĕ × | 27. MANNER OF DEATH | | 28a. DATE O | | 28b. TIN | | _ | JURY AT | Residence | | CRIBE HOW | INJURY OC | CURED | |
| P | 1 Natural 6 | Pending | (Month, | Day, Year) | IN. | JURY M | W | ORK? YES 2 | NO | | | | | |
| Z8 IS Marked, TED BY PH | 2 Accident 3 Suicide 6 4 Homicide | Could not be detarmined | 28e. PLACE building | OF INJURY — At h | ome, farm, | atreet, fac | ctory, affi | ice | | | ATION (Street or Town, State) | | or Rural | Route Number, |
| IMPORIANT: If item 28 is O BE COMPLETED | 29a. CERTIFIER (Check only one) | - | BICIAN: To the best of | | | | | | | | | | | (s) and manner as stated. |
| E C | 29b. SIGNATURE AND TITL | A RENTING | 7/9 | | | | | 29c. L | ICENSE NU | MBER | | 29d. DA | TE SIGNE | D (Month, Day, Year) |
| BE C | X/ | VUI | W) | | | | | I | 160 | 41 | | • | 3-1 | 0-91 |
| 2 € | 30. NAME AND ADDRESS OF | | no completed ca .liams-Me | | | | Med: | ical | Cent | ter-C | umberl | Land. | MD | 21502 |
| | 31. DATE FILED (Month, Day | Year) | 32, REGISTR | AR'S SIGNATURE | | _ | | | | | | | | |
| | MAR 1 3 19 | MAR 1 9 1991 Golia Davidson-Randelle | | | | | | | | | | | | |

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



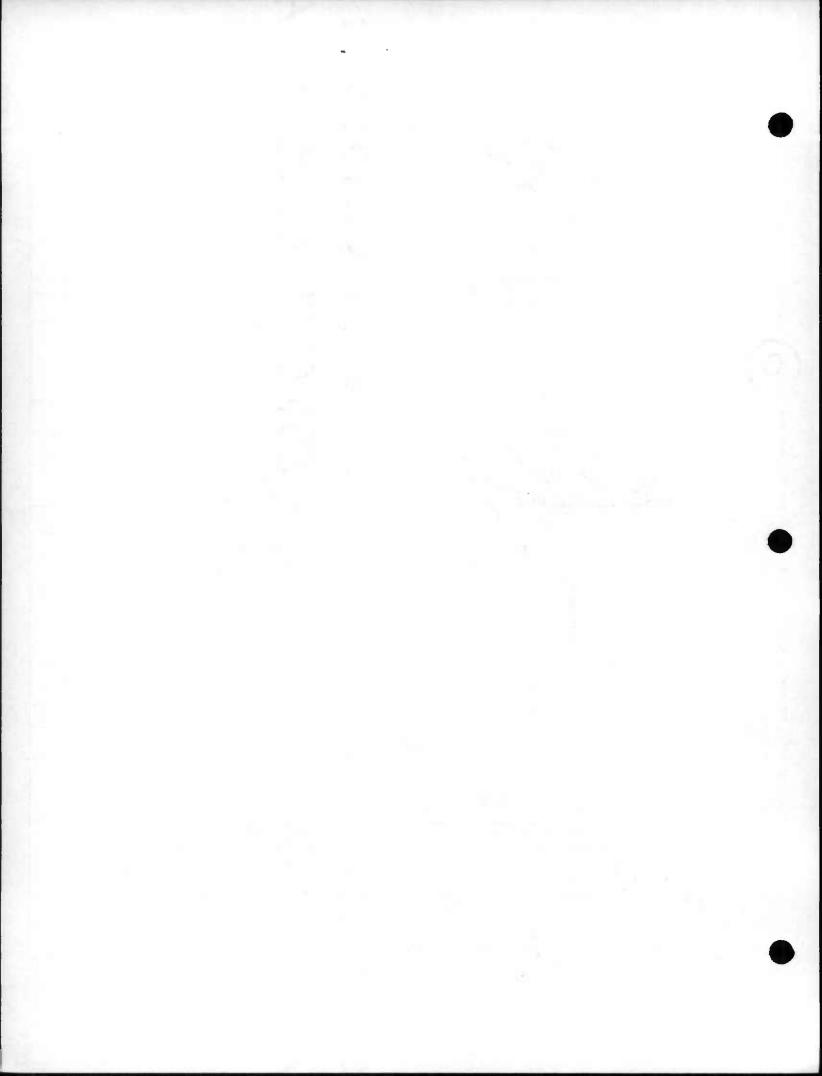
03-3146

BALTIMORE, MARYLA

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | 4. SOCIAL SECURITY NUMBER | | | IF UNDER 1 YEAR IF UNDER 24 HR | 68.4 Ab . Fb | | 8. BIRTHPLACE (State or Foreig | | | | |
|---|--|--|---|--|---|--|--|--|--|--|--|
| | 216-86-7666 | 1 DM 2 DF | 27 YRS. | IONTHS DAYS HOURS MIN | 1/19/ | 1964 | Long Island | | | | |
| 8 | 9a. FACILITY NAME (# not institution, give | | | 9b. CITY, TOWN OR LOCATION OF | FDEATH | | NTY OF DEATH | | | | |
| DIRECTOR | RESIDENCE OF DECEDENT | | | Elkton TOWN OR LOCATION | | 1 CE | ecil | | | | |
| | | Cecil | | ton | 18a. CIT | 10d. INSIDE CITY LIMITS? 1 YES 2 NO IZEN OF WHAT COUNTRY? | | | | | |
| FUNERAL | 32 Shiolh Dri | ve | | 21921 | | S.A. | | | | | |
| BY FUN | 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF | ES 2 NO | 13. WAS DECENDENT OF HIS If yes, specify Cuban, Ma 1 YES 2 NO Sp | etc.) | 14. RACE — American Indian, Black, White, etc. Specify: White | | | | | |
| CED | 15. DECEDENT'S ED (Specify only highest gra | DUCATION de completed) | 16a. DECEDENT'S U | rk done during most of working | 18b. KIND | OF BUSINESS/IN | DUSTRY | | | | |
| PLE | Elementary/Secondary (0-12) | College (1-4 or 5+) N/A | Ille. Do NOT use | retired.) emaker | | Home | | | | | |
| COMPLET | 17. FATHER'S NAME (First, Middle, Last) | 41/44 | 1. 1101116 | | NAME (First, Middle, | | - | | | | |
| BE (| Ben Sexton, | Sr. | | | h Ann | | | | | | |
| 2 | Ruth Ann Sexte | on | | ADDRESS (Street and Number or Ri Box 625 Ceci | | | | | | | |
| | 20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Re | amount from State | 20b. PLACE OF DISPOSIT | TION (Name of cemetery, crematory | or | 20c. LOCATION - | Cify or Town, State | | | | |
| | 4 Donation 5 Other (Specify) | 0 /1-1 | North Eas | st Methodsit | | North | East, MD | | | | |
| | Crouch Funeral Home 127 S. Main St. North East, MD 2190 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): The condition of the cause of the c | | | | | | | | | | |
| | IMMEDIATE CAUSE (Final | e. List only one cause or | n aach lina. | | | or reapiratory er | rrest, Approximate interval Betv | | | | |
| ERTIFICATION | IMMEDIATE CAUSE (Final disease or condition | e. List only one cause of DUE TO (OR A DUE TO (OR A C. | n aach lina. | una ly | | or reapiratory er | rrest, Approximate interval Betv | | | | |
| MEDICAL CERTIFICATION | immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLY/ING CAUSE (Disease or Injury that initiated events | a. DUE TO (OR A C. DUE TO (OR A | IS A CONSEQUENCE OF) S A CONSEQUENCE OF) S A CONSEQUENCE OF) | una ly | urles acud | or reapiratory er | rest, Approximate interval Betwoen and D | | | | |
| MEDICAL CERTIFICATION | iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLY/ING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions. | a. DUE TO (OR A c. DUE TO (OR A d. One contributing to deat | IS A CONSEQUENCE OF) S A CONSEQUENCE OF) S A CONSEQUENCE OF) | the undarlying cause given | n in Part 1. 24a. | WAS AN AUTOPSY PERFORMED? | 24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU | | | | |
| MEDICAL CERTIFICATION | IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and the conditions of t | a. DUE TO (OR A c. DUE TO (OR A d. One contributing to death | A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A Dutpetient 3 CADOA | the undariying cause given 28. PLACE OF DEATH OTHER: 4 Nursing Home 5 Rasider | n in Part i. 24a. | WAS AN AUTOPSY PERFORMED? YES 2 No | 24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO | | | | |
| IYSICIAN: MEDICAL CERTIFICATION | IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and the cause can be caused by the cause of the cause cause cause. In the cause of the cause ca | a. DUE TO (OR A b. DUE TO (OR A c. DUE TO (OR A d. One contributing to deat HOSPITAL: 1 Inputent 2 ERVC (Month, Dipt. Net | A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) The but not resulting in | the undarlying cause giver 28. PLACE OF DEATH OTHER: 4 Nursing Home 5 Rasider OF 28c. INJURY AT | In in Part I. 24a. I (Check only one) Ince 5 Other (Spe. 28d, DESCRIB | WAS AN AUTOPSY PERFORMED? | 24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO | | | | |
| ED BY PHYSICIAN: MEDICAL CERTIFICATION | IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and the conditions of t | a. DUE TO (OR A DUE TO (OR A C. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A d. DUE TO (OR A) A DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) | A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) | the undariying cause giver 28. PLACE OF DEATH OTHER: 4 Nursing Home 5 Raside OF 28c. INJURY AT WORK? M 1 YES 2 NO | IN Part I. 24a. (Check only one) noe 5 Other (Spe | WAS AN AUTOPSY PERFORMED? YES 2 No | 24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO | | | | |
| MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION | IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and the condition of the condition o | B. List only one cause of a DUE TO (OR A DUE TO (| A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) | the undarlying cause giver 28. PLACE OF DEATH OTHER: 4 Nursing Home 5 Raside OF 28c. INJURY AT WORK? M 1 YES 2 NO | In in Part I. 24a. I (Check only one) I (Check only one) 28d. DESCRIB 28f. LOCATION City or Tow | WAS AN AUTOPSY PERFORMED? YES 2 No | 24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO | | | | |
| PLETED BY PHYSICIAN: MEDICAL CERTIFICATION | IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and the condition of the condition o | a. DUE TO (OR A DUE TO (OR A C. DUE TO (OR A d. DUE TO | A CONSEQUENCE OF) S A CONSEQUENCE OF) S A CONSEQUENCE OF) S A CONSEQUENCE OF) The but not resulting in Dutpstient 3 DOA RY 28b. Time 1NJU URY — At home, farm, st Specify) VOICE nowledge, death occurred stion and/or investigation | 28. PLACE OF DEATH 28. PLACE OF DEATH OF 28c. INJURY AT WORK? 1 YES 2 NO reet, factory, office 29c. LICENSE SUMMERS 3-76 | IN Part 1. 24a. 1 (Check only one) 1 (Check only one) 28d. DESCRIB 28f. LOCATION City or Tow | WAS AN AUTOPSY PERFORMED? YES 2 No | 24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO | | | | |



muld be detached for use as the burial-transit permit. Pages 1, 2, 3 should

resided by the hospital or attending physician.

d at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 much TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct page 16 filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examine must be

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | REGISTRAR | CERTIFIC | ATE OF DEATH | REG. NO. | | | | |
|---------------|--|------------------------------------|---|---|-----------------------------|--|--|--|
| i | 1. DECEDENT'S NAME (First, Middle, Last) | 1.0 | | 2. DATE OF DEATH | | 3. TIME OF DEATH | | |
| 1 | ROBERT (NMN) MC | NAIR | 50 | MARCH 5 | | 258P M | | |
| | | | <u> </u> | - | | | | |
| | | | FUNDER 1 YEAR IF UNDER 24 HRS. INTHS DAYS HOURS MIN. | JULY 30: | Countr | IPLACE (State or Foreign | | |
| | 200 3 [0.0. 7 | | | | | | | |
| | 9a. FACILITY NAME (If not institution, give street and number) | 9 | L CITY, TOWN OR LOCATION OF | DEATH | 9c. COUNTY OF D | | | |
| 5 | HOWARD COUNTY HOSPITAL EM. | DEPT (| OLUMBIA, M | 17 | How | 420 | | |
| 5 | RESIDENCE OF DECEDENT | | | | | | | |
| 4 | 10a. STATE 10b. COUNTY | 10c. CITY, 1 | OWN OR LOCATION | | 10d. INSIDE CITY LIMITS? | | | |
| DIRECTOR | GEORGIA MCDUFFIE | 1 71 | om son | | 1 YES 2 NO | | | |
| ا پ | 10e. STREET AND NUMBER | | 101. ZIP CODE | Ī | 10g. CITIZEN OF V | WHAT COUNTRY? | | |
| E | 3160 SANDY HILL RO | 43 | 200 | | | | | |
| 2 | | ALD | 308 | | | usa | | |
| FUNERAL | 11. MARITAL STATUS 1 Never Married 12. WAS DECEDENT EVER FORCES? 1 YES | S 2 NO | 13. WAS DECENDENT OF HISP. If yes, specify Cuban, Mexic | | or No- 14. RACI Blac | E — American Indian, k, Whita, atc. | | |
| BY | 3 Widowed 4 Divorced IF YES, GIVE WAR OR | | 1 TYES 2 140 Spec | | Spec | | | |
| | 3 Hidowad 4 Divolcad | | | | | BLACK | | |
| | 15. OECEOENT'S EDUCATION (Specify only highest grade completed) | 16a. DECEDENT'S US | UAL OCCUPATION t done during most of working | 16b. KIND OF BUSI | INESS/INDUSTRY | | | |
| | Elementary/Secondary (0-12) College (1-4 or 5+) | Me. Do NOT use r | stired.) | | | } | | |
| COMPL | unknown | TRUCK | DRIVER | TRANS | PERJA | TON | | |
| <u> </u> | 17. FATHER'S NAME (First, Middle, Last) | | 18. MOTHER'S N | | | | | |
| | A STATE OF THE STA | MCNAIR | | TTIE / | | 4000 | | |
| BE | | | | | | HUFF | | |
| 2 | 19a. INFORMANT'S NAME (Type/Print) | | OORESS (Street and Number or Run | | | | | |
| 7 | DELLA STYCK | 3160 8 | DANDY HOLL K | d. Tho | moon (| 5A 30824 | | |
|) | | 0b. PLACE OF DISPOSITI | ON (Name of cemetery, crematory of | 20c. LOC | ATION — City or To | own, Stata | | |
| / | 1 Burial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) | STANCE BO | ANCH CHOM | MAY WAS | PENTO. | NGA | | |
| į | 21. SIGNATURE OF FUNERAL STRVICE LICENSEE | 71.1. | 22. NAME AND ADDRESS OF | FACILITY | | | | |
| - 1 | | | 51 | ACK FUN | ERAL , | sust | | |
| | Charleller Stent | - 140535 | | OTT CITY, 1. | | | | |
| | 23. PARM I. Enter the diseases, or complications that caus shock, or heart fellure. List only one cause on IMMEDIATE CAUSE (Final | each line. | | | atory arrest, | Approximata interval Between Onset and Death | | |
| | resulting in death) | DIAL IN | FARCTION / | - FIB | | minutes | | |
| | DUE TO (OR AS | A CONSEQUENCE OF): | | | | | | |
| , | | | | | | | | |
| ፬ | Sequentially list conditions, | A CONSEQUENCE OF): | | | | | | |
| Ā I | if any, leading to immediate cause. Enter UNDERLYING | | | | | | | |
| CERTIFICATION | CAUSE (Disease or injury that initiated events DUE TO (OR AS | A CONSEQUENCE OF): | | | | | | |
| ĒΙ | resulting in death) LAST | | | | | | | |
| Ä | d | | | | | + | | |
| - 1 | PART II. Other significant conditions contributing to death | but not resulting in | the underlying cause given i | | | . WERE AUTOPSY FINDINGS | | |
| 5 | hone | | | PERFOR | | AVAILABLE PRIOR TO COMPLETION OF CAUSE | | |
| EDICAL | 700.10 | | | 1 _ YES 2 | DINO | OF DEATH? | | |
| | | | | | J | 1 TYES 2 1 NO | | |
| PHYSICIAN: M | | | | | | | | |
| ₹∣ | 25. WAS CASE REFERRED TO MEDICAL | | 26. PLACE OF DEATH (| Check only one) | | | | |
| | EXAMINER? 1 YES 2 NO 1 Inpution 2 ERVO | | OTHER: Nursing Home 5 Residence | a & Cher (Specify) | | | | |
| ĔΙ | 27. MANNER-OF DEATH 28s. DATE OF INJUR | | | 28d. DESCRIBE HOW IN | LIURY OCCURED | | | |
| آھ | 1 Natural 5 Pending (Month, Day, Year | | Y WORK? | | | | | |
| À | 2 Accident Investigation | | M 1 YES 2 NO | | | | | |
| | 6 Could not be building, atc. (S | RY — At home, farm, str pec/ly) | et, factory, office | 28f. LOCATION (Street a City or Town, State) | nd Number or Flurel | Route Number, | | |
| | 4 Homicide determined | - | | | | | | |
| ן ש | 29a. CERTIFIER 1 CERTIFING PHYSICIAN: To the best of my kn | owledge death constant | of the time date and place and d | ue to the cause(s) and man | ner se stated | | | |
| COMPLETED | (Check only one) 2 | | | | | a) and manner or stated | | |
| ږږ | 2 SMEDIAL CYAMINES: Of the pens of examine | non major awasigation, | as my opinion, uestn occured at t | re irine, data and placa, and | u das to the cause(| a) and manner as stated. | | |
| m 1 | 290. SIGNATURE AND TITLE OF CERTIFIED | ect Donila | 1/5 29c. LICENSE N | UMBER | 29d. DATE SIGNE | D (Month, Day, Year) | | |
| ∞ | tatmus Ime MO | HOWARD C | JUNIU D314 | 1 73 | Mac | ch 5/91 | | |
| 입 | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF | | | (30) | 1-465- | 3418 | | |
| | | | | CAT ZITU LI | n Ziny | 3 | | |
| | DATRYCE A TOYE, MD 4565 H 31. DATE FILED (MONTH) PHYNYDDY) 1 DATE FILED (MONTH) PHYNYDDY) 1 DATE FILED (MONTH) PHYNYDDY) | CHATTIME COLLE | NZ WAT ZILL | LOGI CALT AT | -101 | | | |
| - 1 | 31. DATE FILED (Month, pey, Year) 932, REGISTRAR'S SI | - Randell | | | | | | |
| | | | | | | | | |

DHMH-16 Rev 1/89

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| of the model | be detached fi | |
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| | filled in by the | an or removal |
| wood minute | n and completely filled in by | burial crematic |
| 3 | = | 13 |

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760;

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Proceeding the properties of the properti

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

| 1. DECEDENT'S NAME (First, | Middle, Last) | | | | | | | | | OF DEATH | | | 3. TIME OF DEATH | | | |
|--|--------------------------------|------------------------|-------------------|------------------------------------|---|---------------|----------------------------|-----------------|--------------|--------------------------------|--------------------|---|---|--|--|--|
| Alvin Ler | oy Ma | artin | | | | | | | 3 | 2 | F | 91 | 4:20p M | | | |
| 4. SOCIAL SECURITY NUME | ER | 5. SEX | 6. AGE (In yrs. I | st birthday) | IF UND | ER 1 YEAR | IF UNDER | 24 HRS. MIN. | 7. DATE | OF BIRTH I, Day, Year) | | 8. BIRTHI Country | PLACE (State or Foreign | | | |
| 213 36 1899 | | 1 XM 2 - F | 52 | YRS. | MORTHS | DAYS | HOURS | Marine. | Apr | 11 4,1 | 938 | | ryland | | | |
| 9a. FACILITY NAME (If not in | stitution, give s | treet and number) | - | | 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH | | | | | | | | | | | |
| Memorial | Hosp | ital | | | E | asto | n | | | | T. | Talbot | | | | |
| 10a. STATE | 10b. COUNT | Υ | | 10c. CIT | Y, TOWN | OR LOCAT | ION | | | | | | 10d. INSIDE CITY | | | |
| Maryland | Та | lbot | | E | Easton | | | | | | LIMITS? 1 YES 2 NO | | | | | |
| 10e. STREET AND NUMBER | | | | | | 101 | . ZIP CODI | | | | | | N OF WNAT COUNTRY? | | | |
| 120 Chape | l Road | | | | | | 216 | | | | | .S.A | | | | |
| 11. MARITAL STATUS 1 A Never Married 2 | Married | 12. WAS DECEDER | IT EVER IN U.S. A | | 13 | | | | | ? (Specify Yea Rican, etc.) | or No- | 14. RACE Bleck | — American Indian, , White, etc. | | | |
| 3 Widowed 4 Divo | | IF YES, GIVE | MAR OR DATES | | | 1 TYES | 2 📉 NO | Specif | ly: | | | Specif | White | | | |
| | EDENT'S EDU y highest grade | | | ECEDENT'S | | | | | 16b | KIND OF BUS | SINESS/IN | DUSTRY | | | | |
| Elementary/Secondary (C | - | College (1-4 or 5 | - 4 | e. Do NOT u | se retired. | (.) | St OF WORKS | v | | | | | - 20 | | | |
| | | | | Ca | rper | nter | | | | | | | | | | |
| 17. FATHER'S NAME (First, M | | | | 14 | | | 16. MOT | HER'S NA | ME (First, I | Middle, Malden | Surname) | | | | | |
| Howard W | Martin | Sr. | | | | | | Ire | ene | Howes | | | | | | |
| 19a. INFORMANT'S NAME (| ype/Print) | | 1 | . / | | . 12 | | | | ber, City or Tow | | | | | | |
| Mrs Irene M | artin | |) | 120 0 | hap | el. Re | ad E | asto | on. Ma | ryland | 1 216 | or ' | 4 11111 | | | |
| 20a. METHOD OF DISPOSIT 1 Surial 2 Crematic 4 Donation 5 Other | on 3 🗆 Rem | oval from Stata | | e and dat y, cremator dowr i | | | | | DAT | | | City or Ton | nty Md. | | | |
| 21, SIGNATURE OF FUNERA | | CENSEE | Mea | TOWLI | | 2. NAME A | | | CILITY | I no | walt | Cou | ity Ma. | | | |
| > Harr | 4 74. | Witz | Re | | 1 | | | | | neral | | | t City | | | |
| 23. PART I. Enter the d | isesses, or | complications th | at coused the | leath. Do | not ente | | | | | | | | Approximate | | | |
| shock, or h IMMEDIATE CAUSE (Fit | eart failure. | List only one ca | use on each iii | 10. | | | | | | | | | Interval Between Onset and Death | | | |
| disease or condition | | Lun | en Car | ain | morra | | | | | | | | 4 month | | | |
| resulting in death) | | a | OR AS A CONS | | | | | | | | | | + ' | | | |
| | | | | | | | | | | | | | | | | |
| Sequentially list condit if any, leeding to imme | | DUE TO | OR AS A CONS | EQUENCE C | PF): | | | | | | | | := | | | |
| cause. Enter UNDERLY | ING | c. | | | | | | | | | | | | | | |
| CAUSE (Disease or injute that initiated events | | DUE TO | OR AS A CONS | EOUENCE C | PF): | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| reaulting in deeth) LAS | T | d | | | | | | | | | | | | | | |
| PART ii. Other significa | ent condition | ne contribution to | death but no | requiting | in the | underida | 0.00100 | aluan in | Dort I | 24a, WAS AN | ALITOROV | 245 | WERE AUTOPSY FINDINGS | | | |
| TAIL III GUIDI GIGINIO | oundation | | overil but no | Touchting | m the | unounym | y couse | givon in | ratti. | PERFOR | | 240. | AVAILABLE PRIOR TO COMPLETION DF CAUSE | | | |
| | | | | | | | | | | 1 TYES 2 | □ NO | | OF DEATH? | | | |
| | | | | | | | | | | | | | 1 YES 2 NO | | | |
| | | | | | | | | | | | | | | | | |
| 25. WAS CASE REFERRED T EXAMINER? | O MEDICAL | HOSPITAL: | | | ОТН | | LACE OF D | EATH (C | heck only or | 10) | | | | | | |
| 1 YES 2 NO | | 1 Inpatient 2 | | - | _ | lursing Hon | | esidence | _ | | | 2011272 | | | | |
| | Pending Investigation | 28a. DATE O (Month, | Day, Year) | 28b. TII | JURY M | W | JURY AT DRK? YES 2 [| NO. | 26d. DE | SCRIBE HOW I | NJURY O | CCURED | 14 1 | | | |
| 2 Accident 3 Suicide | Could not be | | OF INJURY — At | home, farm, | street, fo | actory, offic | :0 | | | ATION (Street | | er or Rural F | loute Number, | | | |
| 4 Homicide | detarmined | Dollaria | , atc. (Specify) | | | | | | City | or Town, State) | | | 4.0 | | | |
| 29a, CERTIFIER 1 CER | TIFYING PHYS | IICIAN: To the best of | f my knowledge. | death occur | red at the | e time, data | and place | , and du | a to the ca | use(s) and ma | noer as at | ated. | | | | |
| (Creck only | | | | | | | | | | | | |) and manner as stated. | | | |
| 29b. SIGNATURE AND TITLE | OF CERTIFIE | R | | | | | 29c. LIC | ENSE NU | MBER | | 29d, DA | TE SIGNED | (Month, [Day, Year) | | | |
| Der | aH; | South | MO | | | | D | 39 | 88 | 7 | • | 3/ | 4/91 | | | |
| 30. NAME AND ADDRESS O | | | | | | | | | | , | _ | | | | | |
| David H | | | 9 Idl | | A L | venu | e I | East | ton, | Mary | lan | d 21 | 601 | | | |
| 31. DATE FILED (Magin) 9 | , | giria vill | ARTS SIGNATURE | موالال | | | | | | | | | | | | |

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Harry a Mcele Favoral to a tre-

| BALTIMORE, MARYLAND 21203-3146 | a nouns after seas. Page 6 move retained by the hospital or attending physician. | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundant method pages 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. | e medical examiner must be netified at ence. |
|--|--|--|--|
| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nouns are not as a retained by the hospital or attending physician. | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely 's action and completely 's human after death with the State Dent of Health and Membal Hydinge prior to fluidal. Chematic | IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once. |

| | 1. OECEOENT'S NAME (First, | Middle, Lest) | A | n | TAU | CK | | MONTH | DATE OF DEATH DAY YEAR 3. | | | 1814 M | |
|-----------------------|--|--------------------------|---|---|------------------------|--|---|---------------|---|--------------------|-----------------------------------|--|--|
| | 4. SOCIAL SECURITY NUME | | | AGE (In yrs. lest | MONTHS DAVE MOUTHS AND | | | 7. OATE O | 7. OATE OF BIRTH 6. BIRTHPLAC (Month, Day, Year) Country) | | | CE (State or Foreign | |
| | 578 07 0917 | | 1 Mm 2 - F | 78 | YRS. | | | Sept | . 9, | 1912 1 | West | Virginia | |
| POR I | 9a. FACILITY NAME (If not in Frederick Mi | emoria | | L | | | or LOCATION OF D ederick | EATH | | 9c. COUNTY Free | deric | | |
| D BY FUNERAL DIRECTOR | 100. STATE Maryland | | | | | 10c. CITY, TOWN OR LOCATION Fulton 20859 | | | | | 10d. INSIDE CITY LIMITS? 1 YES 2 | | |
| | 100. STREET AND NUMBER 11938 Lime | Kiln | Road | | | 1 | 20759 | | | U.S | | COUNTRY? | |
| | 11. MARITAL STATUS 1 Never Married 2 State Wildowed 4 Divo | | 12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR | YES 2 N | MEO IO | If yes, s | CENDENT OF HISPA pecify Cuben, Mexic S 2 X NO Speci | an, Puerto Ri | | n or No- 14 | Black, WI Specify: | American Indian, hita, atc. White | |
| COMPLETED | 15. DEC (Specify only Elementary/Secondary (0 | (GI | CEDENT'S U Ve kind of wo Do NOT use lercha | ISUAL OCCUPAT ork done during n retired.) | ION lost of working | 16b. | KIND OF BU | SINESS/INDUS | TRY | | | | |
| BE CON | 17. FATHER'S NAME (First, M William W M | | | | | | 16. MOTHER'S N | | iddle, Meiden ine | Surnama) | | | |
| 10 | Carl O Mauc | | | 191 | | | and Number or Aural oir Road | | | | ode) | | |
| | 20a. METHOD OF DISPOSIT 1 [28]Burlal 2 | (Specify) | | other ple | ece) | Cemet | ery | | | ecation — ch | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Harry H WitzkeFuneral Home Inc. 4112 Old Columbia Road, Ellicott C | | | | | | | | | | City | | |
| Z | 23. PART I. Enter the dispress, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final) disease or condition resulting in death) ARTERIOSCIEROTIC CARDIOJASCULAR DISEASE DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | | |
| MEDICAL CERTIFICATION | Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST | | | | | | | | | | | | |
| 2 | PART II. Other significa | nt condition | s contributing to de | eth but not r | esulting in | the underly | no cause olven li | Part I | 24a. WAS AF | ALITTOPSV | 24h WE | RE AUTOPSY FINDINGS | |
| _ | | | | | | | | | PERFO | RMED? | CO OF | MLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO | |
| AN | 25. WAS CASE REFERRED T | O MEDICAL | | | | 26 | PLACE OF DEATH (C | heat ank an | h. | | | | |
| SICI | EXAMINER? | 1.000 | HOSPITAL: | R/Outpetient 3 | | OTHER: | me 5 Residence | | , | | | | |
| BY PHYSICIAN: | 27. MANNER OF DEATH 1 N Natural 8 1 2 Accident | Pending Investigation | 26a. DATE OF IN (Month, Day, | | 28b. TIME INJU | OF 28c. II | IJURY AT /ORK? YES 2 NO | _ | | INJURY OCCU | RED | | |
| 8 | a D butilds — | Could not be determined | 28e. PLACE OF I building, etc | NJURY — At ho :. (Specify) | me, ferm, st | rest, factory, of | ice | | ATION (Street or Town, State | and Number or) | Rural Route | Number, | |
| COMPLET | onei any | AND THE REST | CIAN: To the best of m | | | | | | | | | nd manner as stated. | |
| TO BE | 296, SHOMATURE AND TITLE | er | RAGEN | 5 M | > | | | 861 | | 10 | 3/05 | onth, Day, Year) | |
| | RRRR | 014= | | D 15 | W | 7PG 57 | Fred | erick | m | d 21 | 70/- | 7599 | |
| | MAR 0 7 91 Fishe Davidson-Mondale | | | | | | | | | | | | |

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| TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Tours after death. Page 6 may be retained by the new treatment or attending physicians. | 2 | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
| | | | |
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| | STATE REGISTRAR | STATE OF MARYLA | CERTIF | | | | | REG. NO. | Ė | | | |
|---------------|--|--|----------------------------------|--|--|-------------------|------------|---|---|---|---|--|
| 1 | 1. DECEDENT'S NAME (First, Middle, Last) JANE E. MARTINI | | | | | | | 2. DATE OF DEATH MONTH 3 DAY YEAR 3 TIME OF DEATH | | | 3. TIME OF DEATH | |
| | 4. SOCIAL SECURITY NUMBER 173-24-7936 | | yrs. last birthday) 59 vns. | IF UNDER | 1 YEAR DAYS | IF UNDER | BRIDA | 7. DATE OF BIRTH (Month, Day, Year) August 10. 193 | | | 31 Pennsylvania | |
| E I | 77 7 | | | | ma I | | ON OF DEA | | | | | |
| 5 | RESIDENCE OF DECEDEN | | 10.00 | | | - | | | | | 10d. INSIDE CITY | |
| DIRECTOR | 3/ 1 1 2 | | | city, town or location New Carrollton | | | | | 10d. INSIDE CITY LIMITS? 1 TY YES 2 NO | | | |
| 4 | 10e. STREET AND NUMBER | , oar | 101. ZIP CODE | | | | 10g. Cl | TIZEN OF V | WHAT COUNTRY? | | | |
| ER | 8318 Quentin Street | | | | | 207 | 784 | | | U. | S.A. | |
| BY FUNERAL | 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced | Never Married 2X Merried FORCES? 1 YES 2 NO | | | 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yill yee, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: | | | | or No- | or No- 14. RACE Amarican Indian, Black, White, etc. Specify: White | | |
| | 15. DECEDENT'S (Specify only highest) | EDUCATION grade completed) | 16a. DECEDENT'S (Give kind of | work done o | CCUPATIO | N If of worldi | 19 | 16b. KIND OF BUS | SINESS/IN | IDUSTRY | | |
| COMPLETED | Elementary/Secondery (0-12) 12th Grade | College (1-4 or 5+) None | ille. Do NOT u | | | | | | | | | |
| M | 17. FATHER'S NAME (First, Middle, Last | | House | ewlie | - | 18 MOT | HER'S NAM | Own Ho | | | | |
| 8 | Elias Hughes | , | | | | | | illian | our remay | | | |
|) BE | 19e. INFORMANT'S NAME (Type/Print) | | 19b. MAILING | ADDRESS | Street a | | | oute Number, City or Tow | n, State, 2 | (ip Code) | | |
| 2 | Robert E. Marti | | | | | | | New Carro | llto | n. Ma | ryland 20784 | |
| | 20a METHOD OF DISPOSITION 1 Disposition 3 | Removal from State | PLACE OF DISPO | | | | | 01 | | - City or To | own, State 1, Maryland | |
| | 4 Donation 5 Other (Specify) 21. SIGNATURE QF FUNERAL SERVICE | | ryland S | 22. | NAME AN | D ADDRE | SS OF FAC | merer A | | | | |
| Ţ, | DIL A | L Yan | .] | Fr | anci | s Ga | sch' | s Sons Fur | nera | 1 Hon | ne, P.A. | |
| | 23. PART I. Enter the diseases, | or complications that caused | the deeth, Do | | | | | | | | Md 20781 Approximate | |
| | The state of the s | ure, List only one cause on es | sch line. | | | | | | W. T | | Interval Between Onset and Death | |
| | IMMEDIATE CAUSE (Finel disease or condition resulting in death) . CAND TO RULLIO UM ARABIT I day | | | | | | | | 1 day | | | |
| 7 | DUE TO (OR AS A CONSEQUENCE OF): 1 YZWLCS 1 YZWLCS | | | | | | | | | | | |
| CERTIFICATION | Sequentially list conditions, oue to (or as a consequence of): | | | | | | | | 142 WK | | | |
| FIC | CAUSE (Disease or Injury that Initiated events | c. DUE TO (OR AS A | | | الل | 110 | | | | | 1 1/2 | |
| ERT | resulting in death) LAST | 0 (0) | MAY | N | ALN. | M | D | नगान्। | -M | yo. | 112WA | |
| LC | PART II. Other significent cond | iltions contributing to death be | ut not resulting | in the ur | nderlylng | ceuse | given in i | | | Y 24 | b. WERE AUTOPSY FINDINGS | |
| DICAL | | | | | | | | PERFO | | | AMARABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? | |
| MEC | | | | | | | | _ | | | 1 YES 2 NO | |
| | | | | | | | | | | | | |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL EVAMINER? 1 YES 2 NO | | | | | | | | | | | |
| HYS | 1 YES 2 NO 27. MANNER OF DEATH | 26a. DATE OF INJURY | 26b, TII | | 28c. INJ | URY AT | esidence | 28d. DESCRIBE HOW | INJURY C | CCURED | | |
| ву Р | 1 Natural 5 Pending | In contract of the contract of | | | | PES 2 | 2 NO | | | | | |
| ED B | 2 Accident | | | ome, farm, street, factory, office | | | | 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | | | |
| LET | 20a CEUTICIED | BUILDING TO BE A SECOND TO | | 777. | | | | | ur Sez | 9014 | | |
| COMPLET | Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated. MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated. | | | | | | | | | | | |
| ш | 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NU | | | | | | ENSE NUM | | | | | |
| TO B | March | Marchalum Oss | | | | | 252 | 2403 > 3/1/5/ | | | | |
| | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED GUISE OF DEATH (ITEM 27) (TYPO, PRINT) WARL WSH, WD PRINCE GERGE'S HOSP TAL CHEVERY, WD 2078T | | | | | | | | | | | |
| | MAR 0 5 '91 | 32. REGISTRAR'S SIGN. | ATURE ndell | | | | | | | | | |





TO BE COMPLETED BY FUNERAL DIRECTOR

| AR | STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. | | | | | | | |
|----------------------------|---|--------------------------------|---------------|-------------|-----------|-------------------------------|----------|----|
| NAME (First, Middle, Last) | | | | | | 2. DATE OF DI | EATN DAY | YE |
| mes | | G. McMomee | | | | 2 | 27 | 9 |
| URITY NUMBER | 5. SEX | 6. AGE (In yrs. lest birthday) | IF UNDER 1 YE | EAR IF UNDE | R 24 HRS. | 7. DATE OF BI (Month, Day, | | 8, |

| FOR STATE REGISTRAR | STATE OF MARYL | AND / DEPARTING | | | MENTAL HYGIE REG. N | | 1 (| 11134 |
|--|---|--|----------------|---|--|------------------------------|-----------------------|---|
| 1. DECEDENT'S NAME (First, Middle, Last) | | | | | 2. DATE OF DEATH | DAY YEAR 3. TIME OF GEATH | | |
| James G. McMomee | | | | | - | 27 | 91 | 6:30 P M |
| The state of the s | | MC | NTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTN (Month, Day, Year) | | 8. BIRTNP Country) | LACE (State or Foreign |
| | M2□F 4 | 5 YAS. | | | 10 30 1 | | | Jersey |
| 96. FACILITY NAME (If not institution, give atre 1206 Driftwood Ct | | | Arnold | R LOCATION OF DI | EATN | | Aru | |
| RESIDENCE OF DECEDENT | | | | | | | | 1,001 |
| 10e. STATE 10b. COUNTY | | 10e. CITY, 1 | OWN OR LOCAT | ION | | | | 10d. INSIDE CITY LIMITS? |
| | Arunde1 | | | Arnold | | | | YES 2 NO |
| 100. STREET AND NUMBER | | | 101 | . ZIP CODE | | 100.00 | | HAT COUNTRY? |
| 1206 Driftwood | 12. WAS DECEDENT EVER | IN II C ADMED | I so was nec | 21012 | NIC ORIGIN? (Specify) | | S.A. | Annature to the |
| 1 Never Married 2 Merried | FORCES? 1 YES | 2 NO | If yes, sp | ecify Cuban, Mexico | n, Puerto Ricen, etc.) | es or No- | | — American Indien, White, etc. |
| 3 Widowed 4 Divorced | IF TES, GIVE WAR OR I | AIES | 1 L TES | 2 NO Specifi | γ: | | Cau | casian |
| 15. DECEDENT'S EDUCA (Specify only highest grade of | ATION completed) | 16a. DECEDENT'S US | UAL OCCUPATION | ON at of working | 16b. KIND OF B | USINESS/IND | USTRY | |
| Elementary/Secondary (0-12) | College (1-4 or 5+) | (Give kind of world life. Do NOT use n | | | | | | |
| 12 | 2 | Finance | Offic | | | ile 1 | Home | S |
| 17. FATNER'S NAME (First, Middle, Last) | M-N | _ | | 1000 | ME (First, Middle, Melde | CALLEY. | | |
| Richard Butle | r McNome | | | | ra Eller Route Number, City or To | | | |
| Patricia Lynne | McNomee | | | | | | | and 21666 |
| 20e. METHOD OF DISPOSITION | | b. PLACE AND DATE O | | | | OCATION - | | |
| Marial 2 □ Cremation 3 □ Removed 4 □ Donation 5 □ Other (Specify) | | remetary, crematory or idgely C | | | | | | aryland |
| 21. SIGNATURE OF FURERAL SERVICE (ICE | | 1 | 22. NAME A | ND ADORESS OF FA | CILITY | | | 42724 |
| 6 Kaules | 2hc 11/2 | 402 | Moore | Funer | al Home, | P.A | • | 21620 |
| 23. PART I. Enter the diseases of co | omplications that cause | ed the deeth. Do not | | | enton, M | | | Approximata |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury | DUE TO (OR AS | A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): | MROYO VA | SCULAR D | ISEASE | | | Onset and Death |
| that initiated events resulting in daeth) LAST | | | | | | | | |
| PART II. Other significant conditions ASTHMA | contributing to death | but not resulting in | the underlyin | g ceuse given in | | AN AUTOPSY ORMED? 2 NO | | WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | | | | LACE OF OEATH (C) | neck only one) | | | |
| 1 X YES 2 □ NO | HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Ou | tpatient 3 DOA 4 | | ne 5X Residence | 6 Other (Specify) | | | |
| 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation | 28e. DATE OF INJURY (Month, Day, Year) | 28b. TIME (| | URY AT ORK? YES 2 NO | 28d. DEŞCRIBE HOY | V INJURY OC | CURED | |
| 2 Accident 3 Suicide 6 Could not be determined 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26b. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) | | | | | | oute Number, | | |
| one) | CAN: To the best of my kno | | | | | | | and menner as stated. |
| 296. SIGNATURE AND TITLE OF CERTIFIER | | | | 29c. LICENSE NU | MBER | 29d. DAT | E SIGNED | (Month, Day, Year) |
| Monald & Uh | | O C M F 2-28- | | | | 1 | | |
| DOWALD G WR | IGHT M.D. | | rint) | • | nn St. Ba | ltimor | e, M | d. |
| 31. DATE FILED (Month, Day, Year) MAR 4 91 | 32. REGISTRAR'S SIG | NATURE - Rando DO | | | | | | 18 |

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DNMN-16 Rev 1/89

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1 -

FUNERAL DIRECTOR

BY

COMPLETED

BE

2

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

| THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
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|---|---|--|--|

| | | | | | 24 | 0.1 | 07705 | |
|---|---|--------------------------------------|--------------------|---|--------------|--------------|--|--|
| FOR STATE OF M | ARYLAND / DEPART | TMENT OF H | | MENTAL HYGIE | NE | J ! | 07735 | |
| 1. DECEDENT'S NAME (First, Middle, Last) | 1 | | | 2. DATE OF DEATN | | | 3. TIME OF DEATH | |
| Mary Elizabeth MAGE | 20 GAN | | | MONTH 3 | DAY | 9 P | (:00 PM | |
| | 6. AGE (In yrs. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF BIRTH | | 6. BIRTH | PLACE (State or Foreign | |
| 213-74-2610 1口M2反F | 92 YRS. | MONTHS DAYS | HOURS MIN. | (Month, Day, Year) 8 29 18 | 398 | De1 | aware | |
| 9e. FACILITY NAME (If not institution, give street end number) | | 9b. CITY, TOWN O | R LOCATION OF O | EATH | 9c. CO | UNTY OF O | | |
| CAROLINE NURSING | troe Inc. | Den | ton | | C | AROL | ine | |
| 10e. STATE 10b. COUNTY | 10c. CITY | , TOWN OR LOCAT | ION | | | | 10d. INSIDE CITY LIMITS? | |
| Maryland Caroline | | Ri | dgely | | | | 1 YES 2 NO | |
| 10e. STREET AND NUMBER | | 10f. | ZIP COOE | | 10g. CI | TIZEN OF W | HAT COUNTRY? | |
| Sunrise Avenue | | | 216 | 60 | U | U.S.A. | | |
| | EVER IN U.S. ARMED YES 2 NO AR OR DATES | If yes, spe | | NIC ORIGIN? (Specify Y in, Puerto Rican, etc.) y: | es or No— | Specia | - American Indien, , White, atc. fy: Casian | |
| 15. OECEDENT'S EDUCATION | 16a. DECEDENT'S | | | 16b. KIND OF B | USINESS/IN | | | |
| (Specify only highest grade completed) Etementary/Secondary (0-12) Cottege (1-4 or 5 + | life Do NOT us | rork done during mode e retired.) | st or worrang | | | | | |
| 8 None | Home | maker | | Hor | ne | 16.5 | | |
| 17. FATHER'S NAME (First, Middle, Lest) | | | 16. MOTHER'S NA | ME (First, Middle, Maide | n Surname) | | | |
| Isaac Alexander Newt | on | | Cha | arlotte | Poo | re | | |
| 194. INFORMANT'S NAME (Type/Print) | 19b. MAILING | ADDRESS (Street a | nd Number or Rural | Route Number, City or R | wn, State, 2 | (ip Code) | 19808 | |
| Dorothy McBride | 2637 | West 1 | Rodino | Drive, V | Vilm: | ingto | on, DE | |
| 20e. METHOO OF DISPOSITION 1 ⊠ Burlei 2 □ Cremetion 3 □ Removal from State | 20b. PLACE AND DATE | OF DISPOSITION | | | | - City or To | | |
| 4 Donation 5 Other (Specify) | of cemetary, crematory Denton C | | V | 3/9 D | ento | n, M | aryland | |
| 21. SIGNATURE OF FÜNERAL SERVICE LICENSEE | Maril. | | e Funei | cal Home | , P. | Α. | | |
| Nancolphi. | 1/0012 | Draw | er B, I | Denton, 1 | Mary | 1and | 21629 | |
| 23. PART I. Enter the diseases, or complications that shock, or haert fellure. List only one causiMMEDIATE CAUSE (Final | | ot enter tha mo | da of dying, suc | ch as cardiac or rea | piratory a | rrest, | Approximata Interval Between Onset and Death | |
| disease or condition resulting in death) a. DUE TO | OR AS A CONDEQUENCE OF | OBS 7: | | | | | | |
| If sny, leading to immediate ceuse. Enter UNDERLYING | OR AS A CONSEQUENCE OF | ጉ): | | | | | | |
| CAUSE (Disease or Injury that Initiated events | OR AS A CONSEQUENCE OF | F): | | | | | 1 | |

Sequentielly list condition if any, leading to immedite ceuse. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST

25. WAS CASE REFERRED TO MEDICAL

PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 NO

2163

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO

| 25. WAS CASE REFERRED TO MEDICAL | 26. PLACE OF OEATH (Check only one) | | | | | | |
|---|---|-----------------------------|---|--|---|--|--|
| 1 YES 2 NO | HOSPITAL: 1 Inpatient 2 ER/Outpatient : | DOA 1 NU | irsing Home 5 - Residence | 6 Other (Specify) | | | |
| 27. MANNER OF DEATH Natural 5 Pending Natural Investigation | 28e. DATE OF INJURY (Month, Day, Year) | 28b. TIME OF INJURY M | 28c, INJURY AT WORK? 1 YES 2 NO | 28d. DESCRIBE HOW INJURY OCCURED | E | | |
| 2 Accident 3 Suicide 6 Could not b 4 Homicide determined | 28e. PLACE OF INJURY — At he building, atc. (Specify) | ome, farm, street, fa | 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) | (57) | | | |
| 29a. CERTIFIER | 0101411-7-11-1-1-1 | evanish or manager | and the second second | Signal Secretary residence (Secretary) | | | |

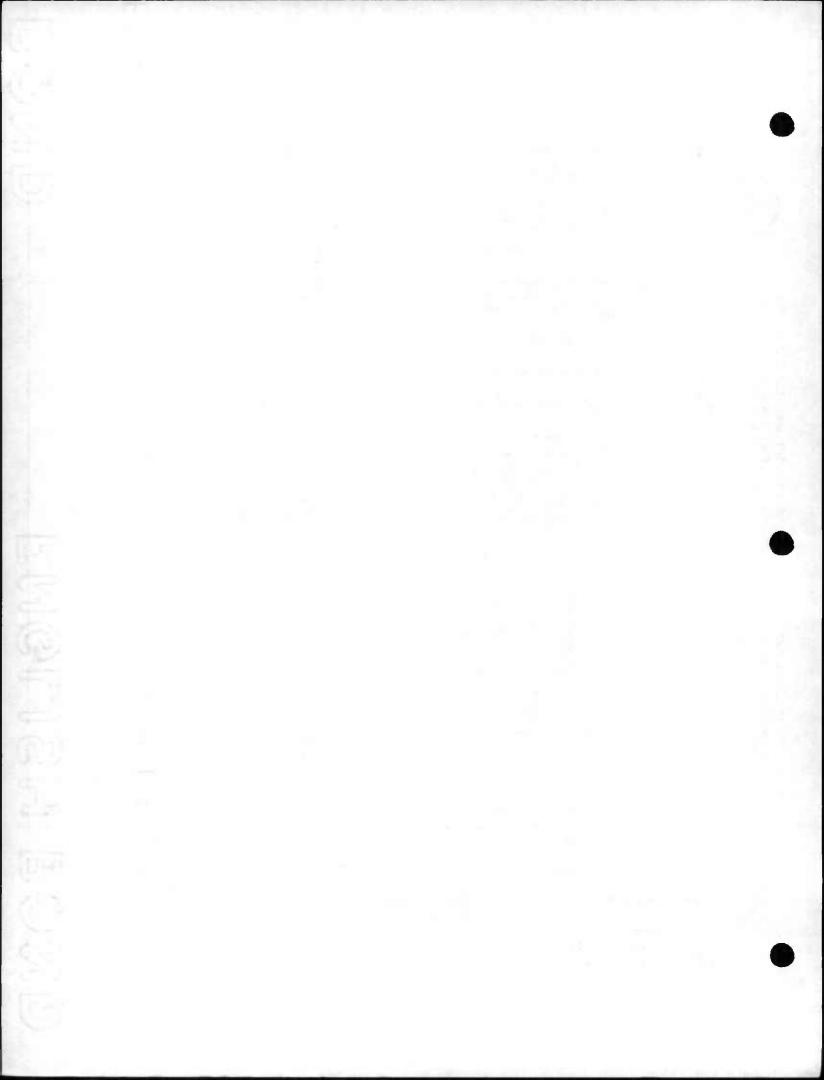
| 298. CER | THEFT | 4 1/0/ | CERTIEVING BUYGICIAN. To the heat of my formula design and a to the second at the seco |
|----------|---------|--------|--|
| (Che | ck only | Jan. | CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. |
| one) | | - | MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and piece, and due to the o |

| 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, o | death occured at the time, date and place, en | nd due to the cause(s) end manner as stated. |
|--|---|--|
| III AND WILL OF CERTIFIER | D 33294 | 29d. DATE SIGNED (Month, Day, Year) |

| 411 | | 1 | |
|--------------------------------------|--|-----------|----|
| 30. NAME AND ADDRESS OF PERSON WHO C | COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print) | | |
| Rob Lappin | MD POBOX 122 (| Soldshoro | Md |
| 31. DATE FILED (Month Paul Your 9/1 | 32. REGISTRAR'S SIGNATURE PANDALL. | | |

32. REGISTRAR'S SIGNATURE

OHMH-16 Rev 1/89



| - |
|--------------|
| BOX |
| P.O. |
| RECORDS, |
| VITAL |
| P |
| VISION |

| | 1. OECEDENT'S NAME (Firs | | | | | | | | MONTH | | MY | YEAR | | AE OF OEATH |
|-----------------------------|--|--|--|--|--|--|---|--|--|--|---|-----------------------------------|--|---|
| | Devizia 4. SOCIAL SECURITY NUM | Mai | S. SEX | 6. AGE (In yrs. Is | or hirthday) | IF UNDER 1 YE | FAR | IF UNDER 24 HRS. | 7. DATE 6 | 17 DE BIRTH | 2 | 91 B. BIRTI | HPLACE | (State or Foreign |
| | 577-38-9060 | , DET | 1 M 2 D F | 77 | YRS. | - | MYS | HOURS MIN. | (Month | Day, Year) | | Count | (ry) | (Ottore or Foreign |
| | 9a. FACILITY NAME (# not a | institution, give | | // | - | 9b. CITY. TO | OWN O | R LOCATION OF DI | 110-08 | -13 | T ac. COI | UNTY OF D | DEATH | |
| Œ. | Solomons | | | r | | | | Frederic | | | | | | |
| DIRECTOR | RESIDENCE OF DE | CEDENT | | <u>. </u> | | | | | K | | LLal | vert | | |
| E I | 10a. STATE | 10b. COUNT | | | 7. | Y, TOWN OR L | | ION | | | | | 10d. I | NSIDE CITY LIMITS? |
| | Md | | vert | _ | D | <u>unkirk</u> | _ | | | | 1 | | | YES 2 ND |
| FUNERAL | | | | | | | 000 | ZIP CODE | | | 10g. CI | TIZEN OF | WHAT C | OUNTHY? |
| N N | 1459 Knigh | t Ave. | 12, WAS OECEOEN | IT EVED IN II S. A | BNED | 12 400 | _ | 20754 ENDENT OF HISPAI | NIC OBIGIN | 2 (Specific Ve | - | USA Lia Bac | 'E _ A= | perican Indian, |
| | 1 Never Merried 2 | Married | FORCES? 1 | YES 2 X | | If yo | es, spe | city Cuban, Mexica 2 X ND Specif | en, Puello F | | a or No | Bled | ck, White | e, etc. |
| B | 3 🛚 Widowed 4 🗌 Div | becrov | IF YES, GIVE Y |) | (| '- | _ YES | 2 M ND Specif | γ: | | | Whi | | |
| 9 | | CEDENT'S EDI | | | | USUAL OCCU | | | 16b. | KIND OF BU | SINESS/IN | | | |
| E | Elamentary/Secondary | | College (1-4 or 5 | | le. Do NOT u | se retired.) | nig mos | at or working | | | | | | |
| M M | 12 | | | Sa | lespe | rson/ | C1 | | | etail | | | | |
| COMPL | 17. FATHER'S NAME (First, | | | | | | | 18. MOTHER'S NA | AME (First, A | fiddle, Maide | Sumame) | | | |
| BE | Edward W. 1 | | | | | | | Mary E. | | _ | | | | |
| 0 | 19a. INFORMANT'S NAME | | 2 | 1 | | - 144 411013 | | nd Number or Rural | | | wn, State, 2 | Zip Code) | | |
| | Edward W. S | | Ē. | | | | | Ave., Du | ınkir | | 2075 | | | |
| | 20a, METHOD OF DISPOSI 1 Durial 2 Cremat | tion 3 🗆 Rei | movel from State | other | place) | | | netery, crematory or | | | DCATION - | | | |
| | 4 Donation 6 Other | | ICENSEE | _ Met | ropol | | | matory D ADDRESS DF FA | ACILITY | I Al | exand | dria | VA | |
| | 610 |) | 0 98 | | | | CHIE POI | ID ADDITEGG DT TA | TOILLI | | | | | |
| | CI Fild | | | | | | | | | | | | | |
| | 4000 | w | K. // | | <u></u> | _ | | h Funera | | | Owing | | 1D | |
| | 23. PART I. Enter the shock, or | | | | | _ | | | | | | | - | Approximata |
| | shock, or IMMEDIATE CAUSE (F | heert fellure | . List only one car | use on each lir | na. | not enter th | | | | | | | | Interval Betv |
| | shock, or | heert fellure | . List only one can | use on each Hr Lratory | Fai | not enter th | | | | | | | | Interval Bety |
| | shock, or IMMEDIATE CAUSE (F disease or condition | heert fellure | a. Respi | LTatory O (OR AS A CONS | Fai | not enter th | ne mod | de of dying, suc | ch as card | liec or rea | piratory e | | | Interval Betw |
| NO | shock, or IMMEDIATE CAUSE (F disease or condition | heert fellure | Respi | iratory com as a coms inoma of | Fai Fauence of the | lure left | ne mod | | ch as card | liec or rea | piratory e | | | Interval Betw |
| ATION | shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) " Sequentially list cond if any, leading to Imm | heert fellure | Respi | LTatory O (OR AS A CONS | Fai Fauence of the | lure left | ne mod | de of dying, suc | ch as card | liec or rea | piratory e | | | Interval Betw |
| FICATION | shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause, Enter UNDERL CAUSE (Disease or in | Heert fellure | Respi | ratory oras a cons inoma of | Fai EQUENCE (the | lure left | ne mod | de of dying, suc | ch as card | liec or rea | piratory e | | | Interval Betv |
| RTIFICATION | shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL | heert fellure Final | Respi | iratory on as a cons inoma of on as a cons stasis | Fai EQUENCE (the | lure left | ne mod | de of dying, suc | ch as card | liec or rea | piratory e | | | |
| CERTIFICATION | shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA | heert fellure | a. Respi | LTATOTY OF OR AS A CONS COR AS A CONS STASIS OF OR AS A CONS | Fai Equence (the Eduence (| lure PF: left PF: | bre | de of dying, suc | h ger | neral: | zed | prreat, | | Interval Betwonset and D |
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| MEDICAL CE | shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL: CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other algnific | ilitions, rediete ying use conditions. | a. Respi | LTATOTY OF OR AS A CONS COR AS A CONS STASIS OF OR AS A CONS | Fai Equence (the Eduence (| lure PF: left PF: | bre | east wit | h ger | neral: | N AUTOPS' | prreat, | Nb. WERE AMAIL COMF OF DI | E AUTOPSY FIND ABLE PRIOR TO PLETION OF CAL EATH? |
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| PHYSICIAN: MEDICAL CE | shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH | heert fellure Final Ilitions, heddete YING jury AST Cent condition TO MEDICAL | a. Respi | LTATORY OF OF AS A CONS LHOMA OF OF AS A CONS STASIS OF OF AS A CONS OF OF AS A CONS OF OF AS A CONS OF OF AS A CONS OF OF AS A CONS OF OF AS A CONS OF OF AS A CONS | Fai EQUENCE OF the EQUENCE OF the EQUENCE OF THE THE THE THE THE THE THE THE THE THE THE | OTHER: | bre bre ertying 26. PL mg Hom | g cause given in | h ger | Deral: 24a. WAS A PERFC 1 U YES | N AUTOPS' | Y 24 | Nb. WERE AMAIL COMF OF DI | E AUTOPSY FIND ABLE PRIOR TO PLETION OF CAL EATH? |
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| ED BY PHYSICIAN: MEDICAL CE | shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERLI CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 | heert fellure Final Ilitions, heddete YING jury AST Cent condition TO MEDICAL | A. Respine to the total contributing to the | LTATORY OF AS A CONS LHOMA OF OF AS A CONS OF AS A CONS OF OF OF AS A CONS OF | Fai EQUENCE (The EQUENCE (resulting | OTHER: | bre bre 26. PL WO 1 1 | g cause given in LACE OF DEATH (C) TO S Residence HURY AT PEC 2 NO | h ger | 24a. WAS A PERFC 1 YES | N AUTOPS'S RIMED? | Y 24 | ANAL WEREN | E AUTOPSY FIND ABLE PRIOR TO PLETION OF CAU |
| ED BY PHYSICIAN: MEDICAL CE | shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other algniffs 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6 6 | ilitions, hediete ying investigation To MEDICAL Pending investigation Could not be determined | A. Respine to the total contributing to the total contributing to the total contributing to the total contributing to the total contributing to the total contributing to the total contributing to the total contributing to the total contribution to the | LTATOTY DOWN AS A CONS LHOMA OF OF OR AS A CONS STASIS DOWN AS A CONS DOWN AS A C | Fai EQUENCE (F the EDUENCE (C EQUENCE (C T resulting | OTHER: 4 Nursin ME OF JURY M , street, fectory | bre 26. PL 26. PL 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Gast Wit. Gast Wit. Gast Wit. Gast Wit. Gast Wit. Gast Wit. Gast Wit. Gast Wit. | h ger Part I. a Othe 28d. DE: | 24a. WAS A PERFY 1 YES SCRIBE HOW. | N AUTOPS' RIMED? 2 NO | Y 24 DOCCURED ber or Rura | ANAL WEREN | E AUTOPSY FIND ABLE PRIOR TO PLETION OF CAL EATH? YES 2 \(\sum \) NO |
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31. DATE FILED (Months Day, Year)
MAR 20



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29a, CERTIFIER

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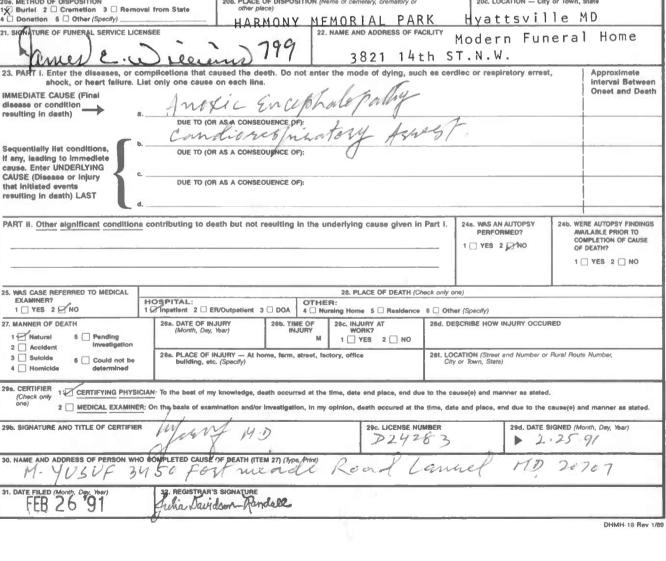
USUF

| THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within c., wours after death. Page 6 may be retained by the hospital or attending physician. | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
|---|--|--|--|

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO GYEAR 1. OECEDENT'S NAME (First, Middle, Last) 2 DATE OF OFATH OUISE A SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIFTH 8. BIRTHPLACE (State or Foreign Dey 16 Year. MIN 579-28-2483 1 M 2 VF 21 Hartwell 9a. FACILITY NAME (If not institution, give street end number) Se COUNTY OF OFATH 95 CITY TOWN OR LOCATION OF OFATH P.G. P.G. HOSPITA DIRECTOR EVERL 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10b. COUNTY D.C 1 X YES 2 NO WASHINGTON FUNERAL 10e, STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 22709 24th ST.N.E 20002 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 7 40 Specify: 1 Never Married 2 Merried
3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES Specify: BY BLACK COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEOENT'S EDUCATION (Specify only highest grade complet 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) PRIVATE 12th DOMESTIC 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) PLUMMER BAKER ESTELLE OLIVER BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zig Gode), 4207 7 ist AVE Landover MD 20784 19e. INFORMANT'S NAME (Type/Print) LINCOLN McDONALD 20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 20e. METHOD OF DISPOSITION

150 Burlel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) Hyattsville MD MEMORIAL PARK HARMONY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Modern Funeral Home 799 3821 14th ST.N.W. PM 23. PART i. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiec or respiratory errest, Approximete shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final En CUPI disease or condition resulting in desth) CERTIFICATION Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 24s. WAS AN AUTOPSY PERFORMED? 24h, WERE AUTOPSY FINDINGS PART II. Other aignificant conditions contributing to death but not recuiting in the underlying cause given in Part i. MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Rasidence 6 | Other (Specify) 1 TYES 2 NO patient 2 - ER/Outpatient 3 - DOA 27 MANNER OF DEATH 28a. DATE OF INJURY 28d DESCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 6 Could not be determined COMPLETED 4 🗌 Homicide



BE COMPLETED BY FUNERAL DIRECTOR

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| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Juns after death. Page 6 may be retained by the | TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be a | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at a |
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PHYSICIAN: MEDICAL CERTIFICATION

BE COMPLETED BY

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resulting in death) LAST

| STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Maldlen Surrame) 1. MOTHER'S NAME (First, Middle, Maldlen Surrame) | | | | | | | 91 | 07738 |
|--|--|-------------|---------------------------------------|---------------------------------|--|-------------------------|------------------|--|
| 1. DECEDENT'S NAME (First, Middle, Leat) A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) 99 YRS. 6. AGE (in yrs. lest birthday) FUNDER 1 YEAR BUNDTRS BONTHS | 1 SIAIE | ATE OF MARY | | | | | | |
| 95-07-9450 96. FACILITY NAME (# not institution, give street and number) 97. Phila. PA 98. FACILITY NAME (# not institution, give street and number) 98. FACILITY NAME (# not institution, give street and number) 99. COUNTY OF DEATH Phila. PA 90. COUNTY 100. INSIDE CITY Phila. PA 100. INSIDE CITY Phila. PA 100. INSIDE CITY Phila. PA 100. INSIDE CITY Phila. PA 100. INSIDE CITY Phila. PA 100. INSIDE CITY 100. INSIDE CITY 100. | | nı Mı | NTZ NA | OMI A. | MINTZ | MONTH D | | |
| Hebrew Home of Greater Washington Rockville RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD Montgomery 10d. INSIDE CITY LIMITS? 10d. INSIDE CEDENT LIMITS? 10d. INSIDE CEDENT LIMITS? 10d. I | 1.5 | H 2006 | Van A | | | (Month, Day, Year) | Cour | ntry) |
| 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD Montgomery Silver Spring. 10d. INSIDE CITY LIMITS? 10f. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 15115 Interlachen Drive 20906 USA 11. MARITAL STATUS 1 Never Married 2 Married 3 Married 1 Never Married 2 Married 3 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 3 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 3 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 3 Married 1 Never Married 3 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 2 Married 1 Never | | | | | | EATH | | |
| 106. STREET AND NUMBER 15115 Interlachen Drive 107. ZIP CODE 20906 108. CITIZEN OF WHAT COUNTRY? USA 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use refired.) Business Executive 109. CITIZEN OF WHAT COUNTRY? USA 109. CITIZEN OF WHAT COUNTRY? USA 110. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No- life, White, atc.) 110. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- life, White, atc.) 12. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- life, White, atc.) 14. RACE — American Indian, Black, White, atc.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY (Blue Bryant Corp.) | 10a. STATE 10b. COUNTY | | 10c. CITY, | | | | | LIMITS? |
| 1 Never Married 2 Married FORCES? 1 YES 2 MO If yes, specify Cuban, Marican, Puerto Rican, etc.) Black, White, atc. Specify Wildowed 4 Divorced FYES, GIVE WAR OR DATES 1 YES 2 MO Specify Cuban, Marican, Puerto Rican, etc.) Specify White White Specify Cuban, Marican, Puerto Rican, etc.) 1 YES 2 MO Specify Cuban, Marican, Puerto Rican, etc.) Specify Cuban, Marican, Puerto Rican, etc.) Specify Cuban, Marican, Puerto Rican, etc.) Specify Cuban, Marican, Puerto Rican, etc.) Specify Cuban, Marican, Puerto Rican, etc.) Specify Cuban, Marican, etc.) Specify Cuban, etc. Specify Cuban, Marican, etc.) Specify Cuban, etc. Specif | 10e. STREET AND NUMBER | | | | ZIP CODE | Novi Cham | | |
| (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) +4 (Give kind of work done during most of working life. Do NOT use retired.) Business Executive Lane Bryant Corp. | 1 Never Married 2 Married | ORCES? 1 YE | S 2 2 NO | If yee, sp | ecify Cuban, Mexica | in, Puarto Rican, atc.) | Bla | ck, White, atc. |
| 17. FATHER'S NAME (First, Middle, Maiden Surname) | (Specify only highest grade completing (Specify only highest grade completing (Specify (Specify Only)) College (Specify Only) College (Specify Only) (Specif | oted) | (Give kind of vio life. Do NOT use | ork done during mo retired.) | et of working | | | р. |
| Max Abrahams Augusta Wohlgemuth | | | | | The second secon | VICTOR OF ACCUSE OF THE | | |
| 100. INFORMANT'S NAME (TyperPrint) Wilfred M.M. Minton 100. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 15115 Interlachen Drive, Silver Spring, Md. 20906 | | alt | | | | | | Md. 20906 |
| 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 3 Content (Specify) 4 Donation 5 Other (Specify) Content (Specify) 20c. LOCATION — City or Town, State Washington, D. C. | 1 Burial 2 Cremation 3 Removal fr | and Chata | other plenel | Univ. 1 | Med. Sch | ool Wa | shington | , D. C. |
| 21. SIGNATURE OF FUNERAL SERVICE LICENSEE #747 22. NAME AND ADDRESS OF FACILITY Robert G. Mason Funeral Home, Inc. 1661 Good Hope Road, S. E., DC 20020 | THE STATE OF THE S | . | #747 | | | | | |
| | shock, or heart failure. List o iMMEDIATE CAUSE (Final disease or condition | Mass | ive he | make | | th as cardiac or resp | piratory srrest, | Approximata interval Between Onset and Dasth |
| Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events oue TO (OR AS A CONSEQUENCE OF): | if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury | • | | | | | | |

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Dementia 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2, NO 26. PLACE OF DEATH (Check only one) OTHER:
Nursing Home 5 - Rasidence 6 - Other (Specify) 1 | Inpetient 2 | ER/Outpetient 3 | DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Netural M 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 🔲 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)

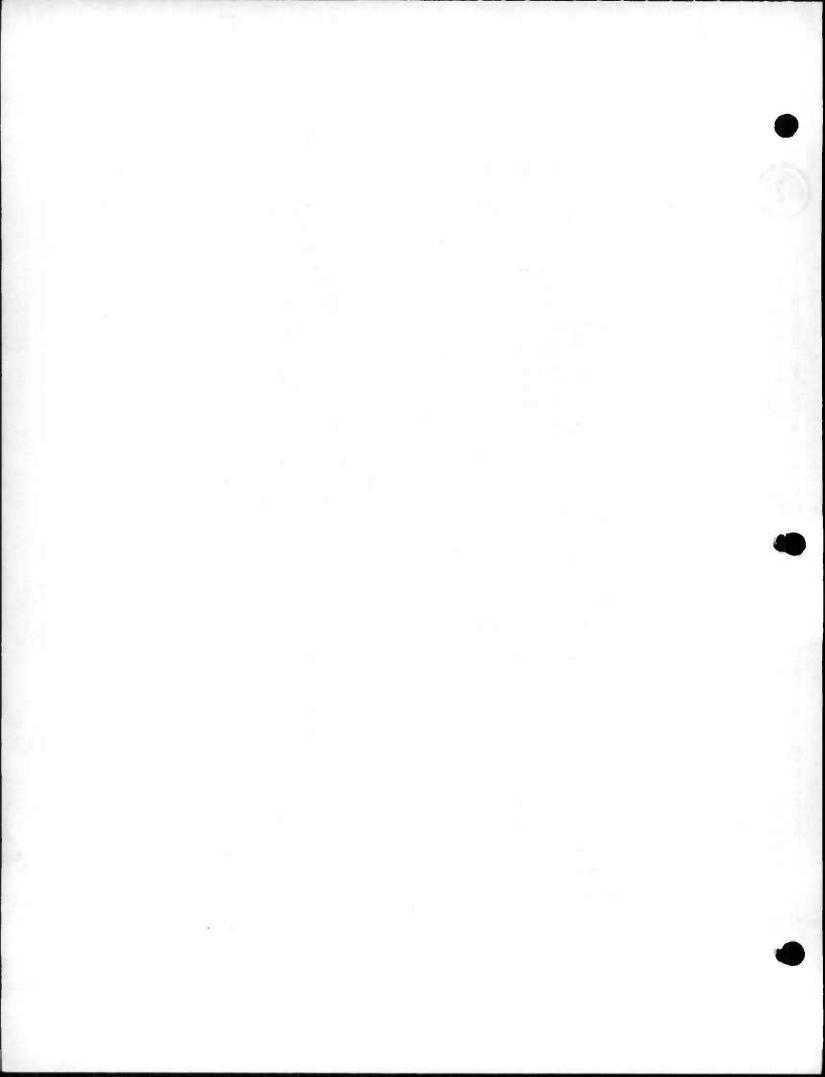
P. Telwan MD D36552 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) [ANNA] TALWAR

PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

Rochille Md. 2085 6121 Montrose

24a. WAS AN AUTOPSY PERFORMED?

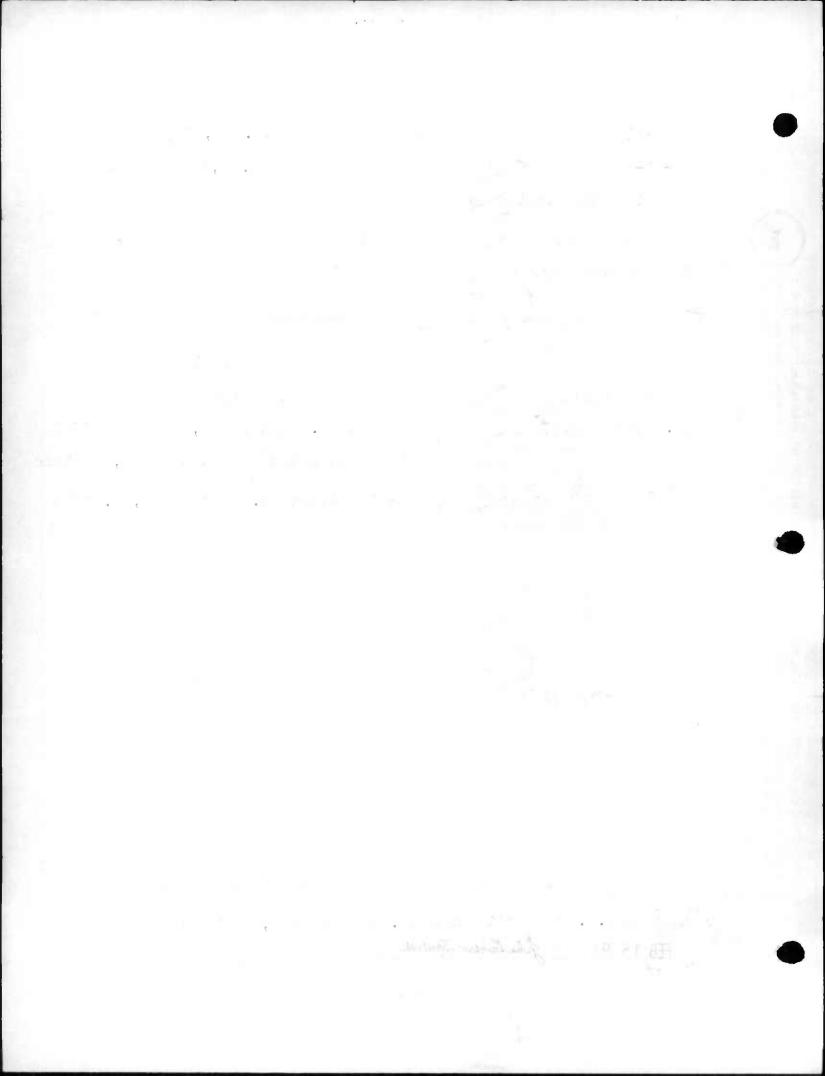
31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE FEB 0 1 '91 Lulia Savidson-Randall 2/26/9



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| 0 | tate Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | born 22 shows now interest or other transmiss award the martinal averaginar must be notified of once |
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

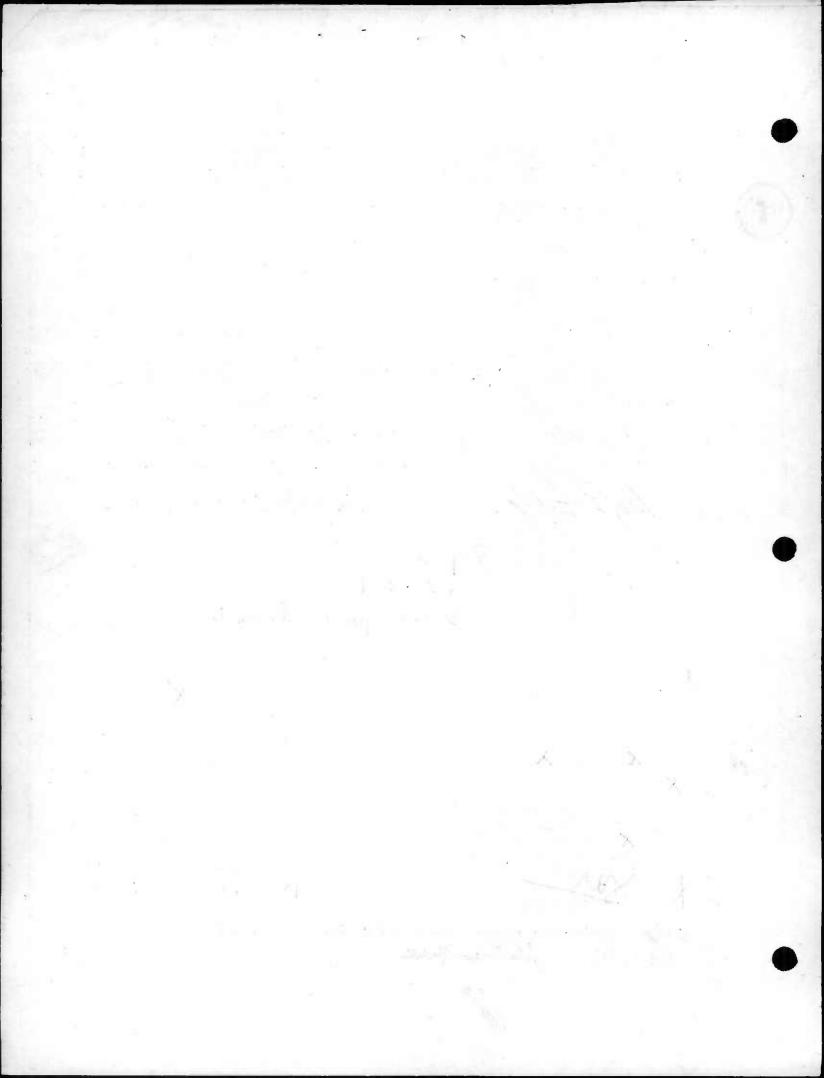
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | | | 2. DATE (| OF DEATH | AY | YEAR | 3. TIME OF DEATH | |
|--|--|--|----------------------------------|------------------------|---------------|--------------|--------------------------------|----------------|---------------------------------|---------------|---------------------------------------|---|--|
| | Ernestine | ay | | | Feb. | | 199 | | 2,00°. M | | | | |
| | 4. SOCIAL SECURITY NUMBER | The same of the sa | | | | DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE (| OF BIRTH Day, Year) | | 8. BIRTH Countr | IPLACE (State or Foreign | |
| | 213-22-1330A | ☐ M 2 | 66 | 6 YRS. Oct. 11, 1924 N | | | | | | | | ryland | |
| _ | 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH | | | | | | | | | | | EATH | |
| DIRECTOR | Magnolia Hall Nursing Home Chestertown Kent | | | | | | | | | | | | |
| 5 | 10e. STATE 10b. COUNTY | RESIDENCE OF DECEDENT | | | | | | | | | | | |
| | | | | | | | | | | | 10d. INSIDE CITY LIMITS? 1. VES 2 NO | | |
| | Maryland Kent | | - | Оде | Ste. | _ | ZIP CODE | | | 10a, CIT | IZEN OF V | WHAT COUNTRY? | |
| FUNERAL | 130 Propect St | - ma a + | | | | | 21620 | | | US | | | |
| ž | | 2. WAS DECEDEN | IT EVER IN U.S. AR | MED | 13. | | ENDENT OF HISP | ANIC ORIGIN | ? (Specify Yes | | 14. RACE | E — American Indian, | |
| | 1 Never Merried 2 Merried | FORCES? 1 | YES 2 NAR OR DATES | NO | | If yes, sp | ecify Cuben, Mexic | en, Puerto R | | evii=00 | Black | k, White, etc. | |
| B | 3 Widowed 4 Divorced | Carl State State Co. | | | | | | , | | | | Black | |
| 3 | 15. DECEDENT'S EDUCAT (Specify only highest grade col | TION mpleted) | | CEDENT'S | | | ON ast of working | 18b. | KIND OF BU | SINESS/IN | | | |
| щ | Elementary/Secondary (0-12) | College (1-4 or 5 | life | . Do NOT u | se retired.) | daring me | of or working | | | | | | |
| MP | Secondary | | НС | use | kee | per | | | Hosp | ita. | | | |
| COMPLETED | 17. FATHER'S NAME (First, Middle, Last) | | | | | | 15. MOTHER'S N | IAME (First, M | fiddle, Meiden | Sumame) | | | |
| BE | Jacob Munson Janie Flowd | | | | | | | | | | | | |
| 2 | 19e. INFORMANT'S NAME (Type/Print) | | 19 | b. MAILING | ADDRES | S (Street a | and Number or Rura | I Route Numb | er, City or Tow | n, State, Zij | p Code) | | |
| | Mrs. Margo Chatt | , | 11 | 30 F | rop | ect | St.Ch | este: | rtowr | . Ma | rvla | and 21620 | |
| | 20s. METHOD OF DISPOSITION 1 D Burlel 2 Cremetion 3 Remova | it from State | 20b. PLACE other pl | OF DISPO | SITION (N | ame of cer | metery, cremetory or | 2/16/9 | 20c. LO | CATION - | | | |
| | 4 Donetion 5 Other (Specify) | | - Jane: | s Un | TE | a IVI | ernodi | ST I | Che | ste | rtov | vn, Marylan | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICEN | SEE | X | | 22. | NAME A | ND ADDRESS OF F | ACILITY W. | ALLEY | FU. | NER | AL HOME | |
| | James | as. | 99 | | 20 | 7 C | alvert | St. (| Chest | ert | own. | Md. 21620 | |
| | 23. PART I. Enter the diseases, or cor shock, or heart fallure. List | | | | not ante | r the mo | de of dying, au | ich aa card | lac or resp | iratory er | Test, | Approximate interval Between | |
| | IMMEDIATE CAUSE (Final | - | 5 | | | | | | | | | Onset and Dasth | |
| | resulting in death) s. ENAL FAILURE | | | | | | | | | | | | |
| | DOE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | | |
| z | Sequentially list conditions a. DIABETES MELCITUS | | | | | | | | | | | | |
| Ĕ | B on Leading to Immediate | | | | | | | | | | | | |
| 3 | CAUSE (Disease or injury | DIAbetic luteropalhy | | | | | | | | | | | |
| | that initiated events resulting in death) LAST | DUE 10 | (OR AS A CONSE | OUENCE C | NF); | | / | | / | | | | |
| CERTIFICATION | d | | | | | | | | | | | | |
| | PART ii. Other significant conditions | contributing to | deeth but not | reaulting | In the u | nderiyin | g cause given i | n Part I. | 24a. WAS AN | | 24b | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO | |
| MEDICAL | -1220 | ncl | Ma | R | e- | 2/ | un | a | 1 TES | 1/ | | COMPLETION OF CAUSE OF DEATH? | |
| Ę I | - C0 | PD | | | | | | | | | | 1 YES 2 NO | |
| _ | | | | | | | | | , | | | | |
| N. | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | OSPITAL: | | | | | LACE OF OEATH (C | Check only on | •) | | | | |
| 2 | · · | | ER/Outpatient 3 | □ DOA | 4 Nu | | ne 5 🗆 Residence | 8 🗆 Other | r (Specify) | | | | |
| PHYSICIAN: | 27. MANNER OF DEATH | 28e. DATE OF | INJURY Day, Year) | 28b. TII | AE OF JURY | 28c. IN. | JURY AT DRK? | 28d. DE\$ | CRIBE HOW | INJURY OC | CURED | | |
| BY | 1 Natural 8 Pending 2 Accident Investigation | | | | М | | YES 2 NO | | | | | | |
| | 3 Suicide 5 Could not be | 28e. PLACE (building | OF INJURY — At he etc. (Specify) | ome, farm, | street, fac | ctory, offic | ie. | | ATION (Street or Town, State | | or or Rural i | Route Number, | |
| Solution to be determined building, etc. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menning the cause(e) and me | | | | | | | | | | | | | |
| 2 | 29e. CERTIFIER 1 CERTIFYING PHYSICIA | AN: To the best or | f my knowledge, de | eath occur | red at the | time, date | end place, and de | ue to the cau | se(e) end ma | nner as ste | rted. | | |
| N N | one) 2 MEDICAL EXAMINER: | To the same of the same | | | | | | | | | | a) and menner as stated. | |
| | 296. SIGNATURE AND TITLE OF CENTERER | 10 | 1 | | | 1 | 295_LICENSE N | UMBEN | | 29d, DA | TE SIGNES | O (Month, Day, War) | |
| N N | HILL | in 11 | 1/1 | W. | M | /) | DI | 200 | / | • | 2-1 | 5-91 | |
| 2 | 30, NAME AND AOPRESS OF PERSON WHO | COMPLETED CAU | SE OF OEATH (ITE | M 27) (Typ | e, Print) | | 110 | 100 | -7/ | | | 2.1 | |
| | HARRY | | hington | | | (1)c - | | | V(0 200-7 | 0 20 -7 | 04/ | 500 | |
| 31 | 31. DATE FILED (Month, Day, Year) | 32. REGISTR | AR'S SIGNATURE | | | cine | sterto | wn, | Mary] | and | 718 | 220 | |
| | FFR 15 '91 | Julia | Davidson-V | Pandel | 2 | | | | | | | | |
| | | 0 | | | | | | | | | | DHMH-18 Rev 1/89 | |



| TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. | traumatic event, the medical examiner must be notified at once. |
|---|--|--|
| TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certi | TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REGISTRAR | | CERTIFIC | ATE OF | DEATH | REG. N | 10. | | | | | |
|--|--|---|---------------------------|--------------------------------|--|------------------|---|--|--|--|--|
| 1. DECEDENT'S NAME (First, Middle, Last) | | | | | 2. DATE OF DEATH | DAY | WEAR | 3. TIME OF DEATH | | | |
| OLIVER MORRIS | | | | | 2 3 | 199 | YEAR | 2:40P | | | |
| 4. SOCIAL SECURITY NUMBER 214–28–3598 | 5. SEX 6. AG | | F UNDER 1 YEAR ONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) 12/5/31 | | | IPLACE (State or Foreign | | | |
| 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN | | | | | | | | | | | |
| Perry Point V.A. | | | Perry ! | | | | ecil | | | | |
| 10a. STATE 10b. COUNT | | | TOWN OR LOCAT | | | | | 10d. INSIDE CITY LIMITS? | | | |
| MD Kei | nτ | Keni | edyvil | | | | | 1 YES 2 NO | | | |
| P. O. Box 195 | | | 101 | 21645 | | 10g. CIT | US/ | VHAT COUNTRY? | | | |
| 11. MARITAL STATUS 1 Never Merried 2 Married 3 Nidowed 4 Divorced | 12. WAS DECEDENT EVE FORCES? 1 🔀 YE IF YES, GIVE WAR OF | R IN U.S. ARMED ES 2 NO LOATES | If yes, sp | | NIC ORIGIN? (Specify an, Puerto Rican, etc.) ly: | Yea or No- | No- 14. RACE — American Indian, Black, White, etc. Specify: Black | | | | |
| 16. DECEDENT'S EDU (Specify only highest grade | CATION | 16e. DECEDENT'S US | | | 166, KIND OF | BUSINESS/INC | USTRY | | | | |
| Elementary/Secondary (0-12) | College (1-4 or 5+) | (Give kind of wor life. Do NOT use in Truckd) | etired.) | st or working | James Hevaloe/ | | | /Flowd Pri | | | |
| 17. FATHER'S NAME (First, Middle, Last) | | | | 16. MOTNER'S NA | AME (First, Middle, Maid | | | | | | |
| John Morris | | | | Mary S | tanley | | | | | | |
| 19e. INFORMANT'S NAME (Type/Print) | | 195. MAILING A | DDRESS (Street e | | Route Number, City or | Town, State, Zip | Code) | | | | |
| Gladys Jean Morr | is | Box 195 | , Kenn | edyville | , MD 21 | .645 | | | | | |
| 20e. METNOD OF DISPOSITION 1 | | 20b. PLACE OF DISPOSIT | ION (Name of cer | | 20c. | till] | | | | | |
| 21. SIGNATURE OF FUNERAL SERVICE LIN | CENSEE | DUL | | ID ADORESS OF F | |) ULLL I | Otto | 9 2732.7 | | | |
| · 1/05/18 7 | Mallox | | Fello | ws Funer | | rton M | 0 216 | 351 | | | |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | b. OUE TO (OR A | S A CONSEQUENCE OF): S A CONSEQUENCE OF): | nti | t di | ementa | | | | | | |
| PART II. Other significant condition | d | | | | Part I. 24a. WAS | AN AUTOPSY | 24b | WERE AUTOPSY FINDING AMILABLE PRIOR TO | | | |
| | | | | | | 2 NO | | OF DEATH? 1 YES 2 NO | | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | NOSPITAL: | | 26. P | LACE OF OEATN (C | heck only one) | | | | | | |
| 1 TYES 2 NO | 1 Inpatient 2 - ER/C | Outpatient 3 DOA 4 | ☐ Nursing Hon | | 6 Other (Specify) | | | | | | |
| 1 Natural 6 Pending Accident Investigation | Included the second sec | | | | | | | | | | |
| 2 Accident 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or lown, State) | | | | | | | | | | | |
| Correct ormy | ICIAN: To the best of my ki | | | | | | | a) and menner as stated | | | |
| 2019 SIGNATURE AND TIX PLOF PERTIPLE | | | | 29c. LICENSE NU | 1MBER 10215 | 29d. DAT | - | (Month, Day, Year) | | | |
| KARMACHANDRA NATE | | PERRY POTN | | | | | | | | | |
| 31. DATE FILED (Month, Day, Year) | 32. REGISTRAR'S S | IGNATURE | 1411 | 907 | | | | | | | |
| FFB 11 '91 | Lulia Davids | on-Randell | | | | | | | | | |



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Pages 1, 2, 3 should

permit.

07741 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Marvin R. Martin, Sr. MONTH 02 8:30 MARVIN 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign Country) 7.05-10-4718 MONTHS DAYS HOURS MIN 1 X M 2 | F 74 16 Maryland Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH PRESIDENCE OF DECEDENT CLINTON DIRECTOR GEORGES HOSPITA 10c. CITY, TOWN OR LOCATION 10a. STATE Prince George's Maryland Suitland 1 YES 2 XNO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 5002 Mathilda Lane 20746 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or Noif yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried BY Caucasian 3XWidowed 4 Divorced 8 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) Me:talergist (Specify only highest grade comp H College (1-4 or 5+) N/A Elementary/Secondery (0-12) 12th Naval Research Lab. COMPL Physical Science Tech. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surneme) Harry B. Martin Ruth E. Barnes BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Barbara Denning 1503 Woodlea Drive Leesburg, VA 22075 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State 20s. METHOD OF DISPOSITION

15 Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) Rest Haven Cemetery Hagerstown Maryland 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Rd Clinton, Md 20735 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line. Approximate Interval Between Onset and Death DUE TO (OR AS A CONSEQUENCE OF): IMMEDIATE CAUSE (Final disease or condition resulting in death) UTEN USCLEADS CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINOINGS MEDICAL AMAILABLE PRIOR TO HEARI 34723240) COMPLETION OF CAUSE 1 TYES 2 KNO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 Linpatient 2 ER/Outpatient 3 DOA OTHER: 1 TES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending M 1 YES 2 NO BY 2 Accident 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be determined COMPLETED 4 🗌 Homicide 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner se stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29d. DATE SIGNEO (Morgh, Day, Year) 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE D-1854S

6188 Oxon Hill Road Oxon Hill Maryland 20745

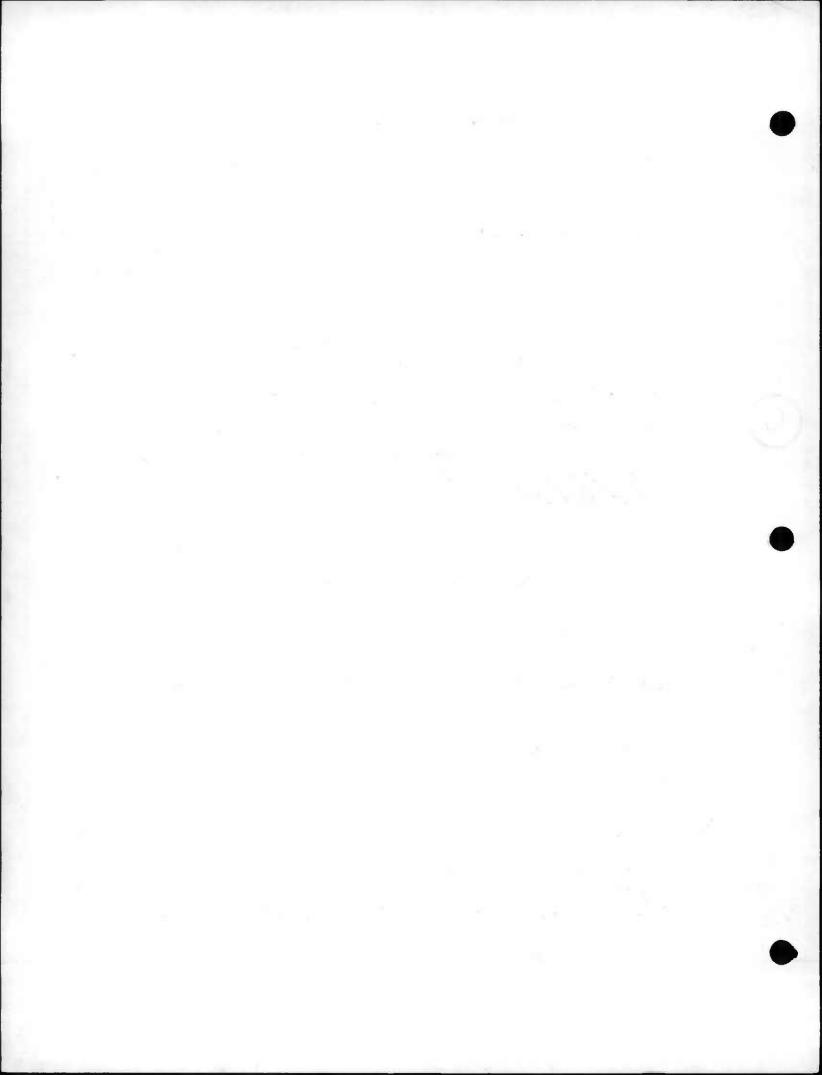
32. REGISTRAR'S SIGNATURE ulia Savidson Randall

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Phillip Wisotsky MD

31. DATE FILED (Month, Day, Year) FEB 28 '91

DHMH-16 Rev 1/89



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| SICIA | certifi | .0 |
| PHY | this | rked |
| DING | After | s ma |
| HEN | JOH. | 28 |
| TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page he find within 72 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal. | IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be |
| PITAL | RAL | 1 |
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| 2 | 22 | E |

SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (MONTH, Day, Year)
WAR 1 1. '91

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| | 1 - REGISTRAR | | | CERTIF | ICAT | E OF | DEA | TH | REG. N | 0. | | | |
|---|---|-------------------------------|------------|--|------------|------------|-------------------|------------|---|------------------|--------------------|---|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | N | 701 | 817 | | | | | 2. OATE OF DEATH MONTH | DAY | YEAR | 3. TIME OF DEATH | |
| | 4. SOCIAL SECURITY NUMBER | 5. SEX | 8. AGE (| In yrs. last birthday) | | R 1 YEAR | - | R 24 HRS. | 7. DATE OF BIRTN | | | LACE (State or Foreign | |
| | 216-09-4006 | 1 - M 2 0 F | 95 | g yrs. | MONTHS | DAYS | HOURS | MIN. | (Month, Day, Year) | 02 | Country | D | |
| | 9a, FACILITY NAME (If not institution, give s | treet and (number) | 177 | | 9b. CIT | Y, TOWN | OR LOCAT | ION OF DE | - | 9c. COUN | TY OF DE | ATN | |
| E C | $C \subset V$ | Luthera | | llage | 111 | 100 | mZ | in i | 797 | | -0 | 11000 | |
| 3 | RESIDENCE OF DECEDENT | | A V - | | | | | | | | | | |
| DIRECTOR | MD Car: | roll | | | | tmi | nste | er | | | | 10d. INSIDE CITY LIMITS? 1 YES 2 NO | |
| ₹ | 10e. STREET AND NUMBER | | | | 10 | f. ZIP COD | DE | | ZEN OF WI | HAT COUNTRY? | | | |
| FUNERAL | 200 St. Luke | Circle | | | | | 211 | 57 | | U | .S. | | |
| ا ا | 11, MARITAL STATUS | 12. WAS DECEDENT FORCES? 1 | T EVER IN | U.S. ARMED | 13. | | | | IC ORIGIN? (Specify) 1, Puarto Rican, atc.) | es or No- | 14. RACE Black. | American Indian, White, atc. | |
| BY B | 1 Never Married 2 Married 3 Widowed 4 Divorced | IF YES, GIVE W | AR OR D | ATES | | | | Specify | | | | White | |
| | | l | | | !_ | | | | · · · · · · · · · · · · · · · · · · · | | | MILLOG | |
| OMPLETED | 15. DECEDENT'S EDU (Specify only highest grade | | | 16a. DECEDENT'S (Give kind of life. Do NOT u | work done | during mo | ON ost of work | ing | 16b. KIND OF B | USINESS/IND | USTRY | | |
| Ä | Elementery/Secondary (0-12) | College (1-4 or 5 + |) | | | | n l e | | TT-a-b- | 7 1 | - n- | at Otalia | |
| e E | | | | sal | es | cle | 1 | | | | s De | pt. Store | |
| 5 8 | 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) | | | | | | | | | | | | |
| B B | Hugh M. Buckingham Minnie V. Suter | | | | | | | | | | | | |
| 9 | 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) | | | | | | | | | | | | |
| 9 7 | Mr. H. Glynn Morris, Sr. 201 St. Mark Way, Apt. 415, Westminster, I | | | | | | | | | | | | |
| ıst | 200. METNOD OF DISPOSITION 123. Burial 2 Cremetion 3 Rem | ioval from Stata | | other place) | | | | | | | | | |
| Ĕ | 4 Donation 5 Other (Specify) | • | - (| Jood Sh | | | | neter | | lico | tt C | ity, MD | |
| = | 21. SIGNATURE OF FUNERAL SERVICE LI | CENSEE | | | 22 | Dani - | ND ADDRE | ESS OF FAC | eral Hon | 20 8 | Thor | 107 | |
| еха | Robert K. | Dnitta | Cm | | | | | | | | | nster, MI | |
| <u>e</u> | 23. PART i. Entar the diseases, or | | | | | | | | | | | Approximate | |
| E | ahock, or haert feilure. IMMEDIATE CAUSE (Final | List only one cau | ae on a | ach ilna. | | | | | | | | Interval Between Onset and Death | |
| the the | disease or condition | . CONG | Der | 11/- 1 | 40 | 10- | | 7111 | IRE | | | | |
| ent, | reaulting in death) | | | CONSEQUENCE O | | 101 | | 7-4/ | 0,1-0 | | | 1 | |
| any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COM | | | | | | | | | | | | Ì | |
| ry, or other traumatic | Sequantielly list conditions, | OUE TO | (OR AS A | CONSEQUENCE | F): | | | | | | | | |
| TA Y | cause. Enter UNDERLYING | - | | | | | | | | | | | |
| 를 를 | CAUSE (Disease or Injury that initiated events | DUE TO | (OR AS A | CONSEQUENCE O | F): | | | | | | | | |
| E E | reaulting in daeth) LAST | 4 | | | | | | | | | | | |
| S S | | - | | | | | | | | | | | |
| s any inju | PART II. Other eignificant condition | _ | | _ | in tha u | ndariyin | g cause | given in | | N AUTOPSY ORMED? | | WERE AUTOPSY FINDINGS AMILABLE PRIOR TO | |
| | DIABETES | MEL | LIT | 03 | | | | | 1 _ YES | 2 NO | | COMPLETION OF CAUSE OF DEATN? | |
| shows | | | | | | | | | | | | 1 TYES 2 NO | |
| 5 Z | | | | | | | | | | | | | |
| SICIAN | 25. WAS CASE REFERRED TO MEDICAL | | | | | 28. P | LACE OF | DEATN (Che | eck only one) | | | | |
| Sic | EXAMINER? | HOSPITAL: | ER/Outp | estient 3 DOA | 4 DAN | | ne 5 □ F | Realdenca | 6 Other (Specify) | | | | |
| 의 숲 | 27. MANNER OF DEATN 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT | | | | | | | | 28d. DESCRIBE NOV | V INJURY OC | CURED | | |
| A P | 1 Natural 5 Pending 2 Accident Investigation | (Month, D | ay, reary | 110 | JURY | | YES 2 | □ NO | | | | | |
| 2 Accident Investigation 2 Accident Investigation 3 Suicide 6 Could not be building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street; factory, office City or Town, State | | | | | | | | | | | or Rural Ro | oute Number, | |
| 28 世 | 4 Nomicide determined | bullaing, | etc. (Spec | -ny/ | | | | | City or Town, Sta | ie) | | | |
| E E | 29a, CERTIFIER 1 CERTIFYING PNYS | ICIAN: To the best of | mu kaa | ladge death secon | rad at th- | time det | a and inter- | n and de- | to the enumeral and | | ad. | | |
| ANT: If Item | cool city | | | | | | | | | | | and manner as stated. | |
| S S | - Li <u>iii si ii</u> sananiii | | | | | -priving (| | | ware stree proces, | | (2) | | |

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) 9 524-B BALTIMORE BLVD OHMH-16 Rev 1/89

CAUSE OF DEATN (ITEM 27) (Type, Print)

with make the second

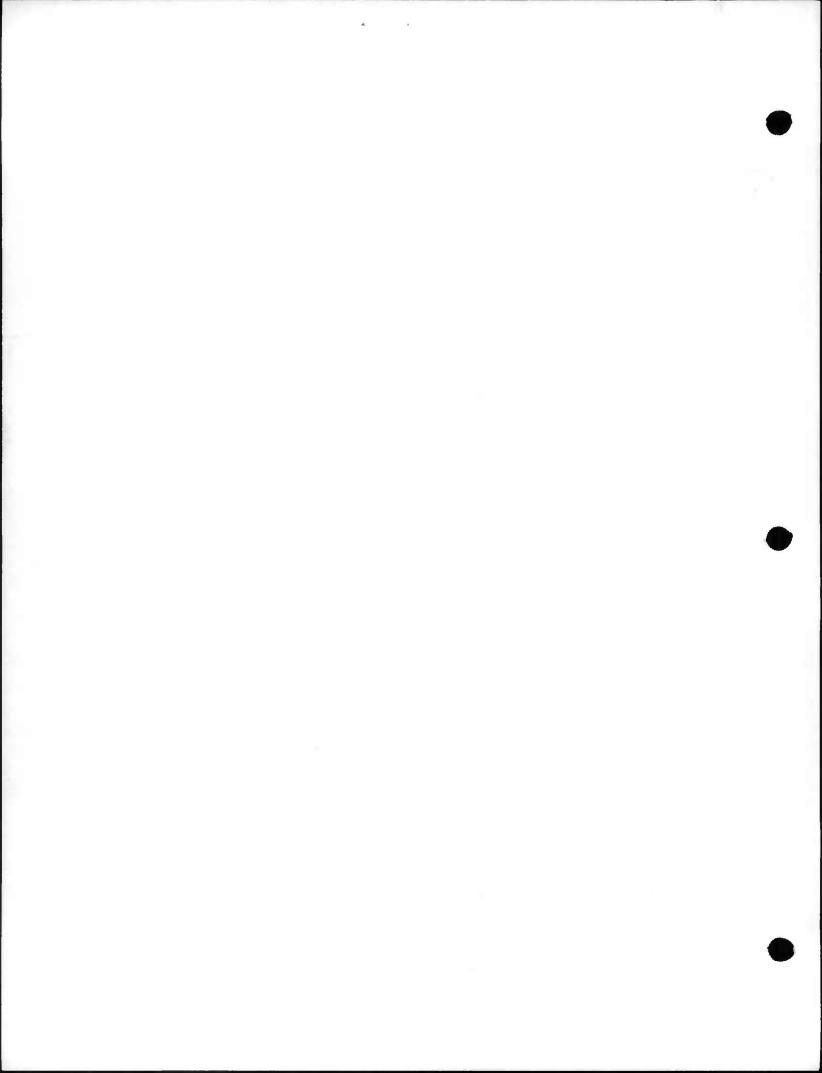
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REGISTRAR | | C | ERTIFIC | ALEO | F DEA | I H | R | EG. NO. | | | |
|--|--|---------------------------|--|-----------------|----------------------------|--------------------------------|---------------------------------------|------------------------------|------------|------------------|---|
| 1. DECEDENT'S NAME (First, Middle, | Lest) | Eloise | | Mod | Av. | 2. DATE OF DEATH MONTH DAY YEA | | | YEAR | 3. TIME OF DEATH | |
| Jean | T . | | | | | | March | / | 19 | _ | 6:10 P M |
| 4. SOCIAL SECURITY NUMBER 213-24-6167 | 5. SEX 1 M 2 F | 8. AGE (In yrs. Ia | | NTHE DAY | | MIN. | 7. DATE OF B (Month, De) May 5. | 1930 | - 1 | Country | PLACE (State or Foreign y) Md. |
| 9a. FACILITY NAME (If not institution, | | | 98 | | N OR LOCATI | | | | 9c. COUNT | | |
| 106 Brandyv | | | | Cı | mberl | and | | | Al | lega | any |
| RESIDENCE OF DECEDEN | | | 10c. CITY, T | OWN OR LO | CATION | | | | | | 10d. INSIDE CITY |
| Md. | Allegany | | | mberl | | | | | | | LIMITS? 1 TES 2 NO |
| 10e. STREET AND NUMBER | 106 Brandy | wine Dr | | | 101. ZIP COD | 502 | | | | J.S. | VHAT COUNTRY? |
| 11. MARITAL STATUS | | ENT EVER IN U.S. A | RMED | 13. WAS 1 | | | NIC ORIGIN? (S | pecify Yes o | | | E — American Indian, |
| 1 Never Married 2 Married 3 Widowed 4 Divorced | FORCES? | 1 ☐ YES 22 ☐ WAR OR DATES | NO | If yes | specify Cubi rES 2 X NO | nn, Mexica | an, Puarto Ricar | n, stc.) | | Specia | t, White, etc. |
| 15. DECEDENT'S | | 16a. D | ECEDENT'S US Give kind of work e. Do NOT use n | UAL OCCUP | ATION | na | 16b. KIN | D OF BUSIN | ESS/INDU | STRY | |
| Elementary/Secondary (0-12) | Elementary/Secondary (U-12) Conege (1-4 or 5 +) | | | | | wife | <u></u> | | | | |
| 17. FATHER'S NAME (First, Middle, La | st) | | | | 18. MOT | HER'S NA | AME (First, Middl | e, Malden St | ırname) | | |
| Henry | | C. | Do. | lan | | Thel | lma | Car | ns | | |
| 19a. INFORMANT'S NAME (Type/Print George E. Mood | | | | | | | Route Number (Cumber) | | | | 02 |
| 20a. METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 4 Donation 5 Other (Specify | | other r | of dispositi | | | matory or | | | berla | | wn, Stata Md |
| 21. SIGNATURE OF UNERAL SERV | CE LICENSEE | | د ه | 22. NAM Si.] | COX-M | erri | tt Fun | eral | Serv: | ice | |
| Labert | C. Ca | down | | | | | | | | | . 21502 |
| 23. PART I. Enter the disease shock, or heert fe IMMEDIATE CAUSE (Finsi disease or condition resulting in death) | lure. List only one c | | 28 C | | Ca Va | | | er respire | Ha | st, | Approximate interval Between Onset and Death |
| Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in desth) LAST | DUE 1 | TO (OR AS A CONSI | CUS EQUENCE OF): | illa V | G'a | 0 (G | - I | A P | to H. | | (9(-)0 42) |
| PART II. Other significant con | ditiona contributing | to deeth but not | resulting in | the under | ying couse | given in | | PERFORM | ED? | 24b | WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| | | | | | | | | | | | |
| 25. WAS CASE REFERRED TO MEDI EXAMINER? | HOSPITAL: | - | | THER: | B. PLACE OF | OEATH (C | heck only one) | | | | |
| 1 TYES 2 PNO | | OF IN INITIAL | 7 | | | lesidence | 6 Other (S) | | #1 my 0.00 | | |
| 1 Natural 5 Pending | | , Day, Year) | 26b. TIME (| IY . | WORK? | □ NO | 28d. DESCRI | BE HOW IN | JUHY OCCI | URED | |
| 3 Suicide 6 Could a 4 Homicide detarmi | ot be 28e. PLACE | E OF INJURY — At I | nome, farm, stre | et, factory, | offica | | | ON (Street an own, State) | d Number o | or Rural i | Route Number, |
| CONSULT OF THE STATE OF THE STA | PHYSICIAN: To the best AMINER: On the bests o | | | | | | | | | | a) and manner ea stated. |
| 29b. BIOMATURE AND TITLE OF CE | RTIFIER | | | | 29c. LIC | CENSE NU | JMBER | Т | 29d. DATE | SIGNED | (Month, Day, Year) |
| Coan | Make | ina | 8 M | (-0 | 0- | -17 | 526 | | ▶ 3. | -8 | -91 |
| J. N. Mehanr | | Seton I | | * | erlan | d, M | id. 215 | 02 | | | |
| 31. DATE MARY 1 199 | 1 John Dav | MAR'S SIGNATURE | 422 | | | | | | | | |

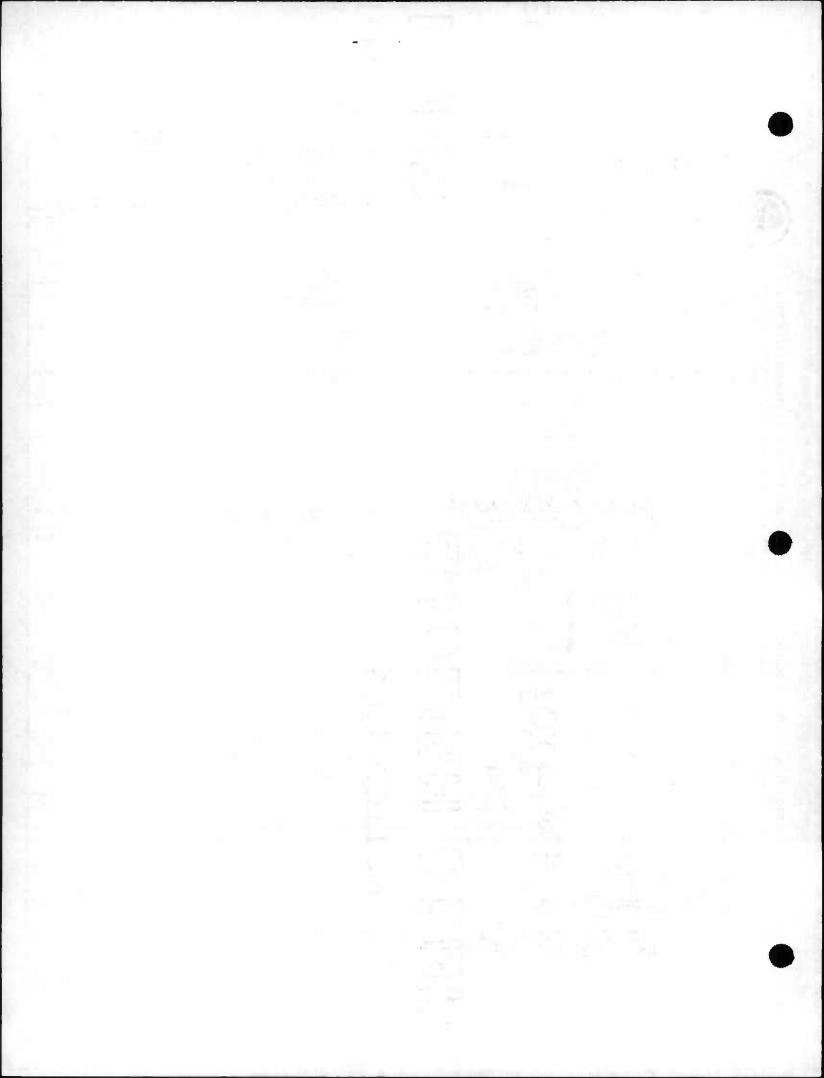


TO BE COMPLETED BY FUNERAL DIRECTOR

| etache | | nce. |
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| 2 | | at |
| FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache | | ITANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. |
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| certi | the | , |
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| After | death | E |
| OR: | within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | 8 |
| RECT | urs a | m 2 |
| 0 | 2 10 | 1 Ite |
| VERA | hin 7 | 5 |
| 5 | Witt | E |

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

| FOR 1 - STATE REGISTRAR | STATE OF M | | | ICATE | | | | WENTAL | REG. NO. | | J (| 01199 | | |
|---|---|-----------------------|-------------|----------------|------------|-------------------|----------|----------------------|----------------------------------|----------------|------------|---|--|--|
| 1. DECEDENT'S NAME (First, Middle, Last) EVA | . MILL | ED | 1 | | | | | MONTH | | γ _ | YEAR | 3. TIME OF DEATN | | |
| | 5. SEX | 6. AGE (in yrs. les | t birthday) | IF UNDER | 1 YEAR | IF UNDER 2 | 4 HRS. | 03 | 06 DE BIRTH | | 991 | 2219 P M | | |
| - 10 10 10 100 100 100 100 100 100 100 1 | 1 □ MXX F | 84 | YRS. | MONTHS | DAYS | HOURS | MIN. | (Month | 15-190 | 6 | Country | area (cross or roreign | | |
| 98. FACILITY NAME (If not institution, give stra Memorial Hospita | | | 15 | | | LOCATIO | | ATN | | 9c. COU | NTY OF DEA | NTN | | |
| RESIDENCE OF DECEDENT | | | | CU | MBEF | RLAND | | | | 1 | ALLEG | ANY | | |
| 10s. STATE 10b. COUNTY | | | - 11 | Y, TOWN O | | ON | | | | | 1 | IOd. INSIDE CITY | | |
| MD Allegar | ıy | | Cum | berla | | | | | | XXX YES 2 □ NO | | | | |
| 127 W. Second St | reet | | | | | ZIP CODE 502 | | | | US | | IAT COUNTRY? | | |
| 11. MARITAL STATUS 1 Never Merried 2 Merried XX Widowed 4 Divorced | 12. WAS DECEDENT FORCES? 1 IF YES, GIVE W | EVER IN U.S. AR YES 2 | MED IO | - 11 | yes, spe | | , Mexice | n, Puerto F | ? (Specify Yes Ricen, atc.) | or No— | | American Indian, white, atc. | | |
| 15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12) | | (G | Do NOT u | WOUNT OF SECTO | turing mos | t of worlding | | 16b. | NIND OF BUS | | | ю. | | |
| 17. FATNER'S NAME (First, Middle, Lest) William Burch | | | | | | | | - 110 | Mode, Meiden Hedric | | | | | |
| 190. INFORMANT'S NAME (Type/Print) Mrs. Eva L. Jone: | S | | | | | | | | nd, MD | | | | | |
| 20a. METNOD OF DISPOSITION TE Burlel 2 Cremetton 3 Remo 4 Donation 5 Other (Specify) | to. METNOD OF DISPOSITION (Name 200. LOCATION — City or Town, 10 Burlet 2 Cremetton 3 Removal from State 4 Park 3/9 Cumberland, MI | | | | | | | | | | | | | |
| 21. SIGNATURE OF FUNERAL SERVICE LICE | Scara | Ili | | | | | | neral 1D 21 | Home .502 | | Т | | | |
| Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | DUE TO | (OR AS A CONSE | QUENCE C | PF): | dif | 2 | 7 | lac | t. | | | Onset end Death | | |
| resulting in deeth) LAST | | | | | | | | | | | | | | |
| PART II. Other significant conditions | contributing to | death but not i | resulting | In the un | derlying | cause g | lven in | Part I. | 24a. WAS AN PERFOR 1 YES 2 | MED? | | WERE AUTOPSY FINDINGS MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | | OTHER | | ACE OF DE | ATH (Ch | eck only or | ne) | | | | | |
| 1 YES 2 NO 27. MANNER OF DEATH | 1 Inpatient 2 28s. DATE OF (Month, D. | INJURY | 28b. TI | 4 CNun | | JRY AT | sidence | 8 - Othe 28d. DES | r (Specify) SCRIBE HOW I | NJURY OC | CUREO | | | |
| 1 Natural 8 Pending 2 Accident Investigation 3 Suicide 8 Could not be | 1 Natural 8 Pending M 1 YES 2 NO revestigation 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Fural Bounds) | | | | | | | | | oute Number, | | | | |
| 4 Nomicide datermined | building, | etc. (Specify) | | | | | | City | or Town, State) | | | | | |
| (Check only one) 2 MEDICAL EXAMINER | | | | | | | | | | | | and manner as stated. | | |
| 290. SIGNATURE AND TITLE OF CERTIFIER | \ | | | 2 | | 29c. LICE D 14 | NSE NU | | | 29d. DA | S-9 | (Month, Day, Year) | | |
| 30. NAME AND ADDRESS OF PERSON WHY ROBUSTIANO BATT | dompleten causera, M.D. | SE OF DEATH (ITE | riar | Hösp | oital | | | | d, MD | 2150 | 2 | | | |
| 31. DATE FILED (MORITI, Day, Year) MAR 1 1 1991 4 | 32. REGISTRA | R'S SIGNATURE | e | | | | | | | | | | | |

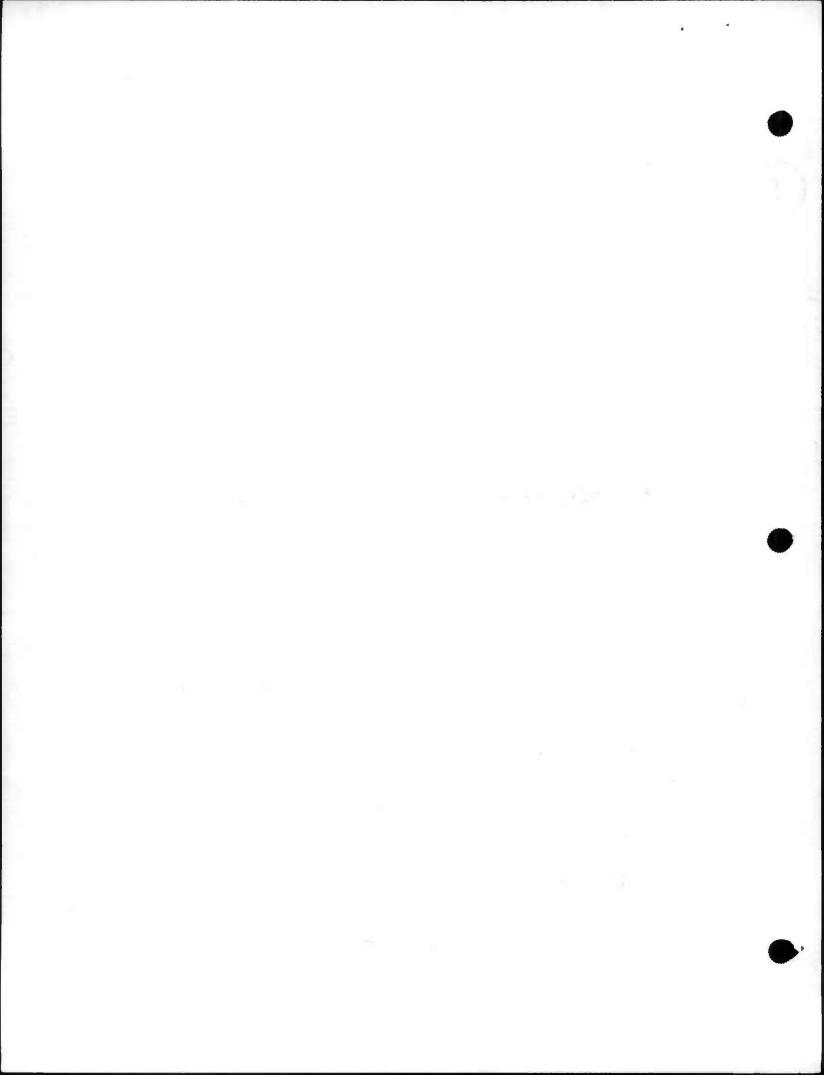


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages is filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

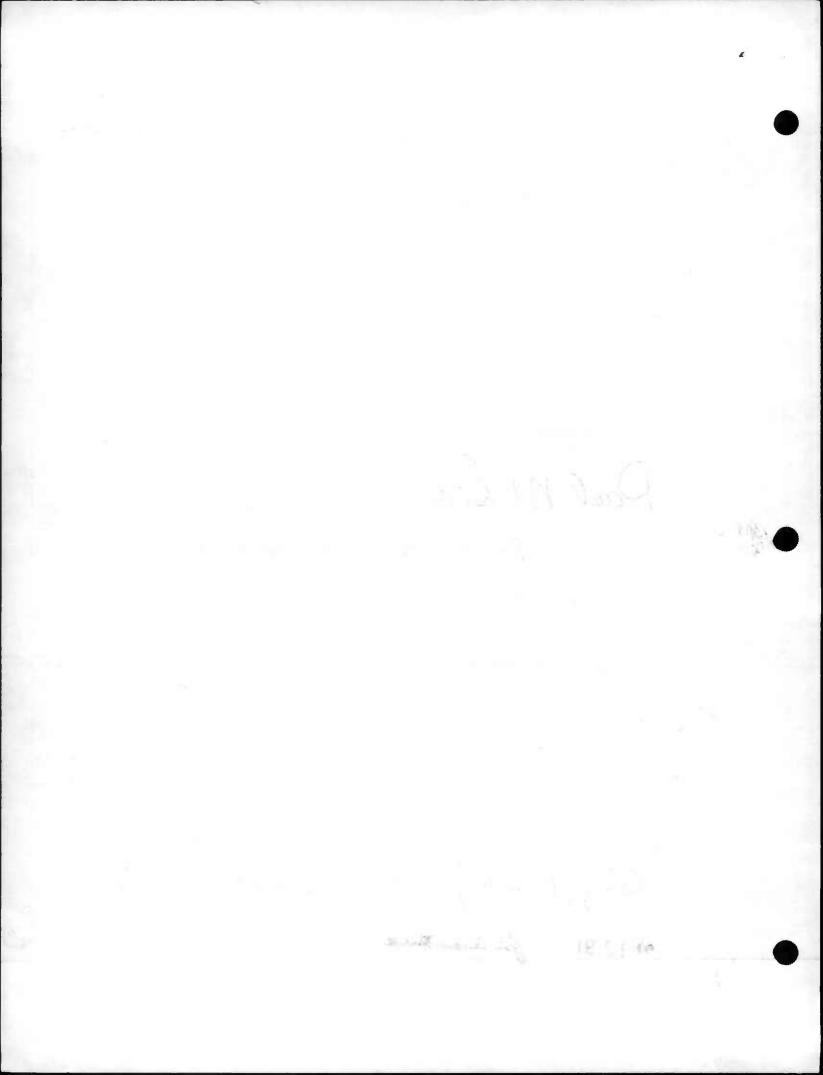
| _ | REGISTRAN | | <u> </u> | -1111111 | DAIL | I DEAI | * 1 | PIE | G. NO. | | | | |
|---------------|---|----------------------------------|----------------------------------|------------------------------|---|-------------------|------------------------------|--|-------------------------------------|-----------------|-------------------------------------|--|--|
| | DECEDENT'S NAME (First, Middle, Last) | Toi | VES | V. | mi | 115 | | 2. DATE OF DI | DAY | YEAR | 3. TIME OF DEATH | | |
| | 4. SOCIAL SECURITY NUMBER | | AGE (In yrs. last | | IF UNDER 1 YEA | R IF UNDER | 24 HRS. | MARCH 9 1991 7. DATE OF BIRTH 8. BIRTHPLAG | | | PLACE (State or Foreign | | |
| | 220-10-6538 | 1XM 2 □ F | 69 | | MONTHS DAYS HOURS MIN. 0 (Month, Dey, Year) 04/02/1921 Mary | | | | | | ryland | | |
| | 9a, FACILITY NAME (If not institution, give str | reet and number) | | | 9b. CITY, TOV | N OR LOCATIO | _ | | COUNTY OF O | * | | | |
| Œ | PENINSULA GENERA | L HOSPITAI | | | SALTS | RIIDV | | 7. | ITOONTO | 10 | | | |
| DIRECTOR | RESIDENCE OF DECEDENT | | SALISBURY | | | | | VICOMIC | | | | | |
| H. | 10a. STATE 10b. COUNTY | | | | TOWN OR LO | | | | | | 10d. INSIDE CITY LIMITS? | | |
| | | chester | | T | oddvi | lle | | | | | 1 - YES 2 X NO | | |
| M | 10e. STREET AND NUMBER | | | | | 101. ZIP CODE | | | 109 | | HAT COUNTRY? | | |
| ij | 2636 Back Stre | | | 2167 | 72 | | | US | | | | | |
| FUNERAL | 11. MARITAL STATUS 1 Never Married 2 Married | MED IO | | | | IC ORIGIN? (Sp. | | Black | — American Indian, , White, atc. | | | | |
| BY | 3XXWidowed 4 Divorced | IF YES, GIVE WAR | OR DATES | | | YES 2 X NO | Specify | | , | Speci | [%] White | | |
| | 15. OECEDENT'S EDUC | ATION | 18a. DF6 | CEDENT'S U | ISUAL OCCUP | ATION | | 18h KIND | OF BUSINES | | | | |
| COMPLETED | (Specify only highest grade Elementary/Secondary (0-12) | | (Gr | ive kind of wo Do NOT use | ork done during | most of workin | g | 100.1010 | OI DOOMED | 0.1110001111 | | | |
| P | 1.0 | Conlege (I-4 or 5+) | se | lf e | no. v | vater | nan | | | | | | |
| ∑ | 17. FATNER'S NAME (First, Middle, Lest) | | | | | | | ME (First, Middle, | Malden Suma | me) | | | |
| | Gordy | Thomas | Mills | | | 300 | | Orah | Jone | 25 | | | |
| BE | 19a. INFORMANT'S NAME (Type/Print) | | | | ADDRESS (Str | set and Number | or Rural F | Route Number, Ci | | | | | |
| 5 | Deanna L. Mil | ls | | 26 | 36 Ba | ack St | | Toddy | ille | Md. 2 | 1672 | | |
| | 20a. METHOD OF DISPOSITION | | 20b. PLACE | OF DISPOSE | TION (Name o | cometery com | antony or | | | | - City or Town, State | | |
| | 1 1 Buriel 2 Cremation 3 Remo | oval from Stata | Zion | UM" | Churc | hyard | £ | | Todo | dville | Md. | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LIC | ENSEE | | | 22. NAM | E AND ADDRES | SS OF FAC | | | | 1 ** | | |
| | > Kenenett K | | 700 | Loci | ıst | St. C | mas r ambri | unera .dge M | l Home id.21613 | | | | |
| | 23. PART I. Enter the diseases, or c | omplications that Ca | used the de | eth. Do no | ot enter the | mode of dyl | ing, suci | h ss cardiec | or respirator | ry smest, | Approximate | | |
| | shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final | | | | | | | | | | Interval Between Onset and Death | | |
| | disease or condition resulting in desth) . Pancreatic Carcinoma | | | | | | | | | | 2 month | | |
| | OUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | | |
| N | Sequentially list conditions, | | | | | | | | | | | | |
| CERTIFICATION | oue to (or as a consequence of): If any, leading to immediate cause. Enter UNDERLYING | | | | | | | | | | | | |
| FIC | CAUSE (Disease or Injury | OUE TO (OR | OUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | |
| Ē | that initiated events resulting in death) LAST | OVE TO (OR AS A CORSEQUENCE OF): | | | | | | | | | | | |
| | | s | | | | | | | | | | | |
| | PART II. Other significant condition | | | | | 1 3 | | | WAS AN AUTO | | WERE AUTOPSY FINDINGS | | |
| EDICAL | Atteroschroti | c and (| proud | vry. | hear | t dis | eas | e 10 | YES 2 N | 10 | COMPLETION OF CAUSE OF DEATH? | | |
| ME | | | | 8 | | | | | | | 1 YES 2 NO | | |
| | | | | | | | | | | | | | |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | | OTHER: | 8. PLACE OF O | EATH (Ch | eck only one) | | | | | |
| XSI | 1 TYES 2 NO | 1 Winpatient 2 - El | | | | Name 5 🗆 Re | aldence | 8 Other (Spi | octfy) | | | | |
| PH | 27. MANNER OF DEATH 1 M Netural 5 Pending | 28a. DATE OF INJ (Month, Day, | | 28b. TIME INJU | JRY | . INJURY AT WORK? | | 28d. DESCRIB | E HOW INJUR | Y OCCUREO | | | |
| BY | 1 Matural 5 Pending 2 Accident Investigation | | | | | YES 2 | NO | | | | | | |
| | 3 Suicide 6 Could not be 4 Homicide determined | 28e. PLACE OF It building, etc. | ome, farm, st | treet, factory, | office | | 28t, LOCATION City or Tox | (Street and N vn, State) | lumber or Rural | Route Number, | | | |
| ET | 5.110.2001 | | | | | | | | | | · | | |
| COMPLETED | (Oraca oray | CIAN: To the best of my | | | | | | | | | | | |
| ON | one) 2 MEDICAL EXAMINE | R: On the basis of exam | ination and/or | investigation | n, in my opini | on, death occur | red at the | time, data and | place, and du | a to the cause(| a) and menner as stated. | | |
| BE C | 296. SIGNATURE AND TITLE OF CERTIFIE | - | | | | 29c. LIC | ENSE NUI | WBER | 290 | I. DATE SIGNED | (Month, Day, Year) | | |
| | Melifornak | P.HD. | | | | D'' | 768 | 86 | | 3-9 | 1-91 | | |
| 5 | 30 NAME AND ADDRESS OF PERSON WH | O COMPLETED CAUSE | OF OEATH (ITE | M 27) (Type, | Print) | Λ | | | 11 | | n 2/00 | | |
| | ORORGE NI GA | 32. REGISTRAD'S | AKIS | 30 | 6 KAY | AVE | NU | ES/ | 4156 | BURY, | Mo. 2/801 | | |
| | 31. DATE FILEO (Month, Day, Year) MAR 1 1 '9' | Sul Sul | SIGNATURE Davids | on-Par | ndelle | | | | | 11 | | | |



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| may | f. pa | | |
| 9 | 8 | | |
| Page | dire | | |
| SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 🛶 nours after death. Page 6 may be m | VERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 | | |
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| A | tific | S | |
| Sici | Cer | 5 | |
| PHY | this | With | |
| DING | After | in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | |
| EN | H. | ter | |
| AT | 5 | a at | |
| S | # | DUN | |
| 7 | 7 | 2 | |
| PIT | ERA | 1 7 | |
| EA. | === | *= | |

| 1 - | STATE REGISTRAR | | CE | EKTIFICA | ATE OF | DEATH | | REG. NO. | | | |
|--|--|--|--|--|--------------------------|--|--|--|--|---|--|
| | HENRY | RICHARD | | INGSTA | | | MON | TE OF DEATH | | 19/ | O944A |
| V 1 | 218–032485 | 6. SEX 1 M 2 F 79 YRS. 6. AGE (In yrs. last birthday) IF UNDER 1 | | | | IF UNDER 24 HRS. HOURS MIN. | (Mo | E OF BIRTH oth, Day, Year) 01/05/1 | - 1 | Country) | ACE (State or Foreign RYLAND |
| 26 | FACILITY NAME (If not institution, gi | | | 9b. | | OR LOCATION OF | EATH | | 9c. COUNTY | | |
| | FREDERICK MEMO | | TAL | | FR | EDERICK | | | FF | REDE | RICK |
| M. | ARYLAND COL | CARROLL | | | DDLEBU | | | | | | Od. INSIDE CITY LIMITS? YES 2XXNO |
| < 11 | STREET AND NUMBER | DOAD | | | 101 | . ZIP CODE | | 1760 | 10g. CITIZE | N OF WH | AT COUNTRY? |
| 7 | 226 MIDDLEBURG | 12 WAS DECEDENT | T EVER IN U.S. ARI | MED | 13. WAS DEC | ENDENT OF HISPA | | 21768_ BIN? (Specify Yee | or No — 14 | I. RACE - | U.S.A. |
| à 3 X | Never Married 2 Married Widowed 4 Divorced | FORCES? 1 IF YES, GIVE W | YES 2 X N | 10 | If yes, sp | ecify Cuben, Mexic 2 X NO Spec | an, Puerte | | | Specify: WH | White, atc. |
| LETED | 15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) | | (Gi | CEDENT'S USU. ive kind of work of Do NOT use reti | done during mo ired.) | ON ost of working | 10 | 6b. KIND OF BUS | SINESS/INDUS | STRY | |
| 17. F | 5 FATHER'S NAME (First, Middle, Last) | | | FARMI | ER | 44 1407115710 14 | A B A S C C C C C C C C C C C C C C C C C C | | IRY FA | ARM | |
| 00 1 | UNKNOWN | | | | | 20 march 20 | | t, Middle, Malden A MORNT | | 2 | |
| O 190. | . INFORMANT'S NAME (Type/Print) | | 192 | b. MAILING ADE | DRESS (Street e | and Number or Rura | | · · · · · · · · · · · · · · · · · · · | | _ | · · · · · · · · · · · · · · · · · · · |
| 91 | <u>EPHANIE M. BAK</u> | ER | | 6226 MIDDLEBURG ROAD, MIDDLEBURG, MD 21768 | | | | | | | |
| 170 | . METHOD OF DISPOSITION Burlel 2 Cremation 3 1 Donation 5 Other (Specify) | | other pla | LACE OF DISPOSITION (Name of cametery, crametery or their place) TABOR CEMETERY ROCKY RIDGE, MAI | | | | | | | 41/25 |
| | | ire. List only one caus | se on each line | | anter the mo | | CIDGI ch as ce | erdiec or reapi | LAND Iratory arrea | it, | Approximata interval Betw |
| iMA dis- rea | PART I. Enter the diseases, shock, or heart felium MEDIATE CAUSE (Final sease or condition multing in death) | a. Rv (| TSRED | OUENCE OF): | anter the mo | UNION BE | CIDGI ch as ce | E, MARY ordiec or reapi | LAND Iratory arrea | it, | Approximata interval Betwo |
| iMA dis- rea | PART I. Enter the diseases, shock, or heart felium MEDIATE CAUSE (Final sease or condition multing in death) quentially list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury | a. DUE TO | TOREO (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTIO | QUENCE OF): | anter the mo | UNION BE | CIDGI ch as ce | E, MARY ordiec or reapi | LAND Iratory arrea | it, | Approximata interval Betw |
| iMA dis- rea | PART I. Enter the diseases, shock, or heart felium MEDIATE CAUSE (Final sease or condition aulting in death) quentially list conditions, any, leeding to immediate use. Enter UNDERLYING | a. DUE TO | TSRED | QUENCE OF): | anter the mo | UNION BE | CIDGI ch as ce | E, MARY ordiec or reapi | LAND Iratory arrea | it, | Approximata interval Betw |
| MEDICAL CERTION CERTIFICATION | PART I. Enter the diseases, shock, or heart felluments of the same or condition authing in death) quentially list conditions, any, leeding to immediate use. Enter UNDERLYING MUSE (Disease or injury at initiated events | a. DUE TO | OR AS A CONSECTION AS A CONSEC | QUENCE OF): QUENCE OF): QUENCE OF): | DoMin | UNION BE | RIDGI ch as ce | E, MARY | LAND Iratory arrea REARY I AUTOPSY RMED? | 24b. W | Approximata interval Betwoonset and D |
| MEDICAL CERTION CERTIFICATION | PART I. Enter the diseases, shock, or heart felluments of the property of the | a. DUE TO DUE TO d. DUE TO d. HOSPITAL: | OR AS A CONSECTION AS A CONSEC | QUENCE OF): QUENCE OF): QUENCE OF): resulting in the | DoM, ~ | UNION BE | RIDGI ch an ce | E, MARY profilec or reapi | LAND Iratory arrea REARY I AUTOPSY RMED? | 24b. W | Approximata interval Betw Onset and D. Onset |
| PHYSICIAN: MEDICAL CERTIFICATION The part of the part | PART I. Enter the diseases, shock, or heart felium bease or condition authing in death) quentially list conditions, any, leeding to immediate use. Enter UNDERLYING MUSE (Disease or injury at initiated events suiting in death) LAST RT II. Other algnificant conditions are all the second beautiful and the second beautifu | a. DUE TO b. DUE TO c. DUE TO d | COR AS A CONSECTION OF AS A CONS | OUENCE OF): OUENCE OF): OUENCE OF): resulting in the | DoMin | UNION BE Inde of dying, su A A A Grant A Grant A LACE OF DEATH (C) THE S BESIDENCE JURY AT JURY AT JURY AT JURY AT | Part i. | 24a. WAS AN PERFOR | LAND Iratory arrea REARY INTOPSY RMED? | 24b. W | Approximate interval Betw Onset and D Onse |
| ED BY PHYSICIAN: MEDICAL CERTIFICATION The section of the section | PART I. Enter the diseases, shock, or heart felluments of the property of the | a. DUE TO | COR AS A CONSECTION OF AS A CONS | QUENCE OF): QUENCE OF): QUENCE OF): TOURN OF THE | anter the mo | UNION BE Inde of dying, su A - A Grant A Grant A LACE OF DEATH (C THE S - Residence JURY AT JU | Part i. | 24a. WAS AN PERFOR 1 YES 2 | LAND Iratory arrea REARS INJURY OCCU | 24b. W | Approximate interval Betw Onset and D |
| ETED BY PHYSICIAN: MEDICAL CERTIFICATION Security 19 12 12 12 12 12 12 12 12 12 12 12 12 12 | PART I. Enter the diseases, shock, or heart felix MEDIATE CAUSE (Final lease or condition nulting in death) quentially list conditions, any, leeding to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events suiting in death) LAST RT II. Other aignificant conditions of the condi | a. DUE TO | (OR AS A CONSECTION OF INJURY At hoste, (Specify) Type Research of the section o | OUENCE OF): QUENCE nanter the mo | UNION BE Inde of dying, su A A A Grant A Grant A Grant A Grant A Grant A Grant A JURY AT JUR | Part i. | 24a. WAS AN PERFOR 1 VES 2 One) Cation (Street How in Town, State) cause(e) and me- | LAND Iratory arrea PEARS INJURY OCCU and Number or | 24b. WARED | Approximate interval Betwonset and Donest an |
| COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION Legiphical Carling Carl | PART I. Enter the diseases, shock, or heart felix MEDIATE CAUSE (Final lease or condition nulting in death) quentially list conditions, any, leeding to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events suiting in death) LAST RT II. Other aignificant conditions of the condi | a. DUE TO | (OR AS A CONSECTION OF INJURY At hoste, (Specify) Type Research of the section o | QUENCE OF): QUENC | nanter the mo | UNION BE Inde of dying, su A A A Grant A Grant A Grant A Grant A Grant A Grant A JURY AT JUR | Part I. Check only 28d. E 28f. Li Check the tendent of the control of the con | 24a. WAS AN PERFOR 1 VES 2 One) Cation (Street How in Town, State) cause(e) and me- | LAND Iretory arrea PAUTOPSY AMED? INJURY OCCU and Number of | 24b. W A C C O 1 RED Rural Rot. cauce(e) (| Approximate interval Bety Onset and Conset a |

DHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

BE-COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

5

HAR 8

32 REGISTRAR'S SIGNATURA

| | | | | | 9 ! | 07747 |
|---|--|--------------------------|--|--|------------------|---|
| FOR STATE REGISTRAR | STATE OF MARYL | | MENT OF HEALTH AND I CATE OF DEATH// | MENTAL HYGIEN REG. NO. | | |
| 1. DECEDENT'S NAME (First, Middle, Last) | | | Mellott | 2. OATE OF DEATH | | 3. TIME OF DEATH |
| Annabe 4. SOCIAL SECURITY NUMBER | lle Virgir | ia Mell | | 7. DATE OF BIRTH | - 7/ | M M |
| 214-14-6251 | 1 □ M 2 💥 F | 7 YRS. | MONTHS DAYS HOURS MIN. | (Month, Day, Year) 05-03-23 | 0 | Maryland |
| 9e. FACILITY NAME (If not institution, give st | | 1 | 9b. CITY, TOWN OR LOCATION OF DE | ATH | 9c. COUNTY | |
| 1121 Liberty Roa | .d | | Sykesville | | Carro | 011 |
| 10a. STATE 10b. COUNTY | | 10c. CITY, | TOWN OR LOCATION | | | 10d. INSIDE CITY LIMITS? |
| Maryland Ca | rroll County | S | ykesville | | | 1 TES 2 NO |
| 10e. STREET AND NUMBER | | | 10f. ZIP CODE | | 10g. CITIZEN | OF WHAT COUNTRY? |
| 1121 Liberty Ro | ad | | 21784 | | | S.A. |
| 11. MARITAL STATUS 1 Never Married 2 Married | 12. WAS DECEGENT EVER IN FORCES? 1 YES | 2 NO | 13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexica | | or No — 14. | RACE — American Indian, Black, White, etc. |
| 3 XWidowed 4 Divorced | IF YES, GIVE WAR OR D | ATES 21 | 1 TYES 2 XNO Specifi | r: | | Specify: White |
| 15. DECEDENT'S EDUC | CATION | 16a. DECEDENT'S U | JSUAL OCCUPATION | 16b. KIND OF BU | SINESS/INDUST | RY |
| (Specify only highest grade Elementary/Secondary (0-12) | College (1-4 or 5+) | life. Do NOT use | | | | |
| 12 | | | LPN | Spri | ngfield | l Hospital |
| 17. FATHER'S NAME (First, Middle, Last) | | | | ME (First, Middle, Maiden | | |
| Martin Leroy E | nsor | | | ie Mae Han | | |
| 190. INFORMANT'S NAME (Type/Print) Clark L. Ensor | | 19b. MAILING | ADDRESS (Street and Number or Rural of Dublin Ro | Poute Number, City or Tow Dad Woodsb | | |
| 20a, METHOD OF DISPOSITION 1 Dental 2 Cremation 3 Remo | 200 | other place) | TION (Name of cemetery, cremetory or | | CATION — City | |
| 4 Donation 5 Other (Specify) | OVER HOW STATE | Spring | field Cemetery | | ykesvil | lle, MD |
| 21. SIGNATURE OF FUNERAL SERVICE LIC | ENSEE | 1 | 22. NAME AND ADDRESS OF FA Haight Funera | | O. Box | (195) |
| · Ouan | K. Waige | 1 | Sykesville, N | | | |
| 23. PART I. Enter the diseases, or of | complications that cause | | | | | |
| IMMEDIATE CAUSE (Final | List only on course on | -/-/ | 11 61 | | | Onset and Death |
| disease or condition resulting in deeth) | . Juns | shor | Wound | _ | | |
| | DUE TO (DR AS | A CONSEQUENCE OF |): | | | |
| Sequentially list conditions, | b. DHE TO (OR AS | A CONSEQUENCE OF | <u> </u> | | | |
| If any, leading to immediate cause. Enter UNDERLYING | DUE TO (ON AS | A CONSEQUENCE OF | <i>,</i> | | | į į |
| CAUSE (Disease or Injury that initiated events | DUE TO (DR AS | A CONSEQUENCE OF |): | | | |
| resulting in death) LAST | d. | | | | | |
| DATE II OAA alaulii aas aaadiilaa | | | | Book I are uno re | | |
| PART II. Other significent condition | a contributing to death i | out not resulting it | n tha undarrying cause given in | PERFO | RMED? | 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE |
| | 1 (2) | 0 | | 1 □ YES | NO | OF DEATH? |
| Not relie | Man A Mil | Luare | | _ | | 1 - YES 2 7-40 |
| 25. WAS CASE REFERRED TO MEDICAL | | | 26. PLACE DF OEATH (C/ | eck only one) | | |
| EXAMPHER? | HOSPITAL: 1 Inputlent 2 ER/Out | patient 3 DOA | OTHER: 4 Nursing Home 5 Residence | 6 Other (Specify) | _ | |
| 27. MANNER OF GEATH | 28a. DATE OF INJURY | 286. TIME | OF 26c. INJURY AT | 284 DESCRIBE HOW | NJURY DCCUR | ED / |
| 1 Natural 5 Pending 2 Accident Investigation | 3/34/ | 91 7 | M 1 YES 2 NO | Bunst | noof le | our f |
| 3 Suicide 6 Could not be | 20s. BLACE OF WIJUR building, etc. (Spo | Y L. At home farm, a | treet, factory, office | 201. LOCATION (Street City of Ryen, Syste | and Nighton D | Queal Recore Number / |
| 4 Homicide determined | | XVE | me | 1121 616 | why ka | Septestille XLA |
| (Check only | CIAN: 10 ma best of my knee | eledge, death occurre | d at the time, data and place, and du | to the cause(a) and ma | nno as atsted. | 1 |
| one) 3 MEDICAL EXAMINE | M: On the basis of examination | on antifer investigation | n, in my opinion, death occured at the | time, data and place, a | nd dua to the co | ause(s) and manner as stated. |
| 296. SIGNATURE AND VITLE OF CENTURE | 77 | / 1 | 29c. LICENSE NU | MINER | 29d, DATE SI | CHEEN CHARLES CO., March |
| | X/ ~ | -// | The bookse mo | 1 | 290. 1747 | BA NOCH |
| 2 achailes | COMPLETED CAUSE DE D | W) | De53 | 65 | 16 | MAR-91 |

Enter the second

31. DATE FILED (Month, Day, Year)
MAR 8 '91

| TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
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|--|

| FOR 1 - STATE REGISTRAR | STATE OF M | | | | | EALTH AND DEATH | MENTA | L HYGIEN | | 0 | 7748 | |
|--|--|--|-------------|--------------------------|-------------------------|--|----------------------|--|-----------------------------|---|---|--|
| 1. OECEOENT'S NAME (First, Middle, La Willi | | | | M | 001 | 0 | 2. DATE | OF DEATH | W - 9 | 3. | TIME OF DEATH | |
| 4. SOCIAL SECURITY NUMBER 216-22-9039 | 5. SEX 1 X M 2 F | 6. AGE (In yrs. last | t birthday) | IF UNDER | 1 YEAR DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE | of BIRTH h, Day, Year) -28-08 | 8. | 8. BIRTHPLACE (State or Country) Maryland | | |
| 98. FACILITY NAME (If not institution, git Carroll County RESIDENCE OF DECEDENT | ŕ | spital | | | | inster | EATH | | 9c. COUNTY OF DEATH Carroll | | | |
| 100. STATE 10b. COU Maryland Car | nty roll Count | .y | | v, town o | | | | | | | d. INSIDE CITY LIMITS? YES 2 \ NO | |
| 10. STREET AND NUMBER 216 St. Matthe | w Court | | | | 101 | 21157 | | | 10g. CITIZEN | T COUNTRY? | | |
| 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced | 12. WAS DECEDENT FORCES? 1 IF YES, GIVE W | YES 2XN | MED NO | | If yes, sp | ENDENT OF HISPA ecity Cuben, Mexica 2 20 Special | an, Puerto | Rican, etc.) Black, W | | | American Indian, Thite, etc. White | |
| 15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, Last) | | (Gi life. | Do NOT us | vork done e retired.) | during mo | on st of working Visor | | Spring | oital Cent | | | |
| William I | | | | | A TO | 18. MOTHER'S NA | AME (First, nelia | Middle, Maiden | | | | |
| Mr. C. Rogers I | | 2 North Court Street Westminster, MD 20b. PLACE AND DATE OF DISPOSITION (Name of cempany Control of Court Street) 20b. PLACE AND DATE OF DISPOSITION (Name of cempany Control of Court Street) 3/19 Marriotts | | | | | | 21' | , State | | | |
| 21. SIGNATURE OF FUNERAL SERVICE Brance 23. PART I. Enter the diseases, | R. Hay | glet | | 22. | NAME AI Haig Syke | no ADDRESS OF FA ht Fune: esville, | ral H | iome (| (301) 7 | 30x 1 | 195) | |
| | s. ME | se on each line | | C/ | | RIC C | | | | | Interval Betwee Onset and Deat | |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST | C | OR AS A CONSEC | | | | | | | | | | |
| PART II. Other significant conditions of the con | | | | | | g ceuse given ir | Part i. | PERFORMED? 1 YES 2 - NO OF DEATH | | | ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO | |
| 25. WAS CASE REFERRED TO MEDICA EXAMINER? | HOSPITAL: | eno de la constanta de la cons | | OTHE | R: | LACE OF DEATH (C | | | | | | |
| 27. MANNER OF OEATH 1 Natural 8 Pending 2 Accident Investigati | 28a. DATE OF (Month, Di | INJURY | 28b. TIM | | 28c. IN. | DURY AT DRK? YES 2 NO | | | INJURY OCCUP | REO | | |
| | be 28e. PLACE O | F INJURY — At ho etc. (Specify) | ome, farm, | street, fac | tory, offic | | | 81. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | | | |
| enel enel | HYSICIAN: To the best of MINER: On the bests of an | | | | | | | | | euse(a) a | nd menner as stated. | |
| 296. SIGNATURE AND TITLE OF CERT | 3 Frank | from Ms | | | | 29c. LICENSE NU DITA | | | 29d. DATE 8 | | fonth, Day, Year) | |

DEATH (ITEM 27) (Type, Print)

MD

32. REGISTRAR'S SIGNATURE Julia Savidson Rendera

Andrew Marine and the second of the second o

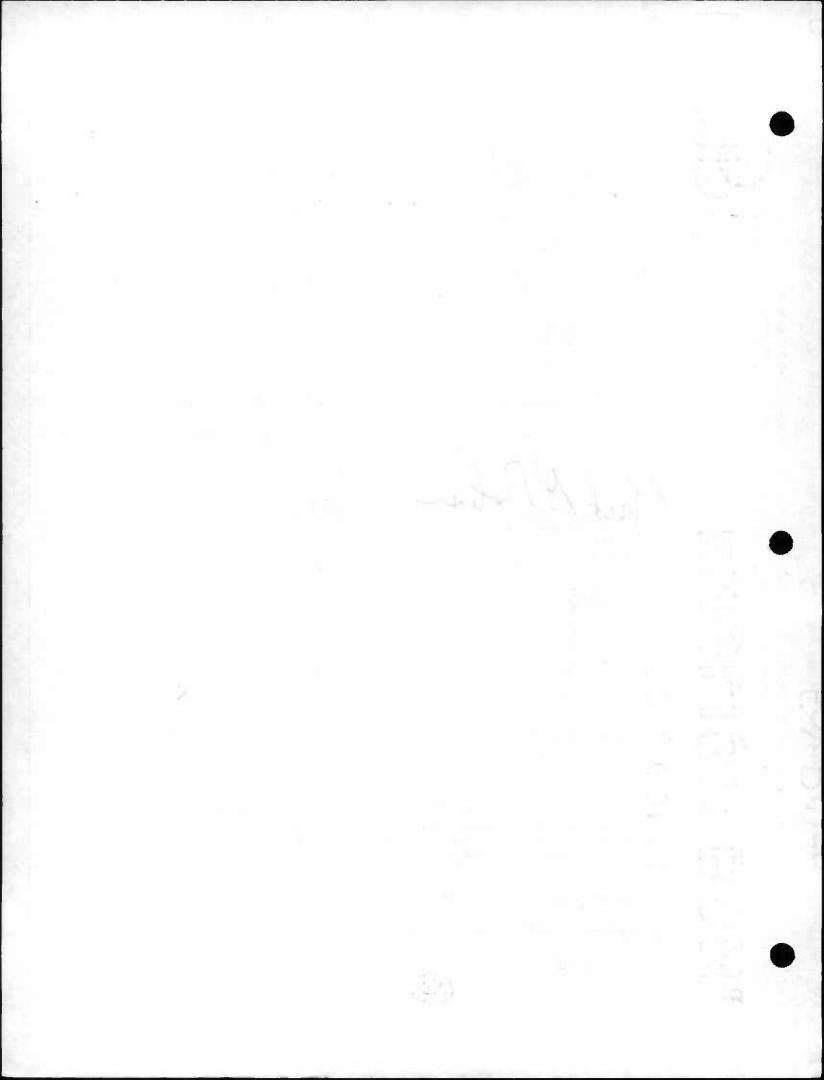
| eci, | | Ĕ |
|-------------|--|---|
| Tuneral dir | 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. | tif item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mu |
| in by the | r removal. | edical e |
| Dalli | Ou, 0 | he m |
| mpletely | , cremati | event, t |
| an and co | to burial | umatic (|
| physicis | ne prior | er tra |
| ending | I Hygier | or oth |
| the aft | Menta | njury, |
| 8 | and | ly l |
| Signed | Health | OWS at |
| as beer | lept. of | 23 sh |
| hcate h | State [| Item |
| Eeg- | the | |
| this | with | rked |
| After | death | E |
| JOH. | after | 28 1 |
| DIREC | hours | item |
| B | 2 | = |

| 17 | 1. DECEDENT'S NAME (First, | Miridio Last) | | | | | | | | 2. DATE OF D | DE ATM | | | 3. TIME OF DEATN |
|---------------|--|-------------------------|---|---------------------------------------|------------------------------------|--|---|---|-----------|--|---------------------------------|-----------------------------|----------|--|
| | JOHN FR | ILIFR | , S | r. | | | | MONTH 3 | DA | Υ | YEAR | 5:00 A M | | |
| | 4. SOCIAL SECURITY NUMB | | 5. SEX | 6. AGE (In yrs. les | | IF UNDER | 1 YEAR | IF UNDER | 24 HRS | 7. DATE OF B | 8 IRTN | 1 | A BIRTH | IPLACE (State or Foreign |
| | 214-16-906 | 2 | | | YRS. | MONTHS | DAYS | HOURS | MIN. | (Month, Day | | | Ma | Yry1and |
| | Se. FACILITY NAME (If not in | | | | c. CITY, TOWN OR LOCATION OF DEATH | | | | | | | | | |
| 6 | 3713 Old Ta | | Taneytown Carroll | | | | | | .1 | | | | | |
| ับ | RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY | | | | | 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY | | | | | | 10d. INSIDE CITY | | |
| DIRECTO | Maryland Carroll | | | | | Tane | | | | | | | | LIMITS? 1 YES 2 NO |
| AL | 10e. STREET AND NUMBER | | | | | | 10 | f. ZIP COD | E | | | 10g. CIT | ZEN OF V | WHAT COUNTRY? |
| ER | 3713 01 d T | Caneyto | own Road | | | | | 2178 | 37 | | | | U.S | S.A. |
| BY FUNERAL | 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES WW III | | | | MED IO | | If yes, sp | | n, Mexica | IC ORIOIN? (Si n, Puerto Ricen : | | or No— | Black | E — American Indian, k, White, atc. lly: White |
| 8 | | EDENT'S EDUC | | 18e. DE | CEDENT'S | USUAL O | CCUPATI | ON of worki | na | 18b. KIN | D OF BUS | INESS/IND | DUSTRY | |
| COMPLETED | Elementary/Secondary (6 | | College (1-4 or 5 | +1 | bo NOT us chin∈ | | | ost of working | | El ec | ctric | Too | 1 Ma | nufacturer |
| BE CO | 17. FATHER'S NAME (First, M George | S. Mi | ller | | | | | 18. MOT | | ME (First, Middle LINCES | | _{Sumeme)} Ma.so | n | |
| 10 | janet A. Mi | | | 3 | 3713 | 01d | Tan | eytov | m Ro | l., Tan | | | | 21787 |
| | 20e. METHOD OF DISPOSIT 1 String Burlel 2 Crematic 4 Donation 5 Other | n 3 🗆 Rem | oval from State | 20b. PLACE other pla | of dispos | rgre | N (Name of cometery, cremetory or reen Memorial Cem. Finksburg, MD | | | | | ID I | | |
| | 21, SIGNATURE OF FUNERA | 0 | 22. NAME AND ADDRESS OF FACILITY Skiles Funeral | | | | | | | | | | | |
| | Lohn | -m. | Ski | les | | | | 136 | E. E | Baltimo | ore S | st., | Tane | ytown, MD |
| CERTIFICATION | shock, or heart failure. List only one ceuse on each lina. IMMEDIATE CAUSE (Final disease or condition resulting in death) ATHERO SCLEROTIC CADDIOVASCULAR DISEASE DUE TO (OR AS A CONSEQUENCE OF): HYPERTENSION DUE TO (OR AS A CONSEQUENCE OF): HYPERTENSION DUE TO (OR AS A CONSEQUENCE OF): DIABETES MELLITUS DUE TO (OR AS A CONSEQUENCE OF): DIABETES MELLITUS DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | Onset and Daath > Gy. > 12 y. | | | |
| MEDICAL | PERFORMED? MAIL COMM 1 YES 2 M.NO OF D | | | | | | | | | . WERE AUTOPSY FINDINGS MIAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | | | |
| IAN | 25. WAS CASE REFERRED T | O MEDICAL | | | | | 28. P | LACE OF E | DEATN (Ch | eck only one) | | | | |
| Sic | EXAMINER? | | HOSPITAL: | ☐ ER/Outpatient 3 | □ DOA | OTHE: | | ne s× R | esidence | 8 Other (So | ecify) | | 90 | |
| PHYSICIAN: | 27. MANNER OF DEATH 1 Natural 5 | Pending | 28e. DATE O (Month, i | F INJURY Day, Year) | 28b. TIM | E OF URY M | W | sc. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED | | | | | | |
| ED BY | 2 Accident 3 Suicide S 4 Nomicide | Could not be determined | 28e. PLACE (| OF INJURY — At ho , etc. (Specify) | me, farm, : | street, fac | 1 YES 2 NO factory, office 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) | | | | | Route Number, | | |
| COMPLETED | anal and | | ICIAN: To the best of | | | | | | | | | | | e) end menner ee stated, |
| EC | 29b, SIGNATURE AND TITLE | OF CERTIFIE | R | | - 1 | _ | | 29c. LIC | ENSE NUN | MBER | | 29d. DA1 | TE SIONE | D (Month, Day, Year) |
| TO BE | 30. NAME AND ADDRESS O | F PERSON WN | 10 COMPLETED CAL | ISE OF DEATH (ITE | M 27) (Type | , Print) | | | 4317 | | | | | 1 - 9/ |
| | WILLIAM | n R. | LINTH | 100m | m D | - | 7 | TAN | EYT | own, | MAI | EYLI | (NP | 21787 |
| | 31. DATE FILED (Month, Dey, | 91 | 32. REGISTA | AR'S SIGNATURE | Hande | BC. | | | | | | | | |
| | | | | | | | | | | | | | | DHMN-18 Rev 1/89 |

Server and the server server

| | | FOR STATE REGISTRAR | STATE OF MARY | | RTMENT OF I | | MENTAL HYGIEN REG. NO. | | 1 07750 | | | |
|--|-------------|--|---|---|--|-----------------------------|--|-----------------|--|--|--|--|
| | | 1. DECEDENT'S NAME (First, Middle, Last) MARY | JANE M | ILLS | | | 2. DATE OF DEATH MONTH MARCH 4 | , 1991 ** | 3. TIME OF DEATH 10:07pm M | | | |
| P | | 4. SOCIAL SECURITY NUMBER | 5. SEX 6. AGE | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) | 8. B | BIRTHPLACE (State or Foreign Country) | | | | | |
| B | | 214-40-5018-A 9a. FACILITY NAME (If not institution, give st | | YRS. | 9b. CITY, TOWN | OR LOCATION OF D | 10/16/00 EATH | Bonnie, IL | | | | |
| 7 · 65 | 8 | DOCTORS' COMMUNITY HOSPITAL OF P. C. LANHAM-SEABROOK PRINCE GEORGE'S CO | | | | | | | | | | |
| St. St. St. St. St. St. St. St. St. St. | ЕСТО | 106. COUNTY 106. COUNTY 106. CITY, TOWN OR LOCATION 106. INSIDE CITY | | | | | | | | | | |
| f. Pages | DIRE | Maryland Prince | | | 1 X YES 2 NO | | | | | | | |
| permit. | JAL | 100. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT | | | | | | | | | | |
| DZO physician. burial-transit | FUNERAL | 4713 Queensbury | ROACI 12. WAS DECEDENT EVER | IN U.S. ARMED | 13. WAS DE | 20737 | NIC ORIGIN? (Specify Yes | U.S | RACE — American Indian. | | | |
| 5-0020 nding physic as the burial | BY FL | 1 Never Married 2 Married 3 Widowed 4 Divorced | FORCES? 1 YES | S 2 XNO | If yes, s | | n, Puerto Rican, etc.) | - 2 | Black, White, etc. Specify: | | | |
| - e) '' | 8 | 15. DECEDENT'S EDUC | | ION | 16b. KIND OF BU | SINESS/INDUST | White | | | | | |
| Por n | ᇤ | (Specify only highest grade | College (1-4 or 5+) | Illin. Do NOT | | ost of working | | | | | | |
| AND he hospital detached to once. | COMPL | 12th 17. FATHER'S NAME (First, Middle, Last) | 4th | School | Teacher | 18. MOTHER'S NA | Baltimo | | ool System | | | |
| # 8 4 X | ш | Ralph McBrian | | | | Ollie B | | ournamey | | | | |
| MAR retained 5 should notified | TO B | 19a. INFORMANT'S NAME (Type/Print) | | | | and Number or Rural | Route Number, City or Tow | | | | | |
| 2 2 5 E | | James W. Balance 4713 Queensbury Road Riverdale Maryland 20737 | | | | | | | | | | |
| IMORE Page 6 may director, pa | - } | Bloom Cemetery 03/14/91 Tiskilwa II | | | | | | | | | | |
| | | 21. SIGNATURE OF SUNERAL SERVICE LIG | #12 1 | | Franci | S Gasch | S Sons Full | | | | | |
| | | Francis Gasch's Sons Funeral Home, PA 4739 Baltimore Ave., Hyattsville, MD 20781 23. PART I. Enter Mid-discosse, or complications that coused the death. Do not anter the mode of dying, such as cerdiec or respiratory arrest, Approximete | | | | | | | | | | |
| in 24 nours ely filled in thation, or red | 11 | shock, or heart fallure. IMMEDIATE CAUSE (Finel | List only one cause on | each ilna. | 4 | , | | iratory srrest, | Approximate interval Between Onset and Death | | | |
| 2 5 m 2 | z | | a. Afect Usinary tract infection by Inamia. | | | | | | | | | |
| OX 68 OX 68 be execut sician and or infor to burit traumatic | RTIFICATION | Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING | DUE TO (OR AS | DUE TO (OR AS A CONSEQUENCE OF): Cardin Respiratory cassed DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | |
| a se se m | IFIC. | CAUSE (Diseese or injury thet initiated events | DUE TO (OR AS | A CONSEQUENCE | OF): | anes | | | | | | |
| ath certification at Hygien and Hygien | CERT | reaulting in death) LAST | d | | | | | | | | | |
| HDS, at the dea by the ati and Menta y Injury, | SAL C | PART II. Other aignificant condition | na contributing to death | but not reaulting | in the underlyic | ng cause given in | Part I. 24s. WAS AN | | 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO | | | |
| or that any alith any | MEDIC | | | | | <u>-</u> | 1 YES : | | COMPLETION OF CAUSE OF DEATH? | | | |
| AL RECOR | | | | | | | - | | 1 TES 2 NO | | | |
| N: The law icate has botate Dept. | SICIAN: | 25. WAS CASE REFERRED TO MEDICAL | | | | PLACE OF DEATH (C | heck only one) | | | | | |
| F VIIAL SICIAN: The lan certificate has the State Dep | YSIC | EXAMINER? 1 ☐ YES 2 ☑ NO | HOSPITAL: | | | | 6 Other (Specify) | | | | | |
| ON OF ING PHYSIC ther this ce eath with th | BY PHY | 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation | 28s. DATE OF INJUR (Month, Day, Year | Y 28b. Ti | | JURY AT ORK? YES 2 NO | 28d. DE\$CRIBE HOW | INJURY OCCURI | ED | | | |
| TTEND TTEND TTOR: A after d | ETED E | 3 Suicide 8 Could not be 4 Homicide determined | 28e. PLACE OF INJU building, etc. (S | RY — At home, farm pecify) | , street, factory, off | ica | 281. LOCATION (Street City or Town, State | | tural Route Number, | | | |
| Te DIR | COMPLE | CONDUCTION OF THE CONTROL OF THE CON | ICIAN: To the best of my kn | | | | | | suse(s) and menner as stated. | | | |
| TO THE HOSPITAL TO THE FUNERAL De filed within 72 I | BE | 29b. SIGNATURE AND TITLE OF CERTIFIE | Sur and | A. Hus | SAIN MD | 29c. LICENSE NU D/3 (| | 29d. DATE SH | GNED (Month, Day, Year) | | | |
| | TO | 30. NAME AND ADDRESS OF PERSON WH | O COMPLETED CAUSE OF | | | | | , | , | | | |
| | | 3 MAR US 9 1 Day, Year) | Julia Davidson | | | | | | | | | |
| | | | | | | | | | | | | |

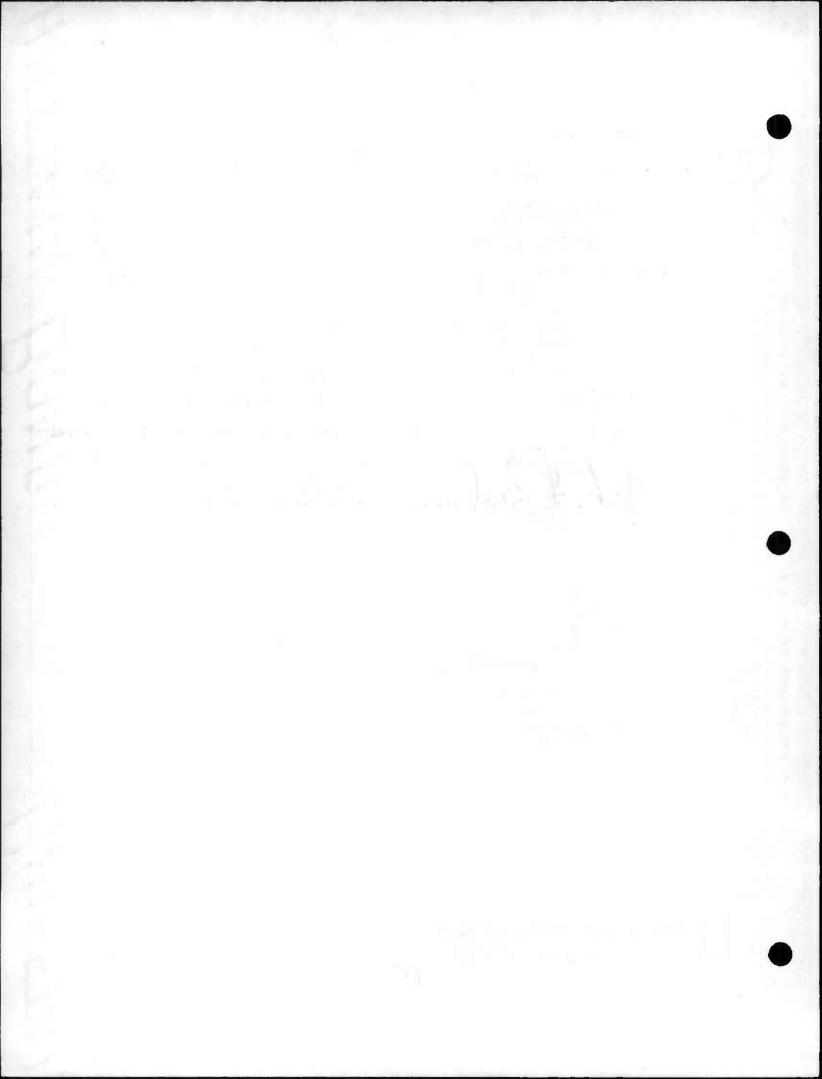
DHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

| | idle, Last) | | | | | | | 2. DAT | TE OF DEATH | y 19 | 9eka | 3. TIME OF DEATH |
|--|--|---|--|--|---|--|---|--|---|--|------------------|--|
| Burtle | Car | lyle M | ills | | | | | 1 | | | | 9:30 p |
| 4. SOCIAL SECURITY NUMBER | | 6. SEX | 6. AGE (In yrs. It | st birthday) | IF UNDER 1 | | F UNDER 24 HRS | 15.4- | E OF BIRTH | | B. BIRTH | IPLACE (State or Foreign |
| 578-05-2242 | | 1 M 2 D F | 87 | YRS. | 2011/16 | H | WIN | | /18/03 | | | ,, dericksbur |
| De. FACILITY NAME (If not institut | tion, give stree | et and number) | | | 9b. CITY, 1 | OWN OR | LOCATION OF | OEATH | | 9c. COUN | | |
| Leland Memori | ial Ho | ospital | | | Rive | erda. | le | Prince George | | | | |
| | | | | | | | | | | | | |
| | E COUNTY | 0 | | | | | N. | | | | | 10d, INSIDE CITY LIMITS? |
| | Prince | e George | e's | Нуа | attsv: | ille | | | | | | 1 X YES 2 NO |
| 00. STREET AND NUMBER | | | | | | 101. Z | P CODE | | | 10g. CITIZ | EN OF V | WHAT COUNTRY? |
| 4003 Kennedy | Stree | et | | | | | 20781 | | | U. | S.A | |
| H. MARITAL STATUS | The state of the s | | | | | | | E American Indian, | | | | |
| Never Married 2 XMarri | IF YES, GIVE WAR OR DATES 1 ☐ YES 2 NO Specify: Specify: | | | | | | | ffy: | | | | |
| | NT'S EDUCA | | 16a. D | ECEDENT'S | USUAL OCC | UPATION | | 11 | 8b. KIND OF BU | SINESS/INDL | JSTRY | White |
| (Specify only high | | College (1-4 or 5 | - 10 | Give kind of v e. Do NOT us | vork done du se retired.) | ring most (| of working | | | | | |
| 12 | | 2 | | ales M | lanage | r | | | Whole | enla i | Foo | 3 |
| 7. FATHER'S NAME (First, Middle | Lest) | | 1 00 | LCO I | -arrage | | 6. MOTHER'S | NAME (Elect | MIOTE Middle, Maiden | | TOO | |
| Ennis T. Mill | | | | | | , | | -1111 | | Juniame) | | |
| 9a. INFORMANT'S NAME (Type/F | | | | AL 8744 | ABELITA | 2 | Annie | | | | | |
| | | | | | COSSETHIN | | | | mber, City or Tow | | , | |
| Mary F. Mills | | | | | | | | | | | | and 20781 |
| 10a. METHOD OF DISPOSITION | 3 Remove | al from State | other j | place) | | | ery, crematory | × | 20c. LO | CATION — C | alty or To | own, State |
| □ Donation ■ □ Other (Spe | gly) | 110 | Ft | Linco | | | | | Bre | ntwoo | d, N | Maryland |
| 11. SIGNATURE OF MUNERAL SE | SWICE LINE | Anger / | 1/ | | 22. N. | AME AND | ADDRESS DE | FACILITY | | 4 | ** | 7.4 |
| 1/2/ | - /- | -15. | | | FLO | HICTS | Gasc | n's s | ons Fu | neral | Hon | ne, PA e, MD 2078 |
| 23. PART I. Enter the disea shock, or heart | ises, or con t fellure. Lis | mplications the | t caused tha c use on sech life | iaath. Do r na. | not anter t | ha moda | of dyling, a | uch ss ce | erdiec or resp | iratory arm | est, | Approximate Interval Between |
| IMMEDIATE CAUSE (Final | | 11 | + | 0 | | | - | 7. (| // | | | Onset and De |
| disease or condition | | | | | | 1 | | | | | | |
| resulting in death) | 8. | age | h 1 | resp | Mo | ton | 7 | the 1 | use | , | | |
| resulting in death) | a. | DUE/TO | (OR AS A CONS | Lesh EOUENCE OF | PI: | ton | 7 | fun l | ure | , | | |
| | a., | de | uts | 18 | m | Mo | 这 | the l | ure | , | | |
| resulting in death) Sequentially list conditions if any, leading to immediate | | de | (OR AS A CONS | 18 | m | how how | 13 | the l | ure | | | |
| Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING | e | de | uts | 18 | m | ton low | 这 | Jul 1 | esl | | | |
| Sequentisily list conditions if sny, leading to immediat cause. Enter UNDERLYING CAUSE (Disesse or Injury that Infilated events | e | DUE TO | uts | EQUENCE OF | Fi: H | ton low | 多 | Jan 1 | esl | | | |
| Sequentisity list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that Infriated events | e | DUE TO | OR AS A CONS | EQUENCE OF | Fi: H | ton lear | Là E | 700 l | esl | , | | |
| Sequentisity list conditions if any, leading to immediat incause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | d. | DUE TO | OR AS A CONS | EQUENCE OF | 1: H | ton elle m | Làs La | Jan 1 | | | | |
| Sequentisity list conditions if any, leading to immediat incause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | d. | DUE TO | OR AS A CONS | EQUENCE OF | 1: H | ton | À Seuae given | In Part I. | ess 24a. WAS AN PERFO | AUTOPSY | 246 | WERE AUTOPSY FINDIN MAILABLE PRIOR TO |
| Sequentisity list conditions if sny, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | d. | DUE TO | OR AS A CONS | EQUENCE OF | 1: H | ton | È ceuae given | Jos S | 24e. WAS AN | I AUTOPSY | 246 | |
| Sequentisity list conditions if sny, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | d. | DUE TO | OR AS A CONS | EQUENCE OF | 1: H | ton | À Secue given | in Part i. | 24a. WAS AN PERFO | I AUTOPSY | 246 | MAILABLE PRIOR TO COMPLETION OF CAUSE |
| Sequentisily list conditions if any, leading to immediat in cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | d. | DUE TO | OR AS A CONS | EQUENCE OF | 1: H | ton | À Seuae given | John 1 | 24a. WAS AN PERFO | I AUTOPSY | 246 | AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| Sequentially list conditions If any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that infriated events resulting in death) LAST PART II. Other significant of | conditions | DUE TO | OR AS A CONS | EQUENCE OF | F): A | 26. PLAC | è de de de de de de de de de de de de de | | 24a. WAS AN PERFOI | I AUTOPSY | 248 | AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| Sequentisity list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST | conditions | DUE TO | (OR AS A CONS) | EQUENCE OF | OTHER | 26. PLAC | | (Check only | 24a. WAS AN PERFO | I AUTOPSY | 246 | AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| Sequentially list conditions If any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant of EXAMINER? 1 YES 2 NO | conditions | DUE TO Contributing to | (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) | resulting | OTHER 4 North | 26. PLACing Home | CE DF DEATH 5 Residen | (Check only | 24a. WAS AN PERFO | I AUTOPSY RMEO? | | AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| Sequentisity list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that infritated events resulting in death) LAST PART II. Other significant of the cause of th | d. conditions | DUE TO Contributing to | (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) | resulting | OTHER: | 26. PLAC | CE DF DEATH 5 Residen | (Check only | 24a. WAS AN PERFO! 1 YES 2 | I AUTOPSY RMEO? | | AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| Sequentisity list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that infritated events resulting in death) LAST PART II. Other significant of the cause of th | e c. d. d. conditions | DUE TO BUE TO Contributing to Contributing to Contributing to Contributing to | (OR AS A CONS) (OR AS | resulting 3 DOA 28b, TIM | OTHER SURVEY M | 26. PLACING Home 18c. INJURY WORK | E DF DEATH 5 Residen Y AT | (Check only | 24a. WAS AN PERFOI 1 YES : | AUTOPSY PMED? | URED | MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| Sequentially list conditions If any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that infriated events resulting in death) LAST PART II. Other significant of EXAMINER? 1 YES 2 NO 77. MANNER OF DEATH 1 Natural 5 Penk 1 Accident Invel 3 Suicide 8 Cou | e c. d. d. conditions | DUE TO DUE TO Contributing to Contributing to Contributing to Contributing to Contributing to | (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) | resulting 3 DOA 28b, TIM | OTHER SURVEY M | 26. PLACING Home 18c. INJURY WORK | E DF DEATH 5 Residen Y AT | (Check only ce 6 | 24a. WAS AN PERFO! 1 YES 2 | AUTOPSY AMED? NO NO NAJURY OCC | URED | MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Inflated events resulting in death) LAST PART II. Other significant of the condition of the condi | e C. d. d. conditions | DUE TO DUE TO Contributing to Contributing to Contributing to Contributing to Contributing to | (OR AS A CONSI O | resulting | OTHER 4 Nursi | 26. PLAC ng Home 86. INJUP WORH 1 YE: | E DF DEATH 5 Residen 7 AT 7 B 2 NO | (Check only 28d, D | 24a. WAS AN PERFOI 1 YES 2 One) Ther (Specify) DESCRIBE HOW DCATION (Street fly or Town, State) | AUTOPSY AMED? I NO INJURY OCC and Number | URED or Rural | MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| Sequentially list conditions If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant of EXAMINER? 1 YES 2 NO 17. MANNER OF DEATH 1 Netural 5 Pent 2 Accident 3 Suicide 8 Coul 4 Homicide dete 19. CERTIFUER (Check only 1 CERTIFUE) | c. d. d. conditions EOICAL Indian ding stigation lide not be similared. | DUE TO DUE TO Contributing to HOSPITAL: Inpetient 2 28e. DATE 0 (Month, 1) 28e. PLACE (building) | (OR AS A CONSI (OR AS | resulting of 29b, TIM INJ | OTHER: 4 Nursi | 26. PLAC | E DF DEATH 5 Residen 7 AT 7 B 2 NO | (Check only co 6 Ot 28d. D | 24a. WAS AN PERFOI 1 YES 2 One) Ther (Specify) DESCRIBE HOW DCATION (Street fly or Town, State couse(a) and ma | AUTOPSY AMED? I NO NO NO NO NO NO NO NO NO NO | URED or Flural | ARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Roule Number, |
| Sequentisily list conditions if sny, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that infriated events resulting in death) LAST PART II. Other significant of the cause of the | ding etigetion and not be remined in Examiner. | DUE TO DUE TO Contributing to HOSPITAL: Inpetient 2 28e. DATE 0 (Month, 1) 28e. PLACE (building) | (OR AS A CONSI (OR AS | resulting of 29b, TIM INJ | OTHER: 4 Nursi | 26. PLAC | E DF DEATH 5 Residen 7 AT 7 B 2 NO | (Check only co 6 Ot 28d. D | 24a. WAS AN PERFOI 1 YES 2 One) Ther (Specify) DESCRIBE HOW DCATION (Street fly or Town, State couse(a) and ma | AUTOPSY AMED? I NO NO NO NO NO NO NO NO NO NO | URED or Flural | MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| Sequentisity list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant of the condition of the came of the came of the came of the came of the came of the came of the came of the came of the came of the came of the came of the came of the cause | ding etigetion and not be remined in Examiner. | DUE TO DUE TO Contributing to HOSPITAL: Inpetient 2 28e. DATE 0 (Month, 1) 28e. PLACE (building) | (OR AS A CONSI (OR AS | resulting of 29b, TIM INJ | OTHER: 4 Nursi | 26. PLACING HOME TO THE MORE T | E DF DEATH 5 Residen 7 AT 7 B 2 NO | (Check only the Check | 24a. WAS AN PERFOI 1 YES 2 One) Ther (Specify) DESCRIBE HOW DCATION (Street fly or Town, State couse(a) and ma | I AUTOPSY RMED? INJURY OCC and Number as state and due to the | or Flural | ARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Roule Number, |
| Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant of the cause of the | ding etigetion and not be remined in Examiner. | DUE TO DUE TO Contributing to HOSPITAL: Inpetient 2 28e. DATE 0 (Month, 1) 28e. PLACE (building) | (OR AS A CONSI (OR AS | resulting of 29b, TIM INJ | OTHER: 4 Nursi | 26. PLACING HOME TO THE MORE T | E DF DEATH 5 Residen 7 AT 7 B 2 NO and place, and th occured st | (Check only the Check | 24a. WAS AN PERFOI 1 YES 2 One) Ther (Specify) DESCRIBE HOW DCATION (Street fly or Town, State couse(a) and ma | I AUTOPSY RMED? INJURY OCC and Number as state and due to the | or Flural | ARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, |
| Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant of the cause of the | d. c. d. d. d. conditions EOICAL did not be rmined commined UE TO DUE TO Contributing to Contributing to Contributing to Contributing to Contributing to Contributing to Contributing to Contributing to Contributing to | (OR AS A CONSI O | resulting 29b. Time investigation investigation (page 27) (page 27 | OTHER: 4 Nural E OF FURTY M street, facto | 26. PLAC ng Home 86. INJUR 1 YE: 7, office ne, date en | E DF DEATH 5 Residen 7 AT 7 B 2 NO and place, and th occured st | (Check only the Check | 24a. WAS AN PERFOI 1 YES : one) ther (Specify) DESCRIBE HOW COATION (Street fity or Town, State and place, as | I AUTOPSY RMED? I NO INJURY OCC and Number as state nd due to the | or Flural | ARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, |
| Sequentisity list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant of the condition of the came | d. c. d. d. d. conditions EOICAL did not be rmined commined UE TO DUE TO Contributing to Contributing to Contributing to Contributing to Contributing to Contributing to Contributing to Contributing to Contributing to | (OR AS A CONSI O | resulting 29b. Time investigation investigation (page 27) (page 27 | OTHER 4 Nursi | 26. PLAC ng Home 86. INJUR 1 YE: 7, office ne, date en | E DF DEATH 5 Residen 7 AT 7 B 2 NO and place, and th occured st | (Check only the Check | 24a. WAS AN PERFOI 1 YES 2 One) Ther (Specify) DESCRIBE HOW DCATION (Street fly or Town, State couse(a) and ma | I AUTOPSY RMED? I NO INJURY OCC and Number as state nd due to the | or Flural | ARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, |



3. TIME OF DEATH

10d. INSIDE CITY LIMITS? 1 YES 2 NO

8. BIRTHPLACE (State or Foreign

Hatsboro, PA

SC COUNTY OF DEATH
Prince George

DAY

6

7. DATE OF BIRTH
(Month, Day, Year)

5 - 4 - 2/

555A"

10a. STATE

4. SOCIAL SECURITY NUMBER

137-14-8486

9a. FACILITY NAME (If not institution, give street and number)

Leland Memorial H

10b. COUNTY

ROBERT JOHN

12M 2 F

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

Riverdale

MARKS

YRS

6. AGE (In yrs. last birthday)

69

OSPITAL

2, 3

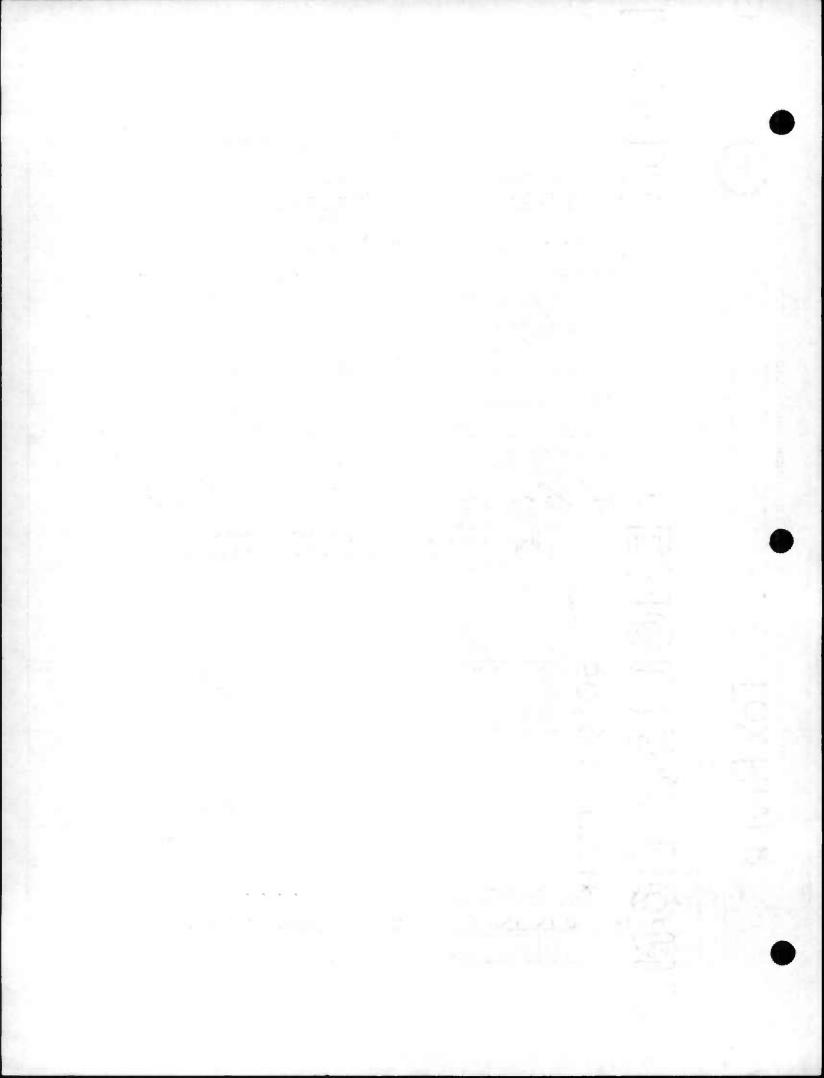
| j. | | MA | rriv | ice Geor | 98 N | ivera | ale | | | 1 YES 2 NO | |
|---|---------------|--|-----------------------|--|---------------------------------|------------------------|---------------------------|--|------------------|---|--|
| E. | A | 10e. STREET AND NUMBER | | | , | 101 | . ZIP CODE | 10 | og. CITIZEN OF | WHAT COUNTRY? | |
| physician, burial-transit permit, | FUNERAL | 4709 T | VCKE | -man S | treet | | 20737 | | U.S. | Α. | |
| /sicial | 5 | 11. MARITAL STATUS | 200.74 | 12. WAS DECEDENT EVER II FORCES? 1 YES | N U.S. ARMED | | ENDENT OF HISPANIC O | | No- 14. RAC | E — American Indian, ck, White, stc. | |
| ph ph | ВУ | 1 Never Married 3(| | IF YES, GIVE WAR OR D | ATES | 1 TYES | 2 NO Specify: | 210 110211, 2007 | | white | |
| as th | ED E | 15. DEC | EDENT'S EDU | L WW | | USUAL OCCUPATION | ON | 18b. KIND OF BUSINESS/INDUSTRY | | | |
| or at | ETE | | y highest grade | | (Give kind of life. Do NOT u | | | | | | |
| spital ned fo | 3 | 12 | 7.27 | | Manager | /Bar | | Restaura | ant | | |
| by the hospital or attending be detached for use as the at once. | COMPL | 17. FATHER'S NAME (First, M. | iddle, Last) | | | | 18. MOTHER'S NAME (F | First, Middle, Maiden Sun | name) | | |
| a be | ш | Robert J. M | larks | | | | Mary H | leisman | | | |
| 5 should | TO B | 19a. INFORMANT'S NAME (7) | | | 19b. MAILING | G ADDRESS (Street a | and Number or Rural Route | Number, City or Town, S | itate, Zip Code) | | |
| y be re sage 5 | ا ۴ | Eldergean M | | | | | an Street, | Riverdale | . Mary | land 20737 | |
| ter death. Page 6 may be the funeral director, page wal. | | 20a. METHOD OF DISPOSITI | ION on 3 Differen | ovel from State | other place) | | metery, cremetory or | | TION — City or T | | |
| age 6 direct | | 4 Donation 5 Dither | | | .akemont | Cemete | | David | <u>Isonvill</u> | e, Maryland | |
| death. Pag funeral di examiner | | 21, SIGHATURE OF FUNERA | L SERVICEU | September / | | Franc | ND ADDRESS OF FACILITY | Sons Fun | ieral H | ome PA | |
| er dea he fur al. | | 1/ test | 10 | 1 Dotha | ~ | | Baltimore A | | | | |
| E BE | | 23. PART I. Enter the di | leesses, Dr | complications that cause List only one cause on a | d the deeth. Do | not enter the mo | ode of dying, such as | cerdiec or respirat | ory srrest, | Approximete interval Between | |
| filled In on, or re | | IMMEDIATE CAUSE (Fin | nel | | | | | | | Onset and Death | |
| | | disesse or condition resulting in death) | → | . Ruptured DUE TO (OR AS) | Abdom | inal AD | rtic ANEU | Hysin | | minutes | |
| D 9 7 6 | | | | DUE TO (OR AS / | A CONSEQUENCE (| OF): | | 1 | | 5 . 6 - 6 | |
| be executed sician and com- rior to burial, traumatic ev | NO | Sequentially list conditi | | b. TYJENOU | A CONSEQUENCE O | CAPHIO | GICVIUS | DISEASE | h | years | |
| or the | A | if sny, leading to imme- cause. Enter UNDERLYI | ING | | | | | | | į. | |
| ertificating physiene pother | 필 | CAUSE (Disesse or inju that initiated events | lty] | DUE TO (OR AS / | A CONSEQUENCE (| DF): | | | | | |
| th c I H) | CERTIFICATION | resulting in deeth) LAS | T | d | | | | | | | |
| the dear the att d Menta injury, | | PART II. Other significs | int condition | ns contributing to deeth t | out not resulting | in the underlyin | g ceuse given in Pari | I. 24s. WAS AN AU | TOPSY 24 | Ib. WERE AUTOPSY FINDINGS | |
| that the ed by the and any in | MEDICAL | A | | dney with | | | | PERFORME | ED? | AVAILABLE PRIOR TO COMPLETION OF CAUSE | |
| signed signed lealth | E0 | metas | Yes to I | | , , , , , | 7 | | 1 YES 2 | NO | DF DEATH? | |
| e faw requires that the has been signed by in Dept, of Health and 1.23 shows any in | | THEIGS | | | | | | · | | 1 123 2 100 | |
| | AN | 25. WAS CASE REFERRED TO | O MEDICAL | | | 26. P | LACE OF DEATH (Check of | only one) | | | |
| SICIAN: The certificate h the State l , or item | SIC | EXAMINER? | | HOSPITAL: 1 Inpatient 2 RER/Out | petient 3 🗆 DOA | OTHER: 4 Nursing Hor | ne 5 🗆 Residence 6 🗆 | Other (Specify) | | | |
| OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate his rours after death with the State Dem 28 is marked, or Item | PHYSICIAN: | 27. MANNER OF DEATH | 200000 | 28a. DATE OF INJURY (Month, Day, Year) | 26b. TI | | JURY AT 284 DRK? | d. DEŞCRIBE HOW INJU | JRY OCCURED | | |
| DING PHYS After this death with | BY | | Pending investigation | 141 | 19 | | YES 2 NO | | | | |
| TTENDIA TOR: At after de 28 ls r | ED | | Could not be | 28e. PLACE OF INJURY building, etc. (Spe | Y — At home, farm, icify) | street, factory, offic | 281 | . LOCATION (Street and City or Town, State) | Number or Rural | Route Number, | |
| OR ATTENDING DIRECTOR: After hours after death Nem 28 is ma | PLETI | The state of the s | | | | | | | | | |
| | 릴 | | | ICIAN: To the best of my know | | | | | | | |
| TO THE HOSPITAL TO THE FUNERAL be filed within 72 I | COM | 2 M MED | | ER: On the beals of examination | on and/or investigat | ion, in my opinion, | death occured at the time | , data and place, and d | Jua 10 the cause | (a) and manner as stated. | |
| THE F | BE | 296 SIGNATURE AND TITLE | OF CERTIFIE | R O Dep | vy m | edicay | 29¢ LICENSE NUMBER | _ | | ED (Month, Day, Yber) | |
| ₽ ₽ ₽ X | 2 | Dunlan | we | und yx | amin* | 1 | 0018 | | 3-6 | | |
| | | PAUL A. | DE | ORE MA | 4203C | Dueens | sury Rd 1 | Hyattsu | ille 1 | MD 20781 | |
| | | THE PILES (MOMP, Pay. | Year) | 9 32. REGISTRAR'S SIGN Fulle Davidson-No | NATURE | | | | | | |
| | | | | | | | | | | | |

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

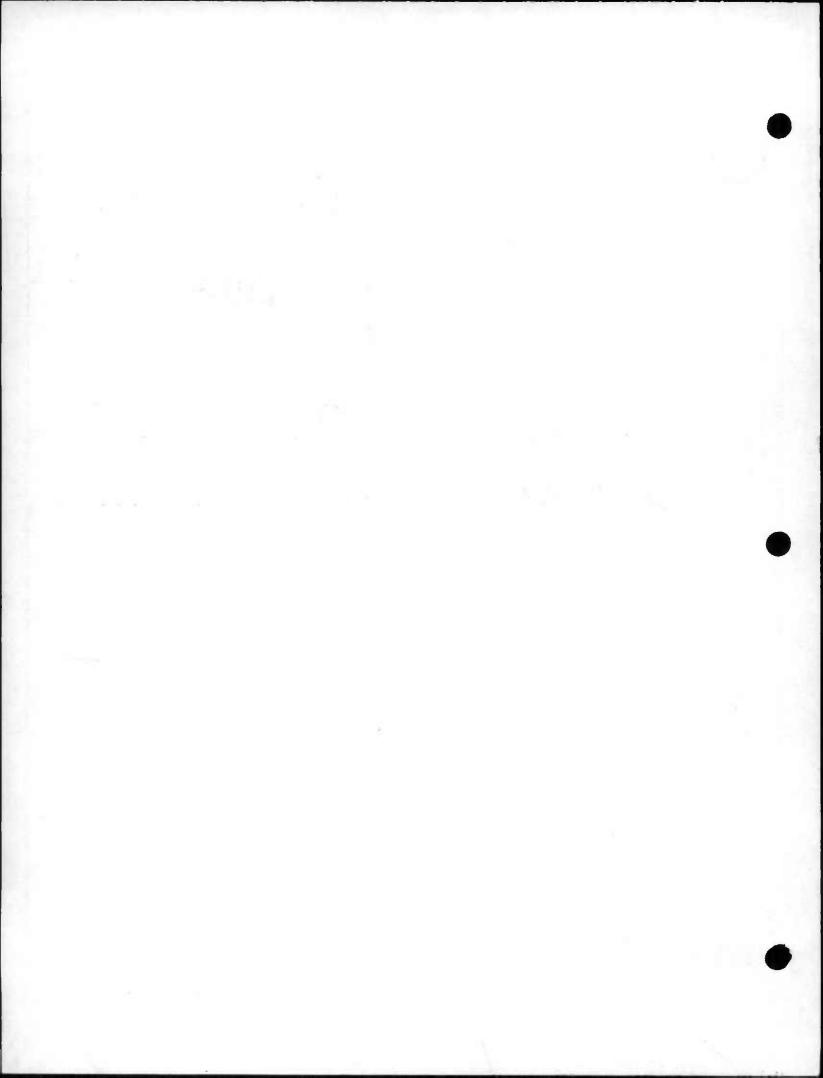
| REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last | 9 | | | CATE C | | 2 DATE | OF DEATH | • | | 3. TIME OF DEATH |
|--|--|--|--|--|--|--|---|--|---|--|
| | | 34 | -37 - 2 - | | | MONT | H DA | | YEAR | |
| Chester A | lgernol | GE (in yrs, lest i | cNai | IF UNDER 1 YEA | AR IF UNDER 24 HRS. | 03 | OF BIRTH | | 991 | 7:02 IPLACE (State or Foreign |
| | | | | MONTHS DAY | | (Mont | h, Day, Year) | | Counti | 7) |
| 241-50-8764 | 1 7 | 4 | Tho. | | | | 16/36 | | | th Carol |
| . FACILITY NAME (If not institution, give | | | | | WN OR LOCATION OF I | DEATH | | 9c. COU | NTY OF D | EATH |
| Holycross Hos | pital | | | Silve | r Spring | | | | | |
| esidence of decedent | TY | | 10c CITY | TOWN OR LO | CATION | | | | | 10d. INSIDE CITY |
| MD P. | | | | | | | | | | LIMITS? |
| e, STREET AND NUMBER | G. | | Цаг | ndove. | | | | | | 1 NO |
| | | | | | 10f. ZIP CODE | | | | | WHAT COUNTRY? |
| 8146 Allendal | T | | | | 20785 | | | U. | S.A | |
| . MARITAL STATUS Never Merried 2 Merried | 12. WAS DECEDENT EV | | | | DECENDENT OF HISPA , specify Cuban, Maxie | | | or No- | 14. RACI Black | E — American Indian, k, White, etc. |
| ☐ Widowed 4 ☐ Divorced | IF YES, GIVE WAR O | | | | YES 2 NO Spec | | ,, | | | Tack |
| _ waowed 4 _ bivorced | | | | | | | | | В. | lack |
| 15. DECEDENT'S ED (Specify only highest gre | | 16a. DEC | EDENT'S I | USUAL OCCUP | PATION g most of working | 168 | KIND OF BUS | INESS/IN | DUSTRY | |
| Elementary/Secondary (0-12) | College (1-4 or 5+) | 200 | | | | | | | | |
| lOth grade | | Tr | uck | Driv | er | I | river | | | |
| FATHER'S NAME (First, Middle, Last) | | | | | 18. MOTHER'S N | AME (First, | Middle, Maiden | Surname) | | |
| James Shipman | | | | | Nora | McNa | air | | | |
| . INFORMANT'S NAME (Type/Print) | | 19b. | MAILING | ADDRESS (Str | eet and Number or Rura | | | n, State, Zij | p Code) | |
| Hattie McNair | | 8 | 146 | Alle | ndale Dr | ive | Land | OVE | r. I | Md. 2078 |
| . METHOD OF DISPOSITION | | | | OF OISPOSIT | | | E 20c. LO | | | *** |
| Buriel 2 Cremation 3 Re | moval from State | of cemetary, o | crematory | or other place) | . Garde | i | | | | |
| Donation 6 Other (Specify) | IVENGE | паке | MOII | | E AND ADDRESS OF | | Dav | TSOI | UATI | le, Md. |
| STORTATORE OF TORETAL SERVICE | FIGERALL | | | | | | | | | |
| . 1 | 0 | | | W. | | Fur | peral | Hom | 10 | |
| 3. PART I. Enter the diseases, o shock, or heart feilun MMEDIATE CAUSE (Finel leease or condition seulting in death) | Hyperte | cal | 500 | 34 of enter the | H. Bacor 47 14th | Stre | eet, N | T.W. | | Approximate interval Betwo |
| shock, or heart feilung immediate cause or condition is sease or condition is sease or condition is sease or condition is sease or condition is sease or conditions, any, leading to immediate issee. Enter UNDERLYING AUSE (Disease or Injury lat Initiated events | e. List only one ceuse of Hyper For DUE TO (OR DUE TO (OR c. | | UENCE OF | 34 ot enter the | H. Bacor 47 14th mode of dying, su | Stre | eet, N | T.W. | | interval Betw |
| shock, or heart feilung in the property of the | e. List only one ceuse of Hyper For OR DUE TO (OR DUE TO (OR C. OUE TO (OR | AS A CONSEQUENT AS A CONSEQUEN | UENCE OF | 34 ot enter the | H. Bacor 47 14th mode of dying, su | Stre | disc or respi | AUTOPSY | reat, | Interval Betw Onset and Do Onset and Do |
| shock, or heart feilung in the sease or condition southing in death) equentially list conditions, any, leading to immediate use. Enter UNDERLYING AUSE (Disease or Injury at initiated events suiting in death) LAST | e. List only one ceuse of Hyper For OR DUE TO (OR DUE TO (OR C. OUE TO (OR | AS A CONSEQUENT AS A CONSEQUEN | UENCE OF | 34 ot enter the | H. Bacor 47 14th mode of dying, su | Stre | disc or respi | AUTOPSY | reat, | Interval Betw Onset and De Onset and De |
| shock, or heart feilung in the sease or condition suiting in death) equentially list conditions, any, leading to immediate use. Enter UNDERLYING AUSE (Disease or injury at initieted events suiting in death) LAST | e. List only one ceuse of Hyper For OR DUE TO (OR DUE TO (OR C. OUE TO (OR | AS A CONSEQUENT AS A CONSEQUEN | UENCE OF | 34 ot enter the | H. Bacor 47 14th mode of dying, su | Stre | disc or respi | AUTOPSY | reat, | Interval Betw Onset and D |
| shock, or heart fellum iMEDIATE CAUSE (Finel sease or condition suiting in death) requentially list conditions, any, leading to immediate use. Enter UNDERLYING AUSE (Disease or injury at initiated events suiting in death) LAST | e. DUE TO (OR DUE TO (OR DUE TO (OR OUE TO (OR OUE TO (OR | AS A CONSEQUENT AS A CONSEQUEN | UENCE OF | 3 4 ot enter the | H. Bacor 47 14th mode of dying, su | Streich es car | 24a. WAS AN PERFOR | AUTOPSY | reat, | Interval Betw Onset and D |
| shock, or heart feilung in the sease or condition southing in death) any, leading to immediate any, leading to immediate susse. Enter UNDERLYING AUSE (Dissess or injury at initieted events suiting in death) LAST | e. List only one ceuse of Hyper For OR DUE TO (OR DUE TO (OR C. OUE TO (OR | AS A CONSECUTAR A CONSECUTAR A CONSECUTAR A CONSECUTAR A CONSECUTAR AS A CONSE | UENCE OF | 3 4 of enter the order of the o | H. Bacor 47 14th mode of dying, su (CLLS) (lying ceuse given in 6. PLACE OF DEATH (| Streich es car | 24a. WAS AN PERFOR | AUTOPSY | reat, | Interval Betw Onset and Do Onset and Do |
| shock, or heart fellum iMEDIATE CAUSE (Finel sease or condition suiting in death) equentially list conditions, any, leading to immediate sure. Enter UNDERLYING AUSE (Disease or Injury at Initiated events suiting in death) LAST ART II. Other aignificant conditi WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XPES 2 NO MANNER OF DEATH 1 ART II. Other aignificant or conditions or c | e. DUE TO (OR b. DUE TO (OR c. OUE TO (OR d. One contributing to dee | AS A CONSECUTARY AS A C | UENCE OF UENCE OF UENCE OF | 3 4 ot enter the control of the cont | H. Bacor 47 14th mode of dying, su Culso lying ceuse given i | Streich es car | 24a. WAS AN PERFOR | AUTOPSY MED? | 248 | Interval Betw Onset and D |
| shock, or heart fellum MEDIATE CAUSE (Finel sease or condition sulting in death) Aquentially list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events sulting in death) LAST WAS CASE REFERRED TO MEDICAL EXAMINER? 1 NOTHER OF DEATH 1 ARTHUR OF DEATH 1 Accident investigation 3 Suicide 6 Could not be | e. List only one ceuse of Hyper Form Pour TO (OR DUE TO (OR C. OUE TO (OR d. One contributing to dee One contributing to dee One Contributing to dee One Contributing to dee One Contributing to dee One Contributing to dee | AS A CONSECUTION AS A C | UENCE OF UENCE OF UENCE OF DOAL TIME | 3 4 ot enter the content of the under the unde | H. Bacor 47 14th mode of dying, su (culso (ying ceuse given in (s. PLACE OF DEATH () Home 5 Residence INJURY AT WORK? YES 2 NO | Streich es car Check only o Check only o 20d. DE | 24a. WAS AN PERFOR | AUTOPSY MED? | 244 | D. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAUTOF DEATH? |
| shock, or heart fellum MEDIATE CAUSE (Finel sease or condition suiting in death) Advantage of the suiting in death Advantage of the suiting in death ART II. Other aignificant condition WAS CASE REFERRED TO MEDICAL EXAMINER? 1 CYES 2 NO MANNER OF DEATH 2 Accident 3 Suicide 4 Homicide CERTIFIER (Check only) 1 CERTIFIER (Check only) | e. List only one ceuse of the post of the | AS A CONSECTION AS A CONSECTIO | UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF | 3 4 of enter the | H. Bacor 47 14th mode of dying, su (CLL) (I) (I) (I) (I) (I) (I) (I) | n Part I. Check only of 28t. LOC(Ch) | 24a. WAS AN PERFORMANCE OF TOWN, State) CATION (Street of Town, State) CATION (Street of Town, State) | AUTOPSY IMED? | 24k | D. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUTOF DEATH? 1 YES 2 NO |
| shock, or heart fellum immediate CAUSE (Finel sease or condition seathing in death) equentially list conditions, any, leading to immediate luse. Enter UNDERLYING AUSE (Disease or Injury leat initiated events suiting in death) LAST ART II. Other algnificant conditi WAS CASE REFERRED TO MEDICAL EXAMINER? I NYES 2 NO MANNER OF DEATH Suicide 6 Pending Investigation 3 Suicide 6 Could not be determined Cartifier (Check only one) MEDICAL EXAMI | e. DUE TO (OR b. DUE TO (OR c. OUE TO (OR d. ONE d. ONE TO (OR d. ONE d. ONE TO (OR d. ONE d. ONE TO (O | AS A CONSECTION AS A CONSECTIO | UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF | 3 4 of enter the | H. Bacor 47 14th mode of dying, su (CLL) (I) (I) (I) (I) (I) (I) (I) | n Part I. Check only o 2ed. DE 2et. LOChy use to the ca | 24a. WAS AN PERFORMANCE OF TOWN, State) CATION (Street of Town, State) CATION (Street of Town, State) | AUTOPSY IMED? NURY OCCUPANT OF THE PROPERTY O | 24k | D. WERE AUTOPSY FINDIN ANAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Route Number, |
| shock, or heart fellum immediate CAUSE (Finel sease or condition seathing in death) equentially list conditions, any, leading to immediate luse. Enter UNDERLYING AUSE (Disease or Injury leat initiated events suiting in death) LAST ART II. Other algnificant conditi WAS CASE REFERRED TO MEDICAL EXAMINER? I NYES 2 NO MANNER OF DEATH Suicide 6 Pending Investigation 3 Suicide 6 Could not be determined Cartifier (Check only one) MEDICAL EXAMI | e. DUE TO (OR b. DUE TO (OR c. OUE TO (OR d. ONE d. ONE TO (OR d. ONE d. ONE TO (OR d. ONE d. ONE TO (O | AS A CONSECTION AS A CONSECTIO | UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF | 3 4 of enter the | H. Bacor 47 14th mode of dying, su final control of the control of | n Part I. Check only o 26d. DE 26t. LOC City us to the cure time, det | 24a. WAS AN PERFORMANCE OF TOWN, State) CATION (Street of Town, State) CATION (Street of Town, State) | AUTOPSY MED? NO NJURY OC and Number are as steed due to to 29d. DA' | 24k CCURED or or Rural ated. the cause(| Interval Betw Onset and De Onse |
| shock, or heart feilung and the sease or condition sessiting in death) equentially list conditions, any, leading to immediate leuse. Enter UNDERLYING AUSE (Disease or injury nat initiated events sesuiting in death) LAST ART II. Other aignificant conditions and the sessiting in death and the sessiting in death and the sessiting in death and the sessiting in death and the sessiting in death and the sessiting in death and the sessiting in death and the sessiting in death and the sessiting investigation and | e. DUE TO (OR b. DUE TO (OR c. OUE TO (OR d. ONE CONTRIBUTION TO (OR d. ONE TO (OR 28a. DATE OF INJ. (Month, Day, You building, etc. (SICIAN: To the best of my NER: On the basis of exami | AS A CONSECUTION AS A C | UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF UENCE OF | 3 4 of enter the | H. Bacor 47 14th mode of dying, su the second of dying | n Part I. Check only o 26d. DE 26t. LOC City us to the cure time, det | 24a. WAS AN PERFORMANCE OF TOWN, State) CATION (Street of Town, State) CATION (Street of Town, State) | AUTOPSY IMED? NURY OCCUPANT OF THE PROPERTY O | 24k CCURED or or Rural ated. the cause(| interval Bett Onset and E Onse |



DHMH-16 Rev 1/89

| N L | Mc hrvell | ALLE PAL | 77/46 | ION McI | | 2. DATE OF DE MONTH | 28 | YEAR 9/ | FIDA |
|--------------|--|--|------------------------------------|----------------------------------|---|------------------------------|--|------------------------------------|---|
| / | 4. SOCIAL SECURITY NUMBER 101–28–6153 | 1 M 2 F | 3E (In yrs. lest birthday) 76 YRS. | | YS HOURS MIN. | July 15 | ,1914 | Anders | on, Carol |
| rich in | 90. FACILITY NAME (If not institution, give : Carroll Manor Nu: | | | | wn or location of t | DEATN | | nce Ge | |
| DIREC | | , ince Georges | 200 | TY, TOWN OR L | ttsville | | | 1 (| I. INSIDE CITY LIMITS? YES 2X NO |
| FUNERAL | 4922 LASalle Road | d | | | 101. ZIP CODE 20782 | | | ted St | |
| . 1 | 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Never Merried 4 Divorced | 12. WAS DECEDENT EVE FORCES? 1 TY IF YES, GIVE WAR O | ES 2 NO | If ye | BECENDENT OF NISPA s, specify Cuben, Mexic YES 2 NO Speci | en, Puerto Rican, | | 14. RACE — Black, W Specify: | American Indian, hite, etc. Black |
| LETED | 15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12) | JCATION completed) College (1-4 or 5+) | | work done durii wae retired.) | ng most of working | 16b. KIND | OF BUSINESS/IN | | |
| COMPL | 8th grade 17. FATNER'S NAME (First, Middle, Last) | | Hor | nemaker | | IAME (First, Middle. | Domesti | .C | To. |
| C | Lawrence | (| Clayton | | Juli | a | THE COLUMN SEED. | | |
| 00 II | 19a. INFORMANT'S NAME (Type/Print) | | 19b. MAILIN | | treet and Number or Rura | | | | |
| - | Julia V. Huff (da 20a. METHOD OF DISPOSITION 1 Comments 3 Green 4 Donation 6 Other (Specify) | | 20h PLACE OF DISPO | OSITION (Name | Court, F of cometery, crematory of Cemetery | | 20c. LOCATION - | - City or Town, | |
| - 11- | 21. SIGNATURE OF FUNERAL SERVICE L | GENSEE Sumai | TOO I | 22. NA | ME AND ADDRESS OF I | FACILITY Latr | ney's Fu | meral | Home |
| | shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) | e. Metos DUE TO (OR A | | ialijn | ent me | laron | e- | 100 | Interval Bety Onset and D |
| RTIFICATION | Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST | c | AS A CONSEQUENCE | | | | | | |
| : MEDICAL CE | PART II. Other significant conditions Sende devento | -/ 01. 1 | th but not resulting | In the under | riying cause given in heart | 6.7 | WAS AN AUTOPS! PERFORMED? YES 2 NO | AN CC OI | ERE AUTOPSY FINE MILABLE PRIOR TO OMPLETION OF CA F DEATH? YES 2 |
| ICIAN | 25. WAS CASE REFERRED TO MEMORAL EXAMINER? | HOSPITAL: | | отнея: | 28-PLACE OF DEATH (| | | | |
| Y PHYSICIAN: | 27. MANNER OF DEATN 1 Netural 5 Pending investigation investigation | 1 Inpatient 2 ER/ 28a. DATE OF INJL (Month, Day, Ye | JRY 26b. T | IME OF 20 | ic. INJURY AT WORK? 1 YES 2 NO | - | E HOW INJURY O | CCURED | |
| TED BY | 2 Accident 3 Suicide 6 Could not b 4 Homicide determined | 26e. PLACE OF IN. building, etc. | JURY — At home, ferm (Specify) | n, street, factory | r, office | 261. LOCATION City or Tov | N (Street and Numb vn, State) | per or Rural Rou | te Number, |
| COMPLE | (Check only | SICIAN; To the best of my I | | | | | | | nd manner se st |
| O BE C | 290. SICHATUSH AND TITLE OF GENTLE | | | | 29c. UCENSE N | THO THE | 394. tx | 2/28 | eren day mais |
| | 30. NAME AND ADDRESS OF PERSON W | LERAD . | FROM Gra | rpa, Print) Ren wo | y Gr Do | r. Gre | enbelt | 1 mil | 2077 |
| | 31. DATE (1409/M. Day. Year) | fulia Davido | SIGNATURE PANOLOGIC | | t . | | | | 40 |

STATE OF MARY AND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



DIRECTOR

FUNERAL

BY

BE COMPLETED

2

MEDICAL CERTIFICATION

PHYSICIAN:

BY

COMPLETED

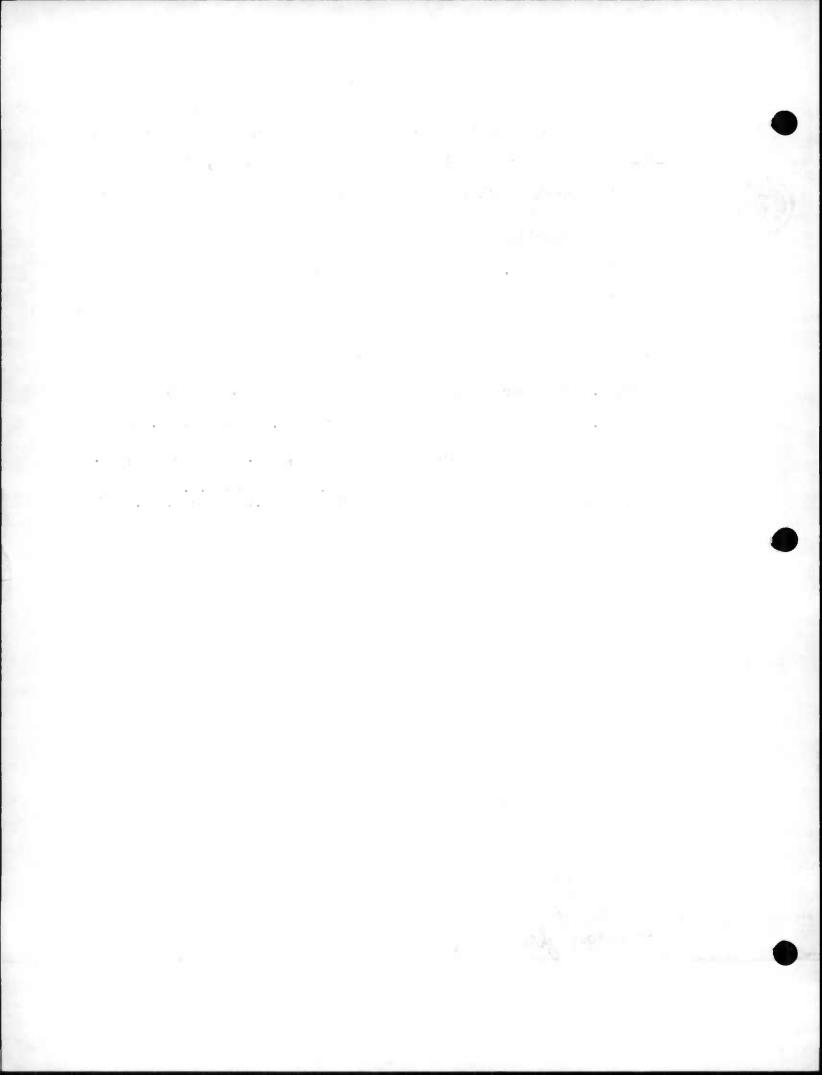
BE 0

TO THE HOSPITAL OF TO THE FUNERAL D be filed within 72 ho

| (| | |) |
|--|---|---|---|
| 6, BALTIMORE, MARYLAND 21203-3146 | HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2ours after death. Page 6 may be retained by the hospital or attending physician. | FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. | ent, the medical examiner must be notified at once. |
| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | DING PHYSICIAN: The law requires that the death certificate be executed w | FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. | TANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified 3t once. |
| DIVISIO | HOSPITAL DR ATTEN | FUNERAL DIRECTOR: | IANT: If Item 28 I |

28/9] 1997 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH FEB. 8:15 Sherley Elaine Murray 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In vrs. lest birthday) 7 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. a. BIRTNPLACE (State or Foreign July 22,1925 Maryland 579-24-8682 MONTHS DAYS HOURS 1 M 2 1 F 65 YRS. Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Frederick Memorial Hospital Frederick Frederick RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Frederick Monrovia 1 YES 2 X NO 10a, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12645 Fingerboard Rd. 21770 USA 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Married Specify: White 3 Wildowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Given kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5+) Bookkeeper Electrical Store 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Earl D. Brandenburg Maude E. VanSant 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 12645 Fingerboard Rd., Monrovia, Md. 21770 Robert D. Murray 20a. METHOD OF DISPOSITION
1 ☐ Burial 2 🔀 Cremation 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Montgomery Crematorium, Inc. Bethesda, Md. 4 ☐ Donation 6 ☐ Other (Specify) _ 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Olin L. Molesworth, P.A. h 26/101 Ridge Rd. Damascus, Md. olesn 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallure. List interval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition Metastotic Colon Canan Terminal resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 200 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF GEATN (Check only one) HOSPITAL:
1 Onpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF OEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — Al home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) morda. p. D_18191 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Anthur G. 187 Thom MANALD Juna Davidson-Handson



| 1. DECEDENT'S NAME (F | | D | | v. 61 | | | | | 2. DATE OF OE | DAY | YEAR | 3. TIME OF DEATH |
|---|-------------------------|---------------------------------|------------------------|-----------------|--------------------|--------------|----------------------------|-----------|---|---|-----------------------------|--|
| 4. SOCIAL SECURITY NU | | | Lah AGE (In yrs. les | | ea. | 1 YEAR | IF UNDER | 24 HRS. | 7. DATE OF BIR | TH | 1991 BURTHI | 2:00p. |
| 577-32-202 | | 1 □ M 2/DCF | 89 | YRS. | MONTHS | DAYS | HOURS | MIN. | Dec. 15 | | Lou | isiana |
| 90, FACILITY NAME (# no Homewood] | Retirem | ent Center | | | 96. CTT | | deric | | EATH | | Frede | |
| 10a. STATE | 10b. COUNT | | | 10c. CIT | ry, town | | | | | | | 10d. INSIDE CITY LIMITS? |
| Maryland 106. STREET AND NUMBER | | ederick_ | | _ | Free | - | CK . ZIP CODI | E | | 10g. CI | | 1 ₩ YES 2 NO |
| 31 West Pa | atrick | Street | | | | | 217 | 701 | | U | .S.A. | |
| 11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 0 | | 12. WAS DECEDENT I FORCES? 1 | YES 2 | RMEO NO | 110 | If yes, sp | | n, Maxica | iiC ORIGIN? (Spec n, Puerto Rican, e /: | | 14. RACE Black Specif | - American Indian, White, etc. |
| | ECEOENT'S EDI | | (G | ive kind of | Work done | during me | | ng | 16b. KINO | OF BUSINESS/II | NOUSTRY | |
| 11 | (0-12) | Conege (I-4 or 5+) | H | omem | aker | | | | | | | |
| John Fo | Middle, Last) Bustin | Truxi11 | .0 | | | | | enrie | ME (First, Middle, 1 2tta | | Folse | |
| 19a. INFORMANT'S NAMI Mr. Roger | | hea | | | | | | | Route Number, City Gaithers | | , | and 20879 |
| 20s. METHOD OF DISPOS 1 X Burlal 2 Creme 4 Donation 5 Ot | ntion 3 🗆 Ren | noval from State | 20b. PLACE other pi | DF DISPO | SITION (N | ame of ce | netery, cren | natory or | 1 | ROC. LOCATION - | - City or To | |
| 21. SIGNATURE OF FUNE | | Roberso | | 0706 | 22. | NAME A | ND ADDRE | SS DF FA | CILITY | | | , MD 2170 |
| disease or condition resulting in death) Sequentially list con if any, leading to im | nediate | a. RES BUE TO (0 | RAS A CONSE | QUENCE O | OF): | AIL | NE | ne us | à | | | |
| cause. Enter UNDER CAUSE (Disease or i that initiated events resulting in death) L | njury | c DUE TO (D | R AS A CONSE | DUENCE (| OF): | | | | | | | |
| PART II. Other signif | Icant condition | ona contributing to d | eeth but not | resulting | in the u | nderlyin | g cause | given in | F | MAS AN AUTOPS PERFORMED? YES 2 NO | Y 24b. | WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| 25. WAS CASE REFERRE | TO MEDICAL | Name of the last | | | - | 26. P | LACE OF D | EATH (Ch | neck only one) | | | |
| EXAMINER? | | HOSPITAL: | ER/Outpatient | 3 🗆 DOA | 4 E Nu | | 10 5 □ R | esidence | 6 Other (Spec | tty) | | |
| 27. MANNER OF DEATH 1 Natural 5 2 Accident | Pending | 28a. DATE OF III (Month, Day | | 26b, TII | ME OF JURY M | W | JURY AT ORK? YES 2 [| □ NO | 28d. OESCRIBE | HOW INJURY O | CCURED | |
| 9 D Bulalda | Could not be determined | 28e, PLACE OF | | ome, farm, | street, fac | ctory, offic | :0 | | 28f. LOCATION City or Town | (Street and Numb n, State) | ber or Rural R | oute Number, |
| torieon orny | | SICIAN: To the beat of m | | | | | | | | | |) and manner as stated |
| 29b. SIGNATURE AND TI | CERTIFI | ER / | 11 | 1 | | | 29c. LIC | ENSE NUI | MBER | 29d, D. | ATE SIGNED | (Month, Day, Year) 25, 1991 |
| 30. NAME AND ADDRESS | OF PERSON Y | | OF DEATH (ITE | - M 27) (Typ | e, Print) | | | 1000 |) (| | ren. | 23, 1331 |
| | | Jr., MD, | 300 We | st N | inth | Stre | et, | Fred | derick, | Maryla | nd 21' | 701 |
| 31. DATE FILED (Mount, pe | 25 19 | 91 Sulia A | SIGNATURE | Quedo o | 0 | | | | | | | |

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BALTIMORE, MARYLAND 21203-3146

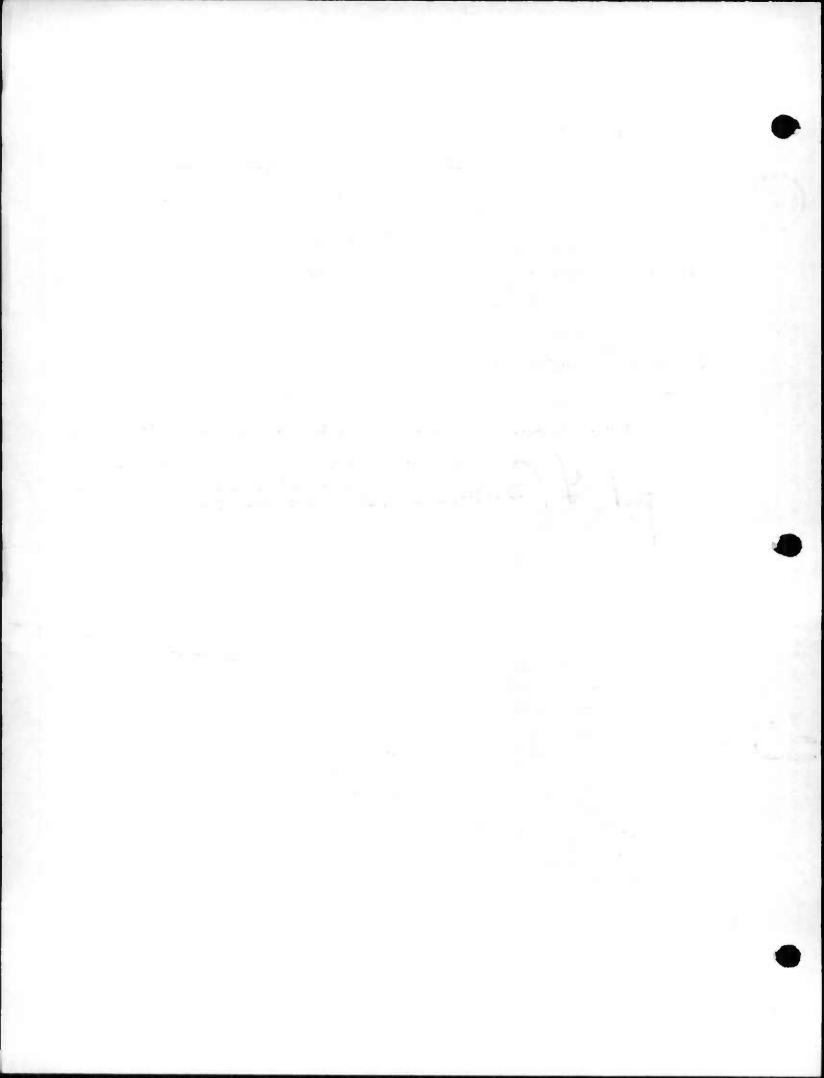
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. The HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permole filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

| , | 1. DECEDENT'S NAME (First, | | Marriagi | | | | | | | 2. DATE OF | | 2 | ₹ 1 ^R | 3. TIME OF DE | |
|---------------|---|-------------------------|----------------------|---------------------------------------|-------------|-------------|-----------------------|---------------------|-----------|---|-------------------------|-----------|--------------------------|--------------------------------|-------------|
| | | | | | | | | | | | | Z | | 7:15 | |
| | 4. SOCIAL SECURITY NUME 578-16-979 | | 5. SEX 1 M 2 XF | 6. AGE (In yrs. last | YRS. | MONTHS | DAYS | HOURS | MIN. | 7. DATE OF I | w. Year) | 893 | Count | PLACE (State or 197) taly | Foreign |
| _ | 9a. FACILITY NAME (If not in | | | | | | | R LOCATIO | | EATH | | | NTY OF D | EATH | |
| TOT. | Sacred Hear | | e | | | Ну | atts | vill | e | | | P | .G. | | |
| DIRECTOR | 10a. STATE MD | 10b. COUNTY | | | 10c. CIT | | on Local | on Park | : | | | | | 10d. INSIDE CIT LIMITS? | |
| AL | 10e. STREET AND NUMBER | | - | | | | 101 | . ZIP CODI | E | | | 10g. CIT | IZEN OF | WHAT COUNTRY? | |
| EH | .55909 Natas | haiDri | .ve | | | | | 207.4 | 0. | | | | U | SA | |
| BY FUNERAL | 11. MARITAL STATUS 1 Never Merried 2 3 Nidowed 4 Divo | | | IT EVER IN U.S. ARI | | 13. | If yes, sp | | | NIC ORIGIN? (S in, Puerto Rice y: | | or No- | 14. RACI Blac Spec | E — American inck, White, etc. | |
| | 15. DEC | EDENT'S EDUC | CATION completed) | 16a. DE | CEDENT'S | USUAL C | CCUPATIO | ON at of working | 107 | 16b. KIN | ND OF BUS | SINESS/IN | DUSTRY | | |
| COMPLETED | Elementary/Secondary (6 |)-12) | College (1-4 or 5 | +) | | _ | ourng mo | st of worldr | ·v | | | | | | |
| MP | Unavailable | | navailab | Le Ho | mema | ker | | | | _ | vn Ho | | | | |
| BE CO | 17. FATHER'S NAME (Flist, M Pietro Corr | ado | | | | | | | | Caval | | Sumame) | | | |
| 2 | 190. INFORMANT'S NAME (| | (0) | | | | | | | Route Number, (| | | | | |
| | Eugene J. | | | | | | | _ | | College | _ | | | and 207 | 40 |
| | 20s. METHOD OF DEPOSIT W flurial 2 Greenstie 4 Donation 3/G Other | on 3 🗆 Remo | over from State | 20b. PLACE | ice) | | | | natory or | | | CATION — | | | |
| | 21. SIGNATURE OF FUNERA | | HISEE () | 100 | live | | | O ADDRE | SS OF FA | CILITY | Iwasr | ingt | on. | D.C. | |
| | D/42 | /4 | 1/5 | wths. | | Fr | anci | s Ga | sch' | 's Sons | s Fur | neral | Hon | e, P.A. | |
| | 23. PART I. Enter the d | _ / ۷ | omplications the | - V Co. | ~ | | | | | | | | | Md. 20 | |
| | IMMEDIATE CAUSE (Fit disease or condition resulting in death) | eert fellure. I | List only one ce | 7 7 7 0 OR AL A CONSE | 1 | 0 1 | ,, | | | , | | | | Interval | |
| CERTIFICATION | Sequentially list condit if sny, leading to imme cause. Enter UNDERLY CAUSE (Disesse or Inle | diata ING | b | (OR AS A CONSEC | | | | | | | | | | | |
| ERTIFI | that initiated events resulting in death) LAS | | DUE TO | (OR AS A CONSEC | OUENCE O | F): | | | | | | | | | |
| | PART II. Other eignific | ant condition | s contributing to | death but not r | esuiting | In the u | nderiyin | g cause | given in | Part I. 24 | a. WAS AN | AUTOPSY | 248 | WERE AUTOPSY | |
| MEDICAL | | | 4500/0 | | 19 | 011 | | | | 1 | YES 2 | | | COMPLETION OF DEATH? | |
| | Seize | رمور | Disc | preser. | | | | | | _ | | | | 1 YES 2 | NO |
| PHYSICIAN: | | | | | | | | | | | | | | | |
| ᅙ | 25. WAS CASE REFERRED TEXAMINER? | O MEDICAL | HOSPITAL: | | // next | ОТНЕ | M: | | | heck only one) | | | | | |
| 14S | 1 YES 2 NO | | 1 Inpatient 2 | ER/Outpatient 3 | 28b. TIA | | rsing Hon 28c. IN. | | aldence | 8 Other (S) | - | NJURY OC | CURED | | |
| | 1 Netural 8 | Pending | (Month, i | Day, Year) | IN. | JURY | WC | PRK? YES 2 | NO | | | | | | |
| ED BY | 2 Accident 3 Suicide 6 4 Homicide | Could not be determined | 28e. PLACE (| OF INJURY — At ho , etc. (Specify) | me, ferm, | street, fac | ctory, offic | | | | ON (Street lown, State) | | or or Rural | Route Number, | |
| COMPLETED | ana) | | CIAN: To the best of | | | | | | | | | | | e) and manner as | eteted |
| 8 | 29b. SIGNATURE AND TELL | - | | 11 | | 3.1, 11.10y | | | | | piece, ai | | | | |
| BE | 29D. SIGNATOR AND ATE | 7 | 1 | -4 | 11 | | | | 3/C | | | 29d. DA | -/ | (Month, Day, Yea 2 9 1 | ir) |
| 2 | 30. NAME AND ADDRESS O | 7 7 | -/- | DEATH (ITE | M 27) (Type | s, Print) | 75 | 000 | 6, | eenu | 704 | Cai | | D-, | |
| | 31. DATE FILED (Month, Day, | 4 - 1 | | AR'S SIGNATURE | - | | | | . PC | 1 | 14. | | | | |
| | MAR 05 '91 | | | n-Randell | | | | | | | | | | | |
| | 2 111 | 77 | AND IN THE PARTY | | | | | | | | | | | DHMH | -16 Rev 1/8 |





| _ | 1 - STATE REGISTRAR | STATE OF MARYLA | CERTIFI | CATE O | F DEATH | REG. NO | | 5 |
|---------------|--|--|--|--------------------------------|------------------------------------|---|-------------------|--|
| 4 | 1. DECEDENT'S NAME (First, Middle, Last) | FRANK M | | | | 2. DATE OF DEATH | ~ Z 4 | 3. TIME OF DEATH |
| | 4. SOCIAL SECURITY NUMBER 232 -03-4692 | | yrs. lest birthday) | # UNDER 1 YEAR MONTHS DAYS | | 7. DATE OF BIRTN (Month, Day, Year) | _ | BIRTHPLACE (State or Fore Country) est Virginia |
| TOR | 9e. FACILITY NAME (If not institution, give et Holy Cross Hospit | | | Silver | or Location of Di Spring | EATH | | of DEATH |
| DIRECTOR | 100. STATE 106. COUNTY Maryland Prince | e George's | | town or Loc | y Park | | | 10d. INSIDE CITY LIMITS? 1 X YES 2 N |
| FUNERAL | 106. STREET AND NUMBER 4440 Wells Parkwa | v | | 1 | 20782 | | U.S. | N OF WHAT COUNTRY? |
| BY FUN | 11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAW WW- | 2 NO | If yes, | | | | RACE — American Indian Black, White, atc. Specify: White |
| COMPLETED | 15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) | CATION | 16a. DECEDENT'S I (Give kind of w life. Do NOT use | ork done during i retired.) | most of working | 16b. KIND OF BI | | |
| E COMP | 6th 17. FATNER'S NAME (First, Middle, Last) Luigi Mancuso | after the term town then then then then | Master | mecnan | 18. MOTHER'S NA | PEPCO ME (First, Middle, Melde la Imperia | n Surneme) | |
| TO BE | 19e. INFORMANT'S NAME (Type/Print) | | | | t and Number or Rural | Floute Number, City or To | wn, State, Zip Co | |
| | Nancy E. Mancuso | | PLACE AND DATE | | | yattsville | | 20782 y or Town, State |
| 1 | X Quriel 2 Crymetton 3 Remo | oval from State | Lincol | n Cem | etery 03- | 06-91 Br | entwoo | d, Marylar |
| | 23. PART I. Emer the disease, or canada, or heert fallure. | J / Ducho | | FRAN 4739 | Balt. Av | CH'S SON | sville. | Interval B |
| | IMMEDIATE CAUSE (Final disease or condition reaulting in death) | Cerelar OUF TO COR AS A | al Val | eulae | Acute | T | | 3 Vay |
| NO | Sequentially list conditions, | Chro | Mie L | y zyph | cegtie (| Lewhen | له | 6 m |
| CERTIFICATION | if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST | DUE TO (OR AS A | SHELL (| Cauce | | | | zyr |
| 4 | PART II. Other algolificant condition | a contributing to deeth be | it not reaulting i | n the underly | ing cause given in | | ORMED? | 24b. WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF (OF DEATH? |
| N: MEDICA | | | | | | | | 1 YES 2 |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | etlant 3 DOA | OTHER: | PLACE OF DEATH (Come 5 - Residence | | | (m) (v) |
| ву рну | 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation | 28e. DATE OF INJURY (Month, Day, Year) | 28b. TIM | E OF 28c. | INJURY AT WORK? YES 2 NO | 28d. DESCRIBE HOW | / INJURY OCCU | RED |
| ЕТЕО В | 3 Suicide 8 Could not be 4 Homicide determined | 28e. PLACE OF INJURY building, atc. (Spec | | itreet, factory, of | Mice | 281. LOCATION (Stree City or Town, State | | r Rural Route Number, |
| COMPLE | coel city | CIAN: To the best of my knowl | | | | | | |
| | 296. SIGNATURE AND TITLE OF CERTIFIE | 111 | . 1 | | 29c. LICENSE NU | MBER | 29d. DATE : | SIGNED (Month, Day, Year) |
| BE | | | | | | | | |

Julia Savidson-Randall

Frederick G. Barr, 2101 Medical Pk., Dr., #211, Silver Spring, Md. 20902

31. DATE FILED (Month, Day, Year)

MAR 05 '91

June Davidson—Pandole DHMH-16 Rev 1/89 Xxxxxx

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 54 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

0

VASANT DATTA

MAR 19 91

Vargath

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MO

33h

32. REGISTRAR'S SIGNATURE Julia Davidson-Randalle

MILLST

| | FOR STATE REGISTRAR | E OF MARYLAND / | | MENT OF H | | MENTAL HYGIEN REG. NO | E | | 7759 |
|---------------|--|--|------------------------------|------------------------------|---|---|-----------------|-----------------------|---|
| | 1. DECEDENT'S NAME (First, Middle, Lest) | 7. M | urf | 210 | | 2. DATE OF DEATH DO | Š d | YEAR 3. 1 | I D LS A M |
| | 4. SOCIAL SECURITY NUMBER 5. SEX 10 10 10 10 10 10 10 10 10 1 | 0 | O YAS. | F UNDER 1 YEAR ONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE | 7. DATE OF BIRTH (Month, Day, Year) | 03 | Country) | CE (State or Foreign |
| TOR | Colton Villa | who of y | | . 1 | ersto | | W | 105 | h. |
| DIRECTOR | Maryland Washingt | on | | COCK | TION | | | | I. INSIDE CITY LIMITS? YES 2 NO |
| FUNERAL | 210 West High Street | | | 101 | 21750 | | USA | N OF WHAT | COUNTRY? |
| BY FUN | 1 Never Merried 2 Married FORG | DECEDENT EVER IN U.S. ARCES? 1 YES 2 X N S, GIVE WAR OR DATES | MED IO | If yes, sp | | IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) | or No- | Black, WI Specify: | American Indian, hite, etc. White |
| ED | | (GI | ve kind of wor Do NOT use | | ON ost of working | t6b. KIND OF BU | | | wiitte |
| COMPLET | 17. FATHER'S NAME (First, Middle, Last) | 2 | Ass | embler | | Aircra ME (First, Middle, Malden | Surname) | | |
| TO BE | (FOSTER) Edward P. (190- INFORMANT'S NAME (Type/Print) H.Robert Murfin | 198 | | | and Number or Rural I |) Margaret Route Number, City or Tow Shop Rd. H | n, State, Zip C | Code) | |
| The second | 20e. METHOD OF DISPOSITION XXXBuriel 2 Cremetton 3 Removal from 4 Donation 5 Other (Specify) | State 20b. PLACE other pla | OF DISPOSIT | | metery, cremetory or | 20c. LO | extion - co | ty or Town, | |
| | 21. BIGNATURE OF FUNERAL BERNOST LIGENBEE | Liene | | | Main St. | | unera | | _ |
| | 23. PART I. Enter the diseases, or complicate shock, or heert fellure. Life only iMMEDIATE CAUSE (Final disease or condition resulting in death) | lions that coused the de one cause on each line | eth. Do no | | | | | | Approximate interval Between Onset and Death |
| N | Sequentielly list conditions, | DUE TO (OR AS A CONSEC | | CHE | | | | | tu do |
| CERTIFICATION | If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events | DUE TO (OR AS A CONSEC | | A30 | ND | | | | yn |
| CERTI | resulting in deeth) LAST | | | | | | | | |
| MEDICAL | PART II. Other algoriticant conditions contrib | buting to deeth but not r | | _ | g ceuse given in | Part I. 24e. WAS AN PERFO | RMED? | CO OF | RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Uses 2 UNO 1 Inpi | ITAL: ntient 2 - ER/Outpatient 3 | | THEB: | LACE OF DEATH (Ch | | | | |
| BY | 1 Natural 5 Pending 2 Accident Investigation | DATE OF INJURY (Month, Day, Year) | 26b. TIME INJUI | RY M 1 🗆 | JURY AT DRK? YES 2 NO | 26d. DESCRIBE HOW 28f. LOCATION (Street | | | n Mismhar |
| ETED | 4 Homicide determined | building, etc. (Specify) | | | | City or Town, State |) | | · · · · · · · · · · · · · · · · · · · |
| COMPLET | (Check only one) 2 MEDICAL EXAMINER: On the | | | | | | | | d manner as stated. |
| BEC | 29b. SIGNATURE AND TITLE OF CERTIFIER | att Mn | | | 29c. LICENSE NUI | | 29d. DATE | SIGNED (MO | onth, Day, Year) |

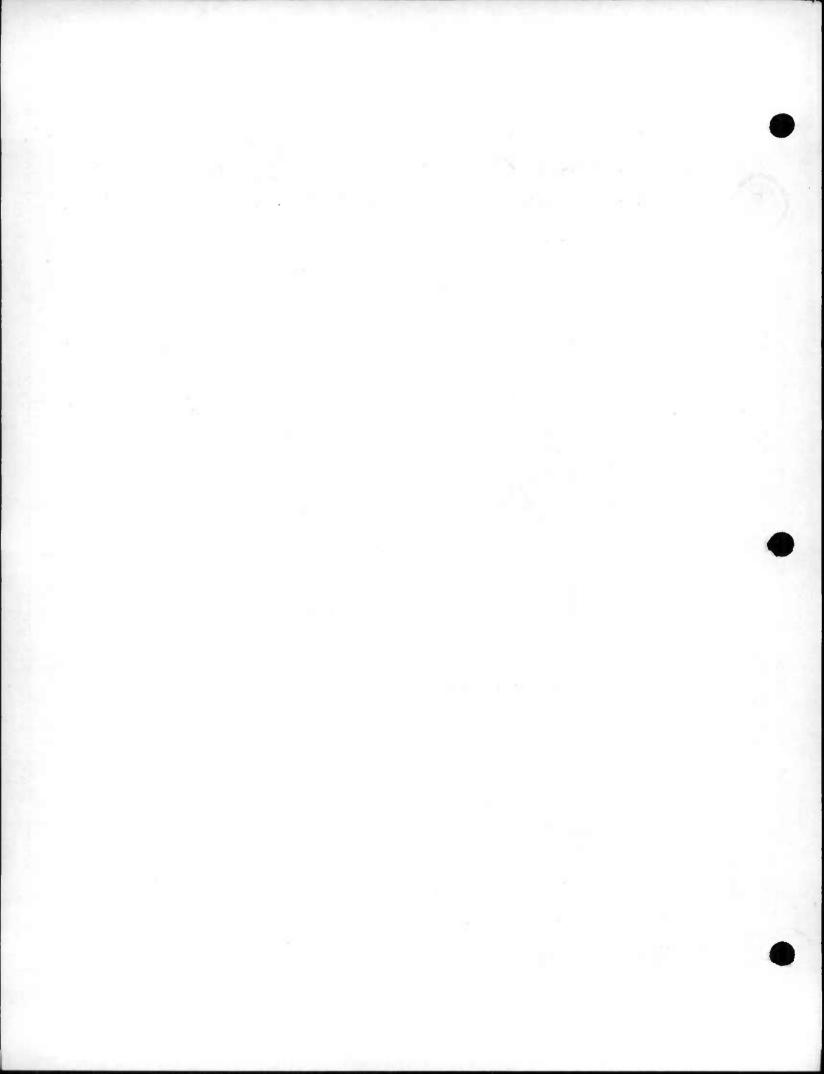
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HAGERSTONN,

3,16,91

21740

MD



| Pages |
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| permit. |
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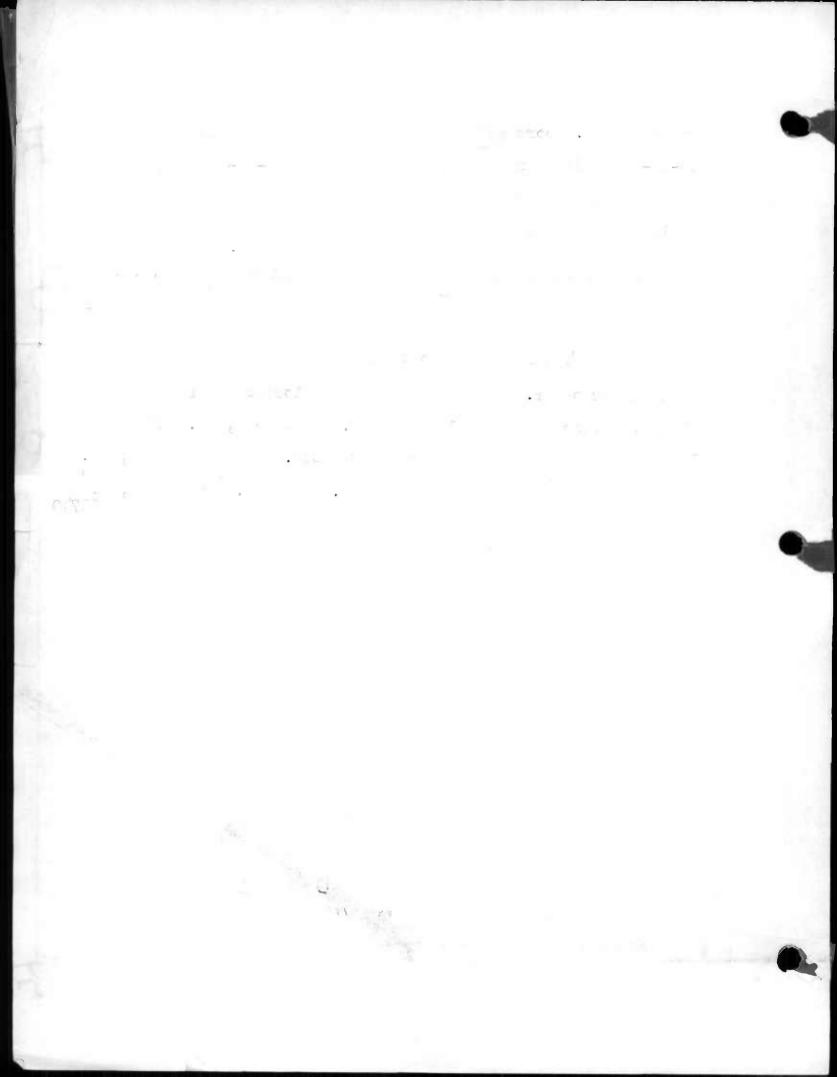
BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate by measured by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the homest director, page 5 should be directly for use as the burial-tran be filled within 72 hours after death with the State Dept. of Health and Merital Hygient price to burial, completely examinest mount be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

| Transa Tr | st) | | | | OF DEAT | | 2. DATE OF DEATH | AY | YEAR | 3. TIME O | F DEATH | |
|--|-----------------------------------|---|--------------|------------------|---|-------------|--|------------|-------------|--------------------------|-------------|-----|
| Ann, V. | Moore | | | | | | 3 16 | | 1 | 6:00 | 4 | _ |
| 4. SOCIAL SECURITY NUMBER | 5. SEX | 6. AGE (in yrs. les | | | EAR IF UNDER | MIN. | 7. DATE OF BIRTH (Month, Day, Year) | | Count | | | n |
| 214-14-6500 | 1 M 2 TF | 8" | 7 YRS. | | | | 3-30-190 | ~ | | ryla | nd _ | _ |
| 9e. FACILITY NAME (If not institution, give | re street and number) | | | | OWN OR LOCATI | | EATH | | INTY OF D | | | |
| Washinton Cou | inty Hos | pital | | Hag | gersto | wn | | Wa | shir | ngto | n | - |
| RESIDENCE OF DECEDENT | | | 1 | | | | | - | | 10d. INSIC | | |
| Maryland 106. COU | Washing | ton | 10c. CI | ITY, TOWN OR L | OCATION | lage | rstown | | | LIMIT | TS? | |
| rally Lance | II CONTRACTO | COLL | | | | | 1000 | | | 200 | 2 NO | _ |
| 10e. STREET AND NUMBER | | | | | 101. ZIP COD | | | 1 | | WHAT COUR | ITRY? | |
| 20 West Beth | el Stre | et | | | | Can | 1740 | | U.S. | | | _ |
| 11. MARITAL STATUS 1 Never Married 2 Merried 3. Widowed 4 Divorced | 12. WAS DECEDED FORCES? | ENT EVER IN U.S. A 1 YES 2 4 WAR OR DATES | NO | If ye | S DECENDENT (es, specify Cube YES 2 NO | ben, Mexica | | | Spec | CE — Americok, White, et | lc. | |
| 15. DECEDENT'S E (Specify only highest gr | DUCATION | 16a. D | DECEDENT" | 'S USUAL OCCU | JPATION | -ting | 16b. KIND OF BU | JSINESS/IN | DUSTRY | | | |
| (Specify only highest gi | College (1.4 or 5 | | He. Do NOT L | use retired.) | | Ring | | | | | | |
| hallet come y | Hyears | | Hom | nemake: | | | | | | | | _ |
| 17. FATHER'S NAME (First, Middle, Last) | | | | | 101 | | IAME (First, Middle, Melder | | | | | |
| Walter Harmo | on Sr. | | | | | | rence Ke | Ψ. | | | | 70 |
| 19a. INFORMANT'S NAME (Type/Print) | | 1 | | | | | I Route Number, City or Tox | | | | | 100 |
| Lily Ann Ma | son | В | | | | | stown, Me | | | 0 | | |
| 20s. METHOD OF DISPOSITION | | 20b. PLAC | OF OF DISPO | OSITION (Name | of cemetery, cre | rematory or | 20c. L | OCATION - | - City or 1 | Town, State | | - |
| 1 Buriel 2 Cremation 3 F | temoval from State | other | place) R.F. | et Ha | wen C | Cem- | На | gers | tow | n. M | D. | |
| 4 ☐ Donation 8 ☐ Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE | LICENSEE | | di None | 22. N/ | ME AND ADDI | RESS OF I | FACILITY Wats | on F | hine | ral | Home | 2 |
| 21. SIGNATURE ST. OTTALIST | () | | | | | | el St. Ha | | | | | £ |
| 23. PART I. Enter the discesses, | I. Na | 16 | | | | | | | | - | OT IT | |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | DUE T DUE T DUE T DUE T DUE T | TO (OR AS A CONS THE KAL TO (OR AS A CONS EVED SCL TO (OR AS A CONS | SEOUENCE | AJEUL. | AK 4 | DWE | ASE | | | | | _ |
| PART II. Other algnificant cond | - contribution | and death hut no | ^ multig | - In the und | lulno caus | - alven | In Bart I 24s. WAS | AN AUTOPS | v 2 | 4b. WERE AL | ITOPSY FIN | 101 |
| | | | | | | B giron. | PEHF | ORMED? | " | COMPLE | LE PRIOR TO | 0 |
| CORONAKY ART | EKT DIJ | BAJE | 1 1 2 | CEMAN | EIS | | 1 TES | 2 (I) NO | | DF DEAT | TH? | |
| HTroTHYRODI | | | KIT'J | KAS , | ICAC P | 10576 | SC TROIT | | | 1 🗌 YE | S 2 N |) |
| MENTIC VLEEN | | | | | | | | | | | | _ |
| 25. WAS CASE REFERRED TO MEDIC | AL | | | -TUED | | F DEATH (F | (Check only one) | | | | | _ |
| EXAMINER? 1 YES 2 NO | HOSPITAL: | 2 ER/Outpatient | 1 3 DO/ | OTHER: | | Residenc | ce 8 Other (Specify) | | | | | - |
| 27. MANNER OF DEATH | | OF INJURY | | TIME OF 2 | 28c. INJURY AT | 1 | 28d. DESCRIBE HOV | W INJURY | OCCURED | | | |
| 1 Natural 8 Pending | | th, Day, Year) | | M | 1 YES 2 | 2 NO | | | | | | - |
| 2 Accident | 28e. PLACI | CE OF INJURY — At | t home, fer | m, street, facto | ry, office | | 28f. LOCATION (Street, City or Town, Ste | | ber or Run | ral Route Nun | nber, | |
| 3 Suicide 8 Could no 4 Homicide determin | | ling, etc. (Specify) | | | | | Only or rowin, a | lite) | | | | |
| | The state had | tadar | | 4 as also als | **** and n | - and | the reusele) and | | -tetad. | | | |
| AL CENTIFIER | | | | | | | due to the cause(e) end r | | | /s) and my | -may as si | 40 |
| /Check only | AMINER: On the passe - | of examination array | /or investig | ation, in my op- | | | | | | | | _ |
| | est in the state of | | | | | | | 204 / | | | | |
| (Check only one) 2 MEDICAL EXA | TIFIER | | | | 29c. | LICENSE N | NUMBER | | | NED (Month, | Day, Year) | |
| (Check only one) 2 MEDICAL EXA | | | | | D 29c. | 22 | 313 | | | NED (Month, 16-91 | Day, Year) | 4 |
| (Check only one) 2 MEDICAL EXA | HIFIER HO | | | | D |) 22 | 313 | | | | Day, Year) | |
| (Check only one) 2 MEDICAL EX/ | HIFIER HO | | | | tos |) 22 | 313 | | | | Day, Year) | |



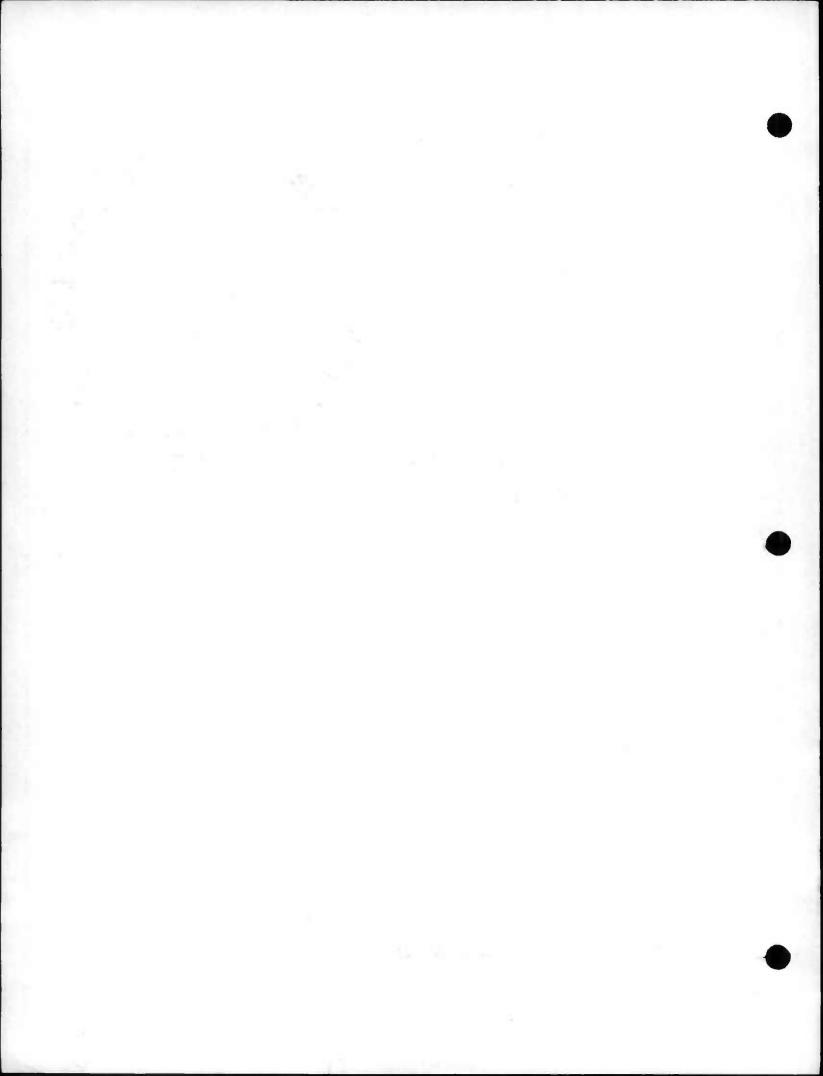
| TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount after death. Page 6 may be retained by the hor THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once | he ho | detac | ouce |
|--|----------|----------|----------|
| TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Law notes after death. Page 6 may be retained TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified | 9 | 2 | 76 |
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within carrivous after death. Page 6 may be TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page in the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumetic event, the medical examiner must be represented. | retained | 5 should | notified |
| TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Law notes after death. Page 6 mai TO THE RUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, p be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must | / pe | age | be r |
| TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4-7-rours after death. Page 6 TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral direct be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner m | S may | tor, p | tan |
| TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within anymous after death. Property TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burital, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examine | 300 6 | direct | E |
| TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any control of the transfer of the tran | F. | eral | ale e |
| TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within & would not the TUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removing IMPORTANT; If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical | r deal | of fun | 82 |
| TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a vinour TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rimportant; if item 28 is marked, or item 23 shows any injury, or other traumatic event, the meet | s afte | by th | dica |
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.7 THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely fills be field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the | non | ni ba | E |
| TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and complete be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crem: IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, | 12 | ly filly | the |
| TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cot be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial IMPORTANT; If Item 28 is marked, or Item 23 shows any Injury, or other traumatic: | d withir | mpletel | event, |
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ext TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician at be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to ImpORTANT; If Item 28 is marked, or Item 23 shows any Injury, or other trauma | curte | nd co | tic |
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physici be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prio IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other tra | 00 | an ai | E |
| TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certific TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending pile field within 72 hours after death with the State Dept. of Health and Mental Hygiene IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other | ate t | hysici | r tra |
| TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death on TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attendible filed within 72 hours after death with the State Dept. of Health and Mental Hy IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or | ertific | ng pl | othe |
| TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the dea TO THE FUNERAL DIRECTOR. After this certificate has been signed by the att be filed within 72 hours after death with the State Dept. of Health and Menta IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury. | E C | lendi | 0 |
| TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the TO THE FUNERAL DIRECTOR. After this certificate has been signed by the filed within 72 hours after death with the State Dept. of Health and ImpORTANT: If Item 28 is marked, or Item 23 shows any In | e dea | he at | Jury. |
| TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires the TO THE FUNERAL DIRECTOR: After this certificate has been signed be filed within 72 hours after death with the State Dept. of Health IMPORTANT; If Item 28 is marked, or Item 23 shows an | ## | 9 | y In |
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requir TO THE FUNERAL DIRECTOR: After this certificate has been si be filed within 72 hours after death with the State Dept. of He IMPORTANT: If Item 28 is marked, or Item 23 show | th sa | peud | 2 35 |
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law n TO THE FUNERAL DIRECTIOR: After this certificate has be filed within 72 hours after death with the State Dept. IMPORTANT: If Item 28 is marked, or Item 23 s | equire | en sig | hown |
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTIOR: After this certificate in be field within 72 hours after death with the State C IMPORTANT: If Ifom 28 is marked, or Ifom | aw n | as be | 23 \$ |
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: TO THE FUNERAL DIRECTOR: After this certifical be filed within 72 hours after death with the St IMPORTANT: If item 28 is marked, or It | The | ate ha | BE STE |
| TO THE HOSPITAL OR ATTENDING PHYSIC TO THE FUNERAL DIRECTOR: After this ce be filed within 72 hours after death with 11 IMPORTANT: If Item 28 is marked, | IAN: | rtifica | 0r 11 |
| TO THE HOSPITAL OR ATTENDING PY TO THE EUNERAL DIRECTOR: After th be filed within 72 hours after death w IMPORTANT: If item 28 is mark | 1YSIC | is ce | ed, |
| TO THE HOSPITAL OR ATTENDIN TO THE FUNERAL DIRECTOR: AY De filed within 72 hours after de | IG Pt | ter th | nark |
| TO THE HOSPITAL OR ATTE TO THE FUNERAL DIRECTOI De filed within 72 hours afte IMPORTANT: If flom 28 | - Q | A: At | 18 1 |
| TO THE HOSPITAL OR TO THE FUNERAL DIRE De filed within 72 houn | A S | 6 | 28 am |
| TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If | OR. | DIR | Hem |
| TO THE HOSI TO THE FUNE be flied withi | PITAL | RAL | T. II |
| THE DO THE Do filed MPOR | HOS | FUNE | TAN |
| 5 5 8 Z | 光 | 포 | POR I |
| | 2 | 2 | 2 2 |

| | | | | | | | | | | | | | 9 | 0776 |) |
|-------------------------------|-------|--|--|---------------|-------------|-------------------------------|--------------|---------|------------|---|-------------------|--------------|--------------|--|-------|
| | 1 | FOR STATE REGISTRAR | STATE OF MARY | | | ICATE | | | | | YGIENE EG. NO. | | | | |
| | 1 | 1. DECEDENT'S NAME (First, Middle, Last) | 1 mus | RPH | 11/ | | | | | 2. DATE OF E | . ADAY | 1991 | YEAR 3. | TIME OF DEATH | м |
| | ł | 4. SOCIAL SECURITY NUMBER 5. | . , | (In yrs. last | | IF UNDER 1 Y | FAD IE | MULEO | 24 HRS. | 7. DATE OF B | | | A BIRTHPL | ACE (State or Foreig | an |
| | | | □M2 VF | Vn | YRS. | | | JRS | MIN. | (Month, De) | y, Year) | | Country) | | |
| 1 | 1 | 213-10-0003 | 7 | 5 / | 1110. | 9b, CITY, TO | | | | 8-19- | 190. | | V 1 P DEAT | <u>inia</u> | |
| OBO B | | 90. FACILITY NAME (If not institution, give street PENINSULA GENERAL | | | | | SALIS | | | CAIR | | | COMI | | |
| DIRECTOR | | RESIDENCE OF DECEDENT | | | 40. 017 | Y, TOWN OR | 00471011 | | | | | | 1.0 | d. INSIDE CITY | _ |
| 1 2 | | 10e. STATE 10b. COUNTY | ! | | | | | J | | | | | | LIMITS? | |
| | - 198 | | omico | | | Fruit | | | | | | | | YES 2 NO | , |
| Z Z | | 10e. STREET AND NUMBER | | | | | 101. ZIP | | | | | 10g. CITIZ | | T COUNTRY? | |
| Ÿ | | 403 Clyde Ave. | | | | | 21 | 182 | 26 | | | | US | | |
| BY FUNERAL | | 11. MARITAL STATUS 1 ☐ Never Merried 2 ☐ Merried 3 ☑ Wildowed 4 ☐ Divorced | 2. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR | 5 2 N | MED IO | If y | | Cube | n, Mexic | NIC ORIGIN? (S an, Puerto Ricar fy: | | or No— | Black, V | American Indian, White, atc. White | |
| ED | | 15. DECEDENT'S EDUCAT | ION | 18a. DE | CEDENT'S | USUAL OCC | UPATION | | | 16b. KIN | ID OF BUS | NESS/INDU | JSTRY | | |
| 1 1 | | (Specify only highest grade corr Elementary/Secondery (0-12) | npleted) College (1-4 or 5+) | life. | Do NOT u | work done dur se retired.) | | WORKE | ng | | | | | | |
| 립 | | 3 | | H | ous | ewife | | | | | Οv | vn H | ome | | |
| once. | | 17. FATHER'S NAME (First, Middle, Last) | | | | | 18. | мот | HER'S N | AME (First, Middl | le, Meiden S | Surname) | | | |
| | | Thomas Ayers | | | | | | JL | ılia | a Tvn | dall | L | | | |
| BE BE | | 19a, INFORMANT'S NAME (Type/Print) | | 191 | b. MAILING | G ADDRESS (| Street and N | _ | _ | Route Number, 0 | | | Code) | | |
| TO BE | | Elizabeth M. Wil | kinson | | Box | 624 | Fr | ui | tla | and, M | id. a | 2182 | 6 . | | |
| 2 | | 20s. METHOD OF DISPOSITION | 2 | Ob. PLACE | OF DISPO | SITION (Name | of cemeter | v. crer | | | | | Olty or Town | , State | - |
| E | | 1 X Buriel 2 Crametion 3 Remove 4 Donation Dother (Specify) | i from State | Wess | e 11 | s Cem | eter | Y | | | Mear | rs, | Virg | inia | |
| - | Н | 21. SIGNATURE OF FUNERAL SERVICE LICEN | | 0 | _ | | ME AND A | | SS OF F | | | | | | |
| examiner | | - 5 111 | // | ν, | | | | | | | | | | | |
| | | Quala (| Treen | 08 | | Bo | unds | s F | une | eral H | lome | , Sa | lisb | ury, M | d. |
| medical | | 23. PART I. Enter the diseeses, or con shock, or heart fellure-Lis | | | | not sater ti | na moda | of dy | ing, su | ch as cardiac | or respli | retory arr | eat, | Approximat | |
| Ē | | IMMEDIATE CAUSE (Final | only one cause on | / / | 1 ~ | | | | 1 | | -0 / | 4 | Ω | Onset and | |
| š | | disease or condition | ahrlow | wh | (2 | orlic | - (1 | | Ma | ma (1 | Kuff | mile | // | | |
| E, | | resulting in death) a. | OUE TO (OR AS | A CONSE | OUENCE (| OFI: | | ,,,,,, | | m (1 | 0 | _ | / | | |
| or other traumatic event, the | . | | Thein l | work | . (| ndro | 100 | | h | Oisen | 4- | | | | |
| | | Sequentially list conditions, if env. iseding to immediate | DUE TO (OR AS | A CONSE | QUENCE (| OF): | | | | | | | | | |
| CATION | | cause. Enter UNDERLYING | | | | | | | | | | | | | |
| Per Per | | that initiated events | OUE TO (OR AS | A CONSE | OUENCE (| DF): | | | | | | | | | |
| or other | | resulting in death) LAST | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | 1 | |
| shows any injury, | | PART II. Other significant conditions | contributing to death | but not | resulting | In the und | ariying co | use | given i | p Part I. 24 | PERFOR | | | VERE AUTOPSY FIN WAILABLE PRIOR TO | |
| rs any inj | | Multi bytou | Com | hinj | Um | ma | 1 | W | wa | MAR 1 | YES_2 | 170 | | COMPLETION OF CA OF DEATH? | USE |
| Nows FI | | Bulyman Wise | ne | | | | | | | | | | | YES 2 N | 0 |
| 8 4 | | | | | | | | | | | | | | | |
| 1 23 s | | 25. WAS CASE REFERRED TO MEDICAL | | | | | 26. PLACE | E OF I | DEATH (C | Check only one) | | | | | |
| ed, or item | 3 | | HOSPITAL: | utpatient : | DOA | OTHER: | na Home 5 | S 🗆 A | esidence | 8 Other (S | (pecify) | | | | |
| 0 > | | 27. MANNER OF DEATH | 28s. DATE OF NUE | TY. | 28b. T/ | ME OF 2 | 8c. INJURY | ' AT | | 28d. DESCR | | NJURY OC | CUREO | | |
| | | 1 Natural 5 Pending | (Month, Dey, Yea. | 7) | " | W M | WORKT | | _ NO | | | | | | |
| | | 2 Accident investigation 3 Suicide & Could not be | 28e. PLACE OF INJU | IRY — At h | ome, farm | , street, factor | y, office | _ | | 28f. LOCATI | | and Number | or Rural Ro | ute Number, | |
| 28 Is | J | 4 Homicide 6 Could not be | building, etc. (S | | | | | | | City or 1 | Town, State) | | | | |
| E T | | 29a, CERTIFIER | | | | | | | | | | | | | - |
| = = | | (Check only | AN: To the best of my kn | | | | | | | | | | | | -4- 4 |
| ANT: If Ite | اً إِ | 2 MEDICAL EXAMINER: | On the basis of examina | tion end/or | investigat | tion, in my op | inion, desti | n occi | ared at th | ne time, date an | d place, an | nd dua to th | ne ceuse(e) | and manner as st | rted. |
| 를 " | ı l | 296. SIGNATURE AND TITLE OF CERTIFIER | | | | | 21 | c. UC | ENSE N | UMBER | | 29d. DAT | E SINNED | Moreth, Day, Year) | |
| 200 | | 61/1// | / /Me | 0 | | | | D | 40 | 190 | | 1 | 3/10/ | 191 | |
| = 6 | 4 | 30. NAME AND ADDRESS OF PERSON WHO | COMPLETED CAUSE OF | DEATH (ITT | EM 27) (Ty) | pey Print) | _ | 1 | | - | 7. | | 101 | | _ |

32, REGISTRAR'S SIGNATURE

Fishia Sairdson Randesse

31. DATE FILED (Month, Day, Year)
MAR 1 1 '91



BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

8

| | M |
|-----------|-------------|
| | 4. SOCIAL |
| i | 214- |
| ı | 9e. FACILIT |
| DIRECTOR | PENI |
| 5 1 | RESIDE |
| Ü. | 10a. STATE |
| | MARY |
| 4 | 10e. STREE |
| FUNERAL | 203 |
| 5 | 11. MARITA |
| | 1 Never |
| B | 3X Wido |
| COMPLETED | |
| Щ | Elemen |
| ē | 11 |
| Ö | 17. FATHER |
| BE (| ISS |
| | 19a. INFOR |
| 2 | JUNE |

| 1 - FOR STATE REGISTRAR | | STATE OF MA | | | | | EALTH AND I DEATH | | HYGIEN REG. NO. | E | 91 | 07762 |
|--|-------------------------------|---------------------------|--------------------|--------------|------------|------------------------|----------------------------------|-------------------------|----------------------------|--------------------------|------------|--|
| 1. DECEDENT'S NAME (First, | Middle, Last) | | | 14.5 | | ck | | 2. DATE OF MONTH | DEATH DA | <u>-</u> | YEAR | 3. TIME OF DEATH |
| MARTIN | WI | NFIELD | | Ple | 221 | CK | - | Marc | | | 791 | 0443 M |
| 4. SOCIAL SECURITY NUMBER | | | . AGE (In yrs. les | | IF UNDER | t YEAR DAYS | IF UNDER 24 HRS. | 7. DATE OF (Month, D | BIRTH lay, Ybar) | | 8. BIRTHE | PLACE (State or Foreign |
| 214-10-713 | 76 | 1 ☑ M 2 ☐ F | 87 | YRS. | MON 1 PIS | UATS | HOURS MIN. | FEB. | 20,19 | 904 | MARY | |
| 9e. FACILITY NAME (If not ins | stitution, give st | reet and number) | _ | | 9b. CITY | , TOWN O | R LOCATION OF DE | ATH | | 9c. COUN | ITY OF DE | ATH |
| PENINSULA G | | . HOSPITAI | | | SAI | LISBI | URY | | | WIC | COMIC | 00 |
| RESIDENCE OF DEC | EDENT 10b. COUNTY | | | 10c, CITY. | TOWN C | OR LOCAT | ION | | | | T | 10d. INSIDE CITY |
| MARYLAND | WICO | MTCO | | | | BURY | | | | | | LIMITS? |
| 10e STREET AND NUMBER | WICO | HICO | | 1 0 | TLL | | ZIP CODE | | _ | 10a CITI | | 1 X YES 2 NO |
| 203 POWELL | STREE | T | | | | 101. | 2180 | 1 | | log. ciri. | US | |
| 11. MARITAL STATUS | | 12. WAS OECEDENT | EVER IN U.S. AF | MED | | | ENDENT OF HISPAN | | | or No— | 14. RACE | - American Indian, |
| 1 Never Married 2 1 | | FORCES? 1 [| | NO | | If yes, spe 1 🗀 YES | 2 X NO Specifi | n, Puerlo Ric | en, etc.) | | Specifi | White, etc. |
| 3 Wildowed 4 Divor | roed | | | | | | | | | 1 | | WHITE |
| | EOENT'S EDUC highest grade | | (G | CEDENT'S L | ork done | | | 16b. K | INO OF BU | SINESS/INO | USTRY | |
| Elementary/Secondary (0- | -12) | College (1-4 or 5+) | 1 | Do NOT use | | | | | TNC | URANC | E' | |
| 11 YEARS | | NO | | SALESI | MAN | | | | | | E | |
| 17. FATHER'S NAME (First, Min | | | MESSI | CV | | | 16. MOTHER'S NA DELCIE | | unk) | | SLEY | |
| ISSAC | | | | | | | | | | | | |
| JUNE M. HOL | LINGSW | | | | | | nd Number or Rural : Γ, SALIS | | | n, State, Zip 2 180 1 | Code) | |
| 20a METHOD OF DISPOSITION 1 XI/Burlai 2 Cremation 4 Donation 5 Other | | /9 1 ovel from State | | | | | PARK | | | CATION — | | |
| 21. SIGNATURE OF FUNERAL | | | | | 22. | NAME AN | D ADDRESS OF FA | CILITY FDAT L | IOME | DΛ | | - |
| 206 | 7. | Dollo | ins | | | | SNOW HILI | | | | , MD | 21801 |
| 23. PARY I. Enter the dishock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death) | aart fallure. | complications that class | | | ot anter | the mo | de of dying, suc | ch as cardia | c or reap | iratory arr | eat, | Approximate interval Batween Onset and Daath |
| | | 006 10 10 | M AS A CONSE | QUENCE OF | E N | - | | | | | | |
| Sequentially liet conditi | 000 | - ta | elle | nou | all | d | | | | | | |
| If any, leading to immed | diete | DUE TO (C | R AS A CONSE | OUENCE OF |): | | | | | | | |
| CAUSE (Disease or Inju | | DUE TO (C | OR AS A CONSE | OUENCE OF | ۸, | | | | | | | |
| that initiated events resulting in death) LAS | т | 552 10 (0 | AS A CONSE | OULNOL OF | , | | | | | | | İ |
| l | | d | | | | | | | | | | |
| PART II. Other eignifice | nt condition | a contributing to d | eeth but not | recuiting is | n the u | nderiyin | g cause given in | | 4a. WAS AN PERFOI | RMED? | 24b. | WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE |
| | | | | | | | | _ | | | | OF DEATH? 1 YES 2 NO |
| | | | | | | | | _ | | | | |
| 25. WAS CASE REFERRED TO | O MEDICAL | | | | | 26. PL | ACE OF DEATH (C) | neck only one) | _ | | | |
| EXAMINER? | | HOSPITAL: | ER/Outpatlant | 3. II DOA | OTHE | A: | e 5 Residence | | Snec#4 | | | |
| 27. MANNER OF DEATH | | 28a. DATE OF II | NJURY | 28b. TIME | OF | 28c. INJ | URY AT | T | | INJURY OC | CUREO | |
| 1 Natural 5 | Pending | (Month, Day | | INJ | | WO | PRK? | | | | | |
| 3 Suicide 8 | Could not be determined | 28e. PLACE OF building, e | INJURY — At h | ome, ferm, s | treet, fac | | | | ION (Street Town, State | | or Rural R | loute Number, |
| | | | | | | | | | | | | |
| CONSTRUCTION OF THE PARTY OF TH | | CIAN: To the best of n | | | | | | | | | |) and menner as stated. |

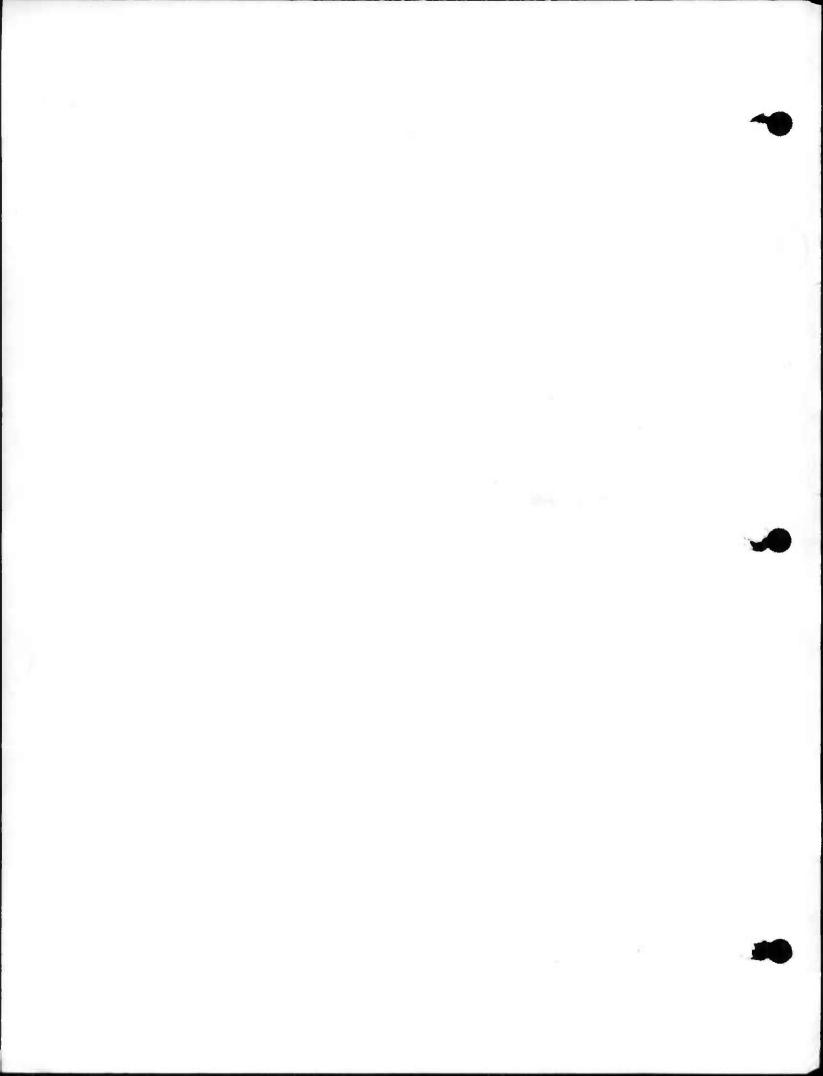
29C LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

60 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month,

32. REGISTRAR'S SIGNATURE

3 2



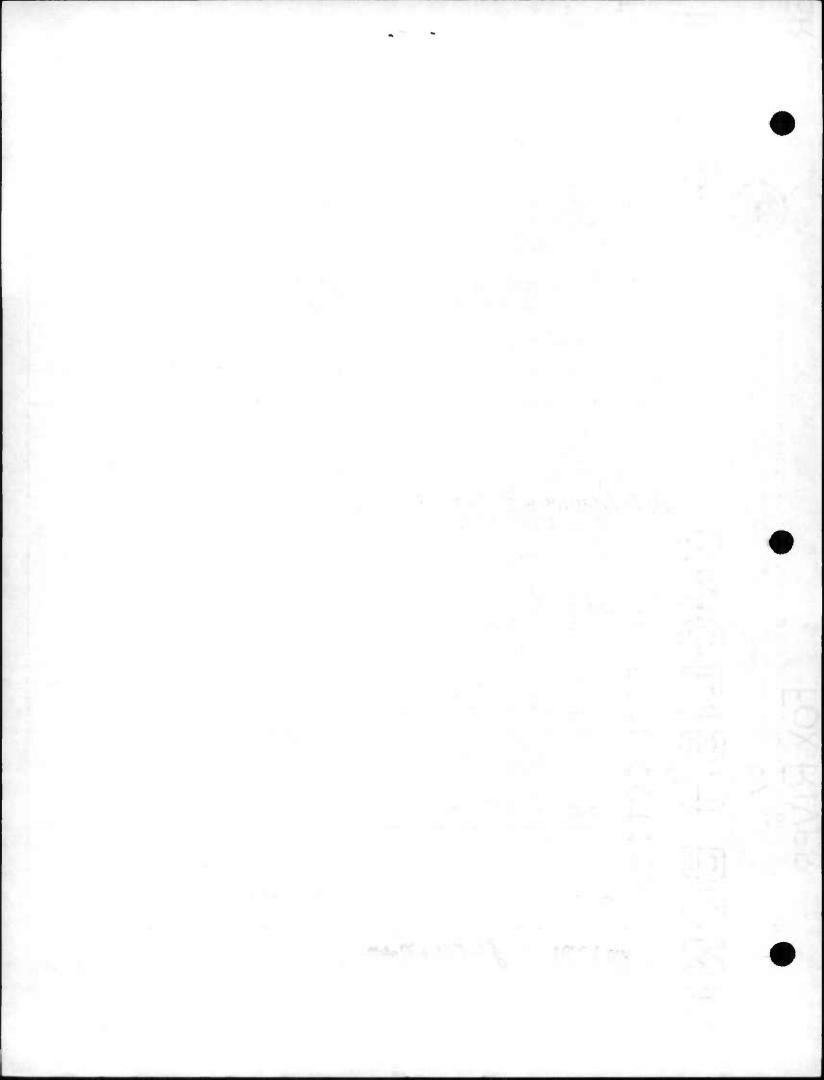
DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FINERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. It is fine after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

20

| | 1. DECEDENT'S NAME (First, | Middle, Last) | | | | | | | | 2. DATE OF I | DEATH | Y | YEAR | 3. TIME OF DEAT | ТН |
|---------------|--|---------------------------------|----------------------|--|--------------------------------------|----------------|-----------------------|---------------------|-------------|-----------------------|---------------------------|---------------|--------------------|------------------------------|---------|
| | | | Charle | es Edv | vard | | Mye | rs | | 3 | 9 | | 91 | 3:57 | рм |
| | 4. SOCIAL SECURITY NUMBER | | 8. SEX | 6. AGE (In yrs. les | t birthday) | IF UNDER | 1 YEAR | IF UNDER | 24 HRS. | 7. DATE OF E | NATH y, Year) | | 8. BIRTH Countr | IPLACE (State or Fo | oreign |
| | 212-05-89 | | 1 🔀 M 2 🗆 F | 75 | YRS. | | | | | 10/. | 10/1 | | | MD | |
| H | Memoria | | | | | | Eas: | ton | ON OF DE | ATH | | | ity of b | | |
| 5 | Memoria. | | | | | | | | | | | Ia | TDO | | |
| DIRECTOR | 10a. STATE | 10b. COUNTY | | | | Y, TOWN (| | TION | | | | | | 10d. INSIDE CITY | |
| | MD 10e, STREET AND NUMBER | T | albot | | | Oxfo | V | . ZIP COD | | | | 40 010 | | 1 YES 2 H | NO |
| FUNERAL | | | Chanash | | | | 101 | | | | | | | WHAI COUNTRY? | |
| N. | 219 S. MC | orris | 12. WAS DECEDEN | NT EVER IN U.S. AR | MED | 13. | WAS DEC | 216 | | IIC ORIGIN? (S | pecify Yea | | USA 14. RACE | E — American Indi | en. |
| | 1 Never Merried 2 | Merried | FORCES? 1 | MAR OR DATES | 10 | | If yes, sp | | ın, Maxicai | n, Puerto Ricar | | | Black | k, White, atc. | |
| BÝ | 3 Widowed 4 Divo | rced | | | | | | 22 | | | | | | "ite | |
| Ä | 15. DEC (Specify only | EDENT'S EDUC y highest grade | CATION completed) | 16a. DE | CEDENT'S Ive kind of Do NOT us | Work done | CCUPATIO during mo | ON ost of workli | ng | 18b. KIN | D OF BUS | INESS/IND | USTRY | | |
| COMPLETED | Elementary/Secondary (0 | 12) | College (1-4 or 5 | +) | | | | | | | C | 0 | L | 0 | |
| N N | 17. FATHER'S NAME (First, M | iddie Lest) | | AC | ent | | | 18 MOT | HER'S NA | ME (First, Middl | | | COM | Servi | ce |
| | Charles E | Service Service | rs. Sr | | | | | | | B. Ne | | Garrantey | | | |
| B | 19a. INFORMANT'S NAME (7 | | LU, UI | | b. MAILING | ADDRES | S (Street o | | | Route Number, C | | n, State, Zip | Code) | | |
| 5 | Margaret | | ers | I | 2.0. | Вох | 37 | 73 | Oxi | ford, | MD | 2. | 165 | 4 | |
| | 20a. METHOD OF DISPOSIT 1 Burial 2 Crematic 4 Donation 8 Other | n 3 🗆 Remo | ovel from State | of cemetary | , cremator) | | | (Name | | DATE | | CATION — | | | |
| | 21. SIGNATURE OF FUNERA | | ENSEE | - Oxfo | ora | 22. | NAME A | ND ADDRE | SS OF FA | B/13 cury ral H | | for | العا | MD | |
| | M.E.A | Revu | au B | CF.S | P | | | | | | | oot i | Fac | ton, MI | , |
| | 23. PART I. Enter the d | iseases, or c | complications the | | | not ante | the mo | ode of dy | ing, suc | h se cerdiac | Dr respi | ratory an | est, | Approxim | ate |
| | IMMEDIATE CAUSE (Fir | | Liat only one ca | use on each line | 1. | _ | | | | | | | | Onset sn | |
| | disesse or condition resulting in death) | → | . Resp | viation | 1 1 | 1116 | ST | | | | | | | min | |
| | | | - | O (OR AS A CONSE | 4 | OF): | II) | | | | | | | 100 | |
| NO | Sequentially list condit | lons, | Seizi | LIPES | | 140 | clo | nic | | | | | | mo | 2 |
| CERTIFICATION | if any, leading to imme | diate | Hum | TON AS A COMBC | GUENCE U | W. F. | | | | | | | | min | |
| FIC | CAUSE (Disease or Injuthat initiated events | | DOI: 10 | OR AS A CONSE | QUENCE O | F): | | | | | | | | 11111 | , |
| E | resulting in desth) LAS | т . | . Am | uloudi | 251 | 5 | | | | | | | | mos | |
| | PART II Other electrics | nt condition | o contelle ation to | 1 | | f. 4b. | 41.4 | L succes | ation to | n.a. 1 | | | 1 | | |
| MEDICAL | Severe | A CC | s contributing to | 1 1 | | | | g csuse | given in | Part I. 24 | PERFOR | AUTOPSY | 248 | MAILABLE PRIOR COMPLETION DF | TO |
| ŏ | ^ | MSC | 1000 t | types | | 1510 | Υ) | | | 1 | YES 2 | NO | | OF DEATH? | |
| | Congest | The_ | heart | - faile | vie. | | | | | $ \parallel$ | | | | 1 [] YES 2 [] | No |
| A | 25. WAS CASE REFERRED T | O MEDICAL | | | _ | | 26. P | LACE OF I | DEATH (Ch | neck only one) | | | | | _ |
| SIC | EXAMINER? | | MOSPITAL: | ☐ ER/Outpetient 3 | DOA | OTHE 4 Nu | A: | | er doc- | 8 Other (S) | nec#vl | | | | |
| PHYSICIAN: | 27. MANNER OF DEATH | | 28a. DATE O | F INJURY | 28b. TIR | WE OF | 28c. IN. | JURY AT | | 28d, DESCRI | | NJURY OC | CURED | | |
| ВУ Р | 1 Natural 5 🗆 | Pending Investigation | | Day, Year) | | JURY | 1 🗆 | YES 2 | □ NO | | | | | | |
| ED | 3 Suicide 6 4 Homicide | Could not be determined | 28a. PLACE building | OF INJURY — At he i, etc. (Specify) | ome, farm, | street, fac | tory, offic | CO . | | 281. LOCATIO | ON (Street own, State) | end Numbe | r or Rural | Route Number, | |
| E | 290. CERTIFIER OF CER | TIFYING PHYSI | CIAN: To the best of | of my knowledge d | eath occur | red at the | time det | e and place | a and due | to the enusel | e) and me | nner ee ste | ted. | | |
| COMPLET | Torroom only | | R: On the basis of | | | | | | | | | | | a) and menner as | stated. |
| BE C | 296. SIGNATURE AND TITLE | or celemeter | KOT | 77 | | | | 29c. LIC | ENSE NUI | MBER / | | 29d. DAT | E SIGNE | Month, Day, Year |) |
| 2 | 30, NAME AND ADDRESS O | F PERSON WH | O COMPLETED CAL | USE OF DEATH (ITE | M 27) (Typ | e, Print) | - | וטו | 09 | 06 | | | 1 | 17.1 | |
| | | | | | | | | | | | | | | | |
| | Ann H. W | | | 607 D | utc | hman | s I | ane | Εâ | ston | MD | | 2160 |)1 | |

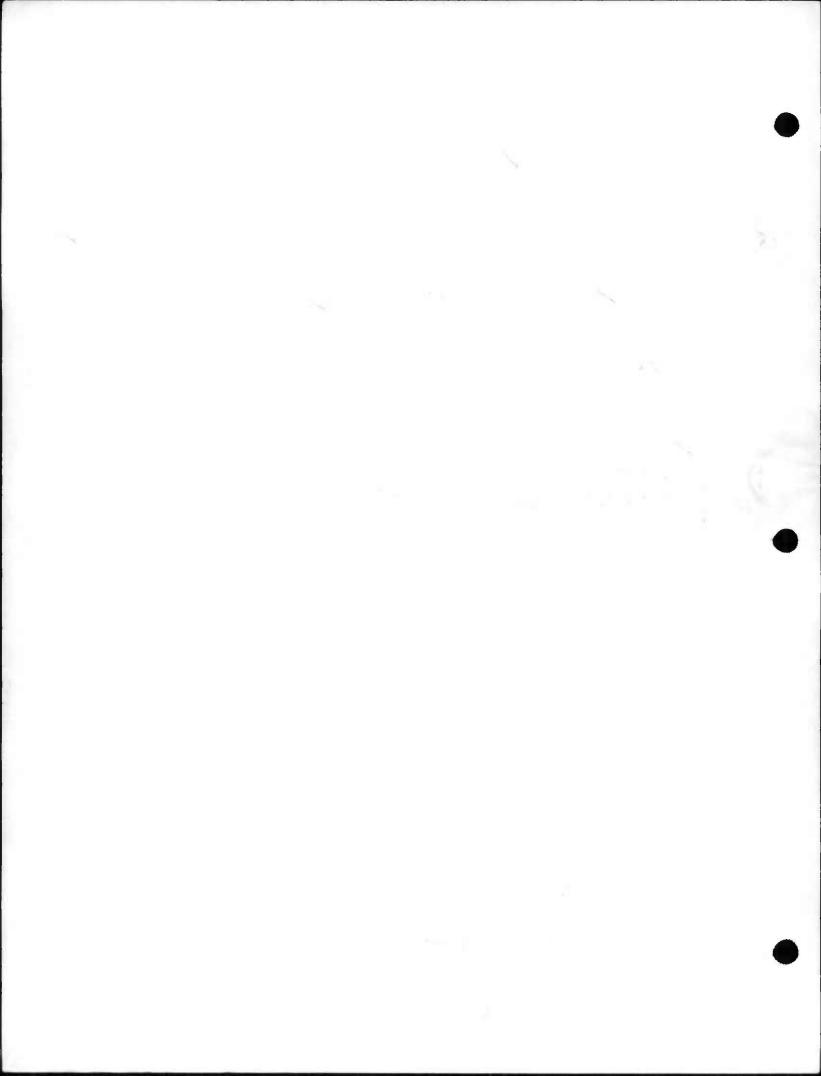


| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | BALTIMORE, MARYLAND 21203-3146 |
|--|--|
| TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. | nours after death. Page 6 may be retained by the hospital or attending physician. |
| TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train has find within 72 hours after nearly with the State Dect. of Health and Mental Hydlene prior to burial, cremation, or removal. | ed in by the funeral director, page 5 should be detached for use as the burial-tran, or removal, |
| IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. | medical examiner must be notified at once. |

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

| 1 - FOR STATE REGISTRAR | | STATE OF MARY | | | | HEALTH AND | MENTA | L HYGIENE | | | |
|--|-------------------------------|--|-------------------------------|---|---|---|-------------|---------------------------|------------------|----------------------|--|
| 1. DECEDENT'S NAME (First, | Middle, Last) | | - OL | 1111110 | AIL O | DEATH | 2. DATE | OF DEATH | | 3. | TIME OF DEATH |
| Ida | | Mav | | Mich | io | | MONT | | | AR | м |
| 4. SOCIAL SECURITY NUMB | ER | | (In yrs. last t | | F UNDER 1 YEAR | IF UNDER 24 HRS. | | OF BIRTH | 8.1 | | CE (State or Foreign |
| 213-20-61 | 10 | 1 M 2 F | 78 | YRS. | NTHS DAYS | HOURS MIH. | | th, Day, Year) 9/13/12 | | MD | |
| 9a. FACILITY NAME (If not int | | reet and number) | 70 | 9 | b. CITY, TOWI | OR LOCATION OF I | | 7/13/12 | 9c. COUNTY | | н |
| North Aru | indel H | Mospital_ | | | Glen | Burnie | | | Anne | e Ar | undel |
| 10a. STATE MD | 10b. COUNTY | | | | rown or Loc | | | | | | 1. INSIDE CITY LIMITS? YES 2 NO |
| 100. STREET AND NUMBER 209 Kathy | Ct. | | | | | 101. ZIP CODE | 1146 | | 10g. CITIZEN | OF WHAT | COUNTRY? |
| 11. MARITAL STATUS 1 Never Married 2 2 3 Wildowed 4 Divo | | 12. WAS DECEDENT EVER FORCES? 1 YES | 3 2 NC | ED) | If yes, | ECENDENT OF HISPA specify Cuban, Mexic ES 2 10 10 Speci | can, Puerto | | or No- 14. | Black, W Specify: | American Indian, hite, atc. |
| | EDENT'S EDUC highest grade | | 18e. DECI (Give life. L | EDENT'S US kind of wor to NOT use r | WAL OCCUPA k done during etired.) | TION most of working | 18 | b. KIND OF BUS | INESS/INDUST | RY | |
| 12 | | | S | ales | erson | | | Depart | ment : | Stor | e |
| 17. FATHER'S NAME (First, M. | iddle, Last) | | | | | | AME (First, | Middle, Maiden S | | | |
| Otto Krie | eger | | | | | Annie | e Vet | ters | | | |
| 19a. INFORMANT'S NAME (7) | ype/Print) | | 19b. | MAILING A | DDRESS (Street | et and Number or Rure | I Route Nun | nber, City or Town | , State, Zip Coo | de) | |
| Mr. E. Mi | Iton M | Michie | 2 | 09 Ka | thy C | t. | | Severna | Park | MD | 21146 |
| 20a. HETHOD OF DISPOSITI | ION on 3 🗆 Remo | oval from State | 0b. PLACE O | F DISPOSIT | ION (Name of | cemetery, cremetory or | 7 | 20c. LOC | ATION City | or Town, | State |
| 4 Donation 5 Other | | | Glen | Have | | | | Gler | Burn | ie | |
| 21. SIGNATURE OF ECHERA | L RESTVICE LIC | Sana | | 1 | | and address of i | | | Ritchi everna | | y. k MD 21146 |
| (23) PART4. Enter the d | | | | th. Do not | antar the | noda of dying, au | ich ae ca | rdiec or reapir | atory screet | , | Approximate |
| shock, or he IMMEDIATE CAUSE (Fir | | List only one cause on | aech line. | | | | 4 | | | | Onset and Death |
| diseese or condition | - | Caroli | 0 | 0-0 | ma | Quarte | , 1 | | | | |
| resulting in death) | | DUE TO (OR AS | A CONSEQU | JENCE OF): | | 1 | | | | | |
| | | . whi | an | - > | | | | | | | |
| Sequentially list condition of the sequentially list condition in the sequential sequent | | OUE TO (OR AS | A CONSECU | JENCE OF): | - | | | | | | |
| CAUSE (Disease or Inju | | c | | | | | | | | | |
| that initiated evente | | OUE TO (OR AS | A CONSEC | JENCE OF): | | | | | | | |
| resulting in death) LAS | | d | | | | | | | | | |
| PART II. Other significe | ent condition | s contributing to deeth | but not ra | sulting in | the underly | ing cause given i | In Part I. | 24a. WAS AN | | | RE AUTOPSY FINDINGS |
| | | | | | | | | PERFOR | _ | | AILABLE PRIOR TO IMPLETION OF CAUSE |
| | | | | | | | | 1 TYES 2 | □ NO | | DEATH? |
| | | | | | | | | | | l " | _ 125 2 _ 10 |
| 25. WAS CASE REFERRED T | O MEDICAL | | | | 26 | PLACE OF DEATH (| Check only | one) | | | |
| EXAMINER? | | HOSPITAL: 1 Inpatient 2 ER/O | utpatient 3 | | THER: | ome 8 - Residenc | | | | | |
| 27. MANNER OF DEATH | | 28a. OATE OF INJUR | Y | 26b. TIME | OF 28c. | INJURY AT | _ | ESCRIBE HOW IP | JURY OCCUR | ED | |
| | Pending | (Month, Day, Year | 7) | INJUI | | WORK? YES 2 NO | | | | | |
| 2 Cutota | Investigation Could not be | 28e. PLACE OF INJU | RY — At hon | ne, farm, atr | eet, factory, o | ffice | | CATION (Street a | nd Number or | Rural Rout | e Number, |
| 4 Homicide | detarmined | building, atc. (S | респу) | | | | Cir | y or Town, State) | | | |
| cool crity | | ICIAN: To the best of my kn | | | | | | | | ause(s) ar | nd manner as stated. |
| | | | | | , , , | | | | | | |
| 296. SIGNATURE AND TITLE | OF CENTIFIE |) con | | | | 29C LICENSE N | 7-41 | \ | DATE S | 13 | onth, Day, Year) |
| 30. NAME AND ADDRESS O | F PERSON WH | O COMPLETED CAUSE OF | DEATH (ITEM | 27) (Type, F | rint) | .5 00 | , (| | | 1 | |
| | | | | | | | | | | | |
| 31. DATE FILED (Month, Day, | | Julia Davidson | Annael . | 2 | | | | | | | |



REG NO

FOR

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STATE REGISTRAR

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| 13146, | The same of the Same |
| D. BOX | The same has |
| Р. | 4 |
| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | |
| OF VITAL | C interest on the |
| VISION | - |
| ō | |
| | ı |

DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 12 7. DATE OF BIRTH B. BIRTHPLACE (State or Country) A SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 381 X420 F 8 DAYS HOURS MIN New Jersev 0 9a. FACILITY NAME (If not institution, give CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ÇÔ. DIRECTOR 10a. STATE 10c. CITY, JOWN OR LOCATION 10d. INSIDE CITY MI YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 21403 66t ter death. Page 6 may be retained by the hospital or attending physician. . WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Married If yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES XIXNO Specify: Specify BY 3 Widowed 4 Divorced the WWII White 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life, Do NOT use retired.) COMPLET ě Elementery/Secondary (0-12) College (1-4 or 5+) page 5 should be detached 12 Comptroller Lowe's Corp 17, FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) 76 Harry K. Dorothy Lampe notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number of Rural Route Number, City of Yours, State, Zio Code) 9 Muriel Ann Mason 660 #43. Americana Drive, Annapolis MD 9 20a. METHOD OF DISPOSITION
1 ☐ Burlal 2 Cremation 3 ☐ Ramoval from State 20b. PLACE OF DISPOSITION (Name of cametery, cremetory or 20c. LOCATION — City or Town, Stata must filled in by the funeral director, ion, or removal. other place) Crematory 4 Donetion 6 Other (Specify) Baltimore, medical examiner 22. NAME AND ADDRESS OF FACILITY
Hardesty Funeral Home, P.A. 21. SIGNATURE OF PUNERAL SURVICE LICENSES Date 12 Ridgely Ave. Annapolis, MD 2140 23. PART I. Enter the dispuses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the cremation, disease or condition edden mistant completely resulting in death) or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF) bunal, CERTIFICATION and Sequentially list conditions, prior to If any, leading to immediate cause. Enter UNDERLYING physician CAUSE (Disease or Injury Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST signed by the atter Health and Mental injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL shows any 1 YES 2 NO OF DEATH? 1 YES 2 NO been 6 certificate has been the State Dept. of PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) flem HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ng Home 5 🗆 Residence 6 🗆 Other (Specify) 6 27, MANNER OF DEATN 26a, DATE OF INJURY 20b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED this co marked, 1 Metural м 1 YES 2 NO BY FUNERAL DIRECTOR: After t within 72 hours after death 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 Is I 3 Suicide ETED 6 Could not be 4 Homicide Item COMPL 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. = TO THE HOSPITA
TO THE FUNERAL
DE FILED WITHIN 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the ba ale of exemination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(s) and manner as stated 296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
PETER F. VERKOUW, 1833 F. FOREST Q

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

may be a second

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| | 38 |
| 100 | 2 |
| | Pages 1 |

BALTIMORE, MARYLAND 21203-3146

permit.

director, page 5 should be detached for use as the burial-transit or attending physician. the hospital c A Ħ retained notified 24 hours after death. Page 6 may be Pe must examiner the funeral medical filled in by the cremation, completely executed withln event, bunal, traumatic and attending physician a certificate be other 1 0 law requires that the death the atten Mental Injury. signed by the any Health shows : has been of the Dept. of the 23 sho The tem After this certificate death with the State HOSPITAL OR ATTENDING PHYSICIAN: 6 marked, 60 DIRECTOR: A hours after of 28 Hem FUNERAL within 72 MPORTANT: If 물을 223

BOX 13146,

P.0.

OF VITAL RECORDS,

DIVISION

2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 20 MAGNUSSEN 0 **ESTHER** 6. AGE (In yrs. lest birthday) 4 SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH & BIRTHPLACE (State or Foreign 08 08 DAYS HOURS NORWAY 02 1 🗌 M 2 📆 🗗 050-09-1153 88 YRS 9a. FACILITY NAME (If not institution, give street and number) 9c COUNTY OF DEATH 95 CITY TOWN OR LOCATION OF DEATH ANNE ARUNDEL ANNE ARUNDEL GENERAL HOSPITAL ANNAPOLIS DIRECTOR RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? IDE. CITY, TOWN OR LOCATION CROFTON ANNE ARUNDEL MARYLAND 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE 1718 TRURO ROAD 21114 U.S.A. 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whits, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married 1 - YES 2 1 NO Specify: BY 3 Widowed 4 ☐ Divorced WHITE 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KING OF BUSINESS/INDUSTRY lery (0-12) College (1-4 or 5+) 12 0 HOUSEWIFE HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) THOMAS THOMPSEN OLGA NILSON BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 VERA F. STROTHMAN 1718 TRURO ROAD-CROFTON, MARYLAND 21114 20a. METHOD OF DISPOSITION 1 Burlel 2 X Cremation 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, Stats METRO CREMATORY, INC. 4 Donation 5 Other (§ CATONSVILLE, MD. clfv) 21. SIGNATURE OF FURTHER SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
RAYMOND C. FINK FUNERAL HOME 21061 CRAIN HWY.S.W.GLEN BURNIE, MD. an 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallule. List only one cause on each line. Approximate Onset and Death IMMEDIATE CAUSE (Final GASTRO INTESTINAL HEMOTPHASE disease or condition 2-3 hr resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 0551616 Intestinal CERTIFICATION Sequentially ilst conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): e. Enter UNDERLYING **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO METESTATIC BROIN COMPLETION OF CAUSE 1 TES 2XNO OF DEATH? 1 TES 2 NO N/A PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: HOSPITAL: 1 YES 2 NO lent 2 - ER/Outpetlent 3 - DOA ng Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCUREO 1 Natural 6 Pending Investige 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 6 4 Homicide E 29a. CERTIFIER COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE R. Grehom mo 028874 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ULLAGE GREEN CROFTON JACKSON FRANK mp 32. REGISTRAR'S SIGNATURE Davidson Pandelle MAR 1

| | REGISTRAR | | CERTIFIC | CATE OF D | EATH | REG. N | 0. | |
|---------------|---|--|--|---------------------------------------|-----------------|---|----------------------------|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | 2. DATE OF DEATH | | 3. TIME OF DEATH |
| | Regina | Marie | Mı | undell | | MONTH 1: | 3, 1991 | 0939 ам |
| | 4. SOCIAL SECURITY NUMBER | 5. SEX 6. AGE | E (In yrs. lest birthday) | IF UNDER 1 YEAR IF | UNDER 24 HRS. | 7. DATE OF BIRTH (Month, Day, Year) | 8. B | IRTHPLACE (State or Foreign punitry) |
| | 579-48-6864 Sa. FACILITY NAME (If not institution, give | 1 M 2 X F | 73 YRS. | 96. CITY, TOWN OR L | OCATION OF DEA | 01/12/ | 9c. COUNTY O | ashington D.C |
| TOR | Calvert Memor | ial Hospit | al | Prince | Freder | cick | Cal | vert |
| DIRECTOR | 10s. STATE 10b. COUNT | Υ | 10c. CITY, | TOWN OR LOCATION | | | | 10d. INSIDE CITY LIMITS? |
| | MD 10e. STREET AND NUMBER | Calvert | Non | th Beach | CODE | | 10g. CITIZEN | 1 ₩ YES 2 NO |
| FUNERAL | 3913 3rd Street | | | | 207 | 714_ | US | SA |
| BY | 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR | S 2 NO | If yes, specify | | C ORIGIN? (Specify ' , Puarto Ricen, etc.) | | RACE — American Indian, Black, Whita, atc. Specify: White |
| TED | 15. DECEDENT'S EDI (Specify only highest grad | | 16a. DECEDENT'S U (Give kind of wo | irk done during most of | working | 16b. KIND OF E | USINESS/INDUSTI | RY |
| PLET | Elementary/Secondary (0-12) | College (1-4 or 8+) | Housewi | | | Home | | |
| COMPL | 17. FATHER'S NAME (First, Middle, Last) | | Housewi | | MOTHER'S NAM | NE (First, Middle, Maid | en Surname) | |
| BE | | Erwald S | | ADDRESS (Street and I | | querite M | | |
| 2 | Jo Ann Puglisi | | 2.4 (2.2.2.1.2.1.2.1.1.2.1.1.1.1.1.1.1.1.1.1 | | | | | nch MD 20714 |
| | 20a. METHOD OF DISPOSITION 1 | noval from State | 20b. PLACE ANO DATE of cemetary, crematory of Metropolit | OF DISPOSITION (Na or other place) | me | OATE 20c. | Alexand: | or Town, Stata |
| 12 | 21. SIGNATURE OF FUNERAL SERVICE L | | Metropolit | 22. NAME AND A | DDRESS OF FAC | ILITY | wings M | |
| CERTIFICATION | Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury | c | S A CONSEQUENCE OF | | ade | ner (| <u> </u> | 0 |
| ERTIF | that initiated events resulting in death) LAST | d | S A CONSEQUENCE OF | * | | | | |
| | PART II. Other significent condition | ons contributing to deeth | but not resulting in | the underlying c | euse given in i | Part I. 24a. WAS | AN AUTOPSY | 24b. WERE AUTOPSY FINDINGS |
| MEDICAL | | | | | | | 2 NO | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | | | | E OF DEATH (Che | lck only one) | | |
| YSIC | 1 YES 2 NO | 1 Inpatient 2 ER/O | | OTHER: 4 Nursing Home | 5 🗆 Residence | 6 Other (Specify) | | |
| ВУ РН | 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation | 28a. DATE OF INJUR (Month, Day, Yea | | JRY WORK | 2 NO | 28d. DESCRIBE HO | W INJURY OCCURI | ED |
| ETED B | 3 Suicide 8 Could not be determined | 28e. PLACE OF INJU building, etc. (S | RY — At home, farm, si (pecify) | treet, factory, office | | 28f. LOCATION (Stri City or Town, St | et and Number or F ate) | lural Route Number, |
| COMPLE | (Orach Oray | SICIAN: To the best of my kn | | | | | | use(a) and manner as stated. |
| TO BE C | 296. SIGNATURE AND TITLE OF CERTIFI | BBULL | u- | | MD / | 1705 | 29d. DATE SH | GNEO (Morth, Day, Year) |
| - | 30. NAME AND AGGRESS OF PERSON W | | DEATH (ITEM 27) (Type, | Print) | Prin | ce Fred | erick, | Md 20678 |
| | 31. DATE FILEO (Month, Day, Year) | 12. REGISTRAR'S SI | GNATURE Denda 00 | | | | | |
| | MAR 1 4 1991 | grina varido | w-Mariner | | | | | |

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| - REGISTRAR | | CERTIF | CATE OF | DEATH | REG. N | 10. | |
|--|---|------------------------------------|------------------------------------|--|---|-----------------------|---|
| 1. DECEDENT'S NAME (First, Middle, Las | nt) | | | | 2. DATE OF DEATH | 7.1 | 3. TIME OF DEATH |
| ETHEL MAE | MAGEE | | (MA | 19cc) | MONTH 1 | DAY C) | YEAR 6145 A |
| 4. SOCIAL SECURITY NUMBER | 6. SEX 6. AGE | (In yrs. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF BIRTH | | I. BIRTHPLACE (State or Foreign |
| 219-14-3007A | 1 M 2 V F | 92 vrs. | MONTHS DAYS | HOURS MIN. | (Month, Day, Year) | | Maryland |
| 9a. FACILITY NAME (If not institution, giv | , , , , , , , , , , , , , , , , , , , | | an CITY TOWN | OR LOCATION OF DE | | | TY OF DEATH |
| Wesleyan Heal | | nter | | nton | AIN | | oline |
| RESIDENCE OF DECEDENT | | | | | | | |
| 10a. STATE 10b. COU | | 10c. CITY | Y, TOWN OR LOCA | | | | 10d. INSIDE CITY LIMITS? |
| Maryland Ca | roline | | Federa | lsburg | | | 1 X YES 2 NO |
| 10e. STREET AND NUMBER | | | 10 | of. ZIP CODE | | 10g. CITIZI | EN OF WHAT COUNTRY? |
| P.O. Box 92, | (Laurel Gro | ve Road |) | 216 | 32 | U | .S.A. |
| 11. MARITAL STATUS | 12. WAS DECEDENT EVER | | 13. WAS DE | CENDENT OF HISPAN | NIC ORIGIN? (Specify | Yea or No- 1 | 4. RACE — American Indian, Black, White, etc. |
| 1 Never Married 2 Married 3 Widowed 4 Divorced | FORCES? 1 TYES | | | pecify Cuban, Maxica S 2 X NO Specifi | n, Puarto Rican, etc.) y: | | Specify: Black |
| 15. DECEDENT'S E | DUCATION | 18a. DECEDENT'S | USUAL OCCUPATI | ION | 16b. KIND OF | BUSINESS/INDU | STRY |
| (Specify only highest gri | College (1-4 or 5+) | (Give kind of w life. Do NOT us | vork done during m is retired.) | ost of working | | | |
| 6 t h | | Domest | ic Wor | ker | Priv | ate H | omes |
| 17. FATHER'S NAME (First, Middle, Last) | | | | _ | ME (First, Middle, Maid | len Sumame) | |
| Edward Turne | r | | | | Neal Tu | | |
| 19a. INFORMANT'S NAME (Type/Print) | | 10h MAII ING | ADDRESS (Street | and Number or Rural | Route Number, City or 1 | Four Chata 7in (| Parie 1 |
| Ms. Maxine M | agee | | | | alsburg | | |
| 20a. METHOD OF DISPOSITION | | | | | | | |
| 1 Buriel 2 Cremetion 3 R 4 Donation 5 Other (Specify) | amoval from State | other place) Fe c | SITION (Name of Co | | | | sburg, MD |
| 4 ☐ Donation 5 ☐ Other (Specify) | | rec | ierai r | dill Cen | 1. | uerai | sburg, MD |
| 21. SIGNATURE OF FUNERAL SERVICE | LICENSEE | | of non | AND ADDRESS OF FA | bankin - | Estron | |
| × 19 who. 1. | Estin 5 | | 2161 | Doll n | 22-56 7 | Marcha | My 74. 2163 2 |
| 23. PART I. Enter the diseases, abook, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in deeth) | e. List only one cause on | Failure | > | ode of dying, auc | h ea cardlec or re | apiratory arre | at, Approximata Interval Betwee Onset and Deat |
| Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | C | A CONSEQUENCE OF | | | | | |
| Anemia | ona contributing to daeth | but not reaulting i | in tha underlyir | ng cause given in | PERI | AN AUTOPSY FORMED? | 24b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| 00 1100 0100 0100 | | | | | | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | OTHER: | PLACE OF DEATH (Ch | eck only one) | | |
| 1 YES 2 160 | 1 Inpatient 2 ER/Ou | rtpetient 3 DOA | | me 5 🗆 Residence | 6 🗆 Other (Specify) | | |
| 27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation | 28a. DATE OF INJURN (Month, Day, Year) | 28b. TIM | URY W | JURY AT PORK? YES 2 NO | 28d. DEŞCRIBE HO | W INJURY OCCI | URED |
| 3 Suicide 6 Could not detarmined | | RY — A1 home, farm, secify) | street, factory, offi | ica | 26f. LOCATION (Stre City or Town, St | eet and Number o | or Rural Route Number, |
| one) 2 MEDICAL EXAM | | | | | | | d. cause(a) and manner as stated. |
| 296. BIGHATURE AND TITLE OF CERTIF | fier | | | 29c. LICENSE NU | 294 | 29d. DATE | SIGNED (Morth, Day, Year) |
| 30. NAME AND ADDRESS OF PERSON | WHO COMPLETED CAUSE OF C | DEATH (ITEM 27) (Type, | Print) | | | | |
| Rob Lappin | ml) Po | BOXIZ | 2 6 | Papor | o Mel. | 2163 | 6 |

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within supervise death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. It has after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

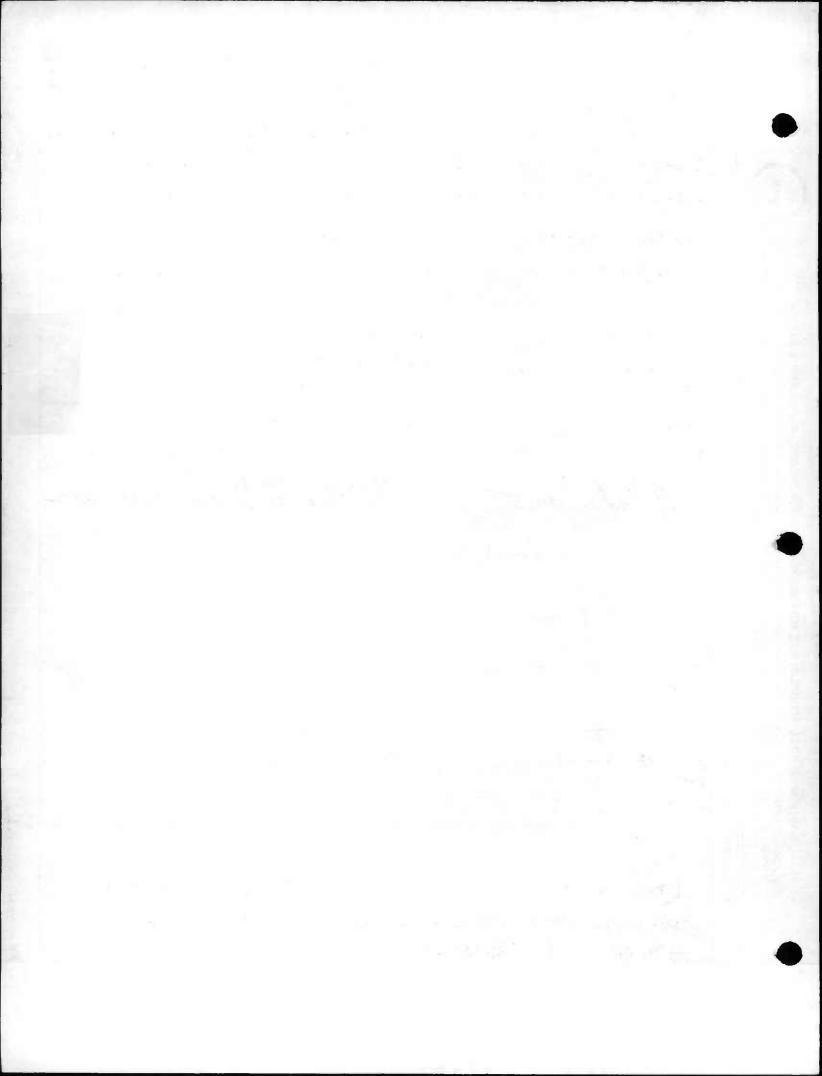
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

FFB 25 '91

32. REGISTRAR'S SIGNATURE his Davidson-Randall



OHMH-18 Rev 1/89

| 1. OECEDENT'S NAME (First, Middle, Last | | | | | | | | | | | | |
|--|--|--|---|------------------------------------|-------------|---|-----------------|--|--|---------------------|--|--|
| | | | | | | | | 2. DATE MONTH | OF DEATH D | | YEAR 3 | TIME OF DEATH |
| WILLIAM FLETC | | | · List de d | | | | | 3 | 13 | 191 | | 08:30A |
| 214-03-0862 | S. SEX | 6. AGE (In yrs. in: | | IF UNDER | DAYS | HOURS | 24 HRS. MIN. | | Day, Year) | | Country) | ACE (State or Foreign |
| 214-03-0862 | | 82 | 1110. | th CITY | TOWN O | R LOCATIO | N OF DE | | 8190 | 9c. COUNT | | LAND |
| UNION HOSPITA | | | | | | | /N O. D. | Ain | | CEC | | |
| RESIDENCE OF DECEDENT | | | | | LKTO | | | | | Cisc. | ТТ | |
| 10a. STATE 10b. COUN | | | | | DR LOCAT | IDN | | | 100 | | 10 | Dd. INSIDE CITY LIMITS? |
| | ECIL | | EI | KTC | | | | | | | | YES 2 NO |
| 100. STREET AND NUMBER | TIDOU DON | | | | | ZIP CODE | | | | 10g. CITIZE | N OF WH | AT COUNTRY? |
| 1029 UNION CH | | | | Τ., | | 2192 | | | | | US | |
| 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI | T EVER IN U.S. AF | МО | | If yes, spe | ENDENT O | . Mexico | n. Puerto R | ? (Specify Yealican, etc.) | n or No 1 | 4. RACE — Black, \ Specify: | American Indian, White, etc. WHTTE |
| 15. DECEDENT'S EC | DUCATION | 18a. O | ECEDENT'S | USUAL O | CCUPATIO | ON . | | 16b. | KINO OF BU | SINESS/INDU | STRY | WILLE |
| (Specify only highest gra Elementary/Secondary (0-12) | College (1-4 or 8 + | | Sive kind of w b. Do NOT use | ork done e retired.) | during mo | st of workin | g | | | | | |
| UNKNOWN | | | BANKE | R | | | | | BANK | TNG | | |
| 17. FATHER'S NAME (First, Middle, Last) | | | 150×200 | | | 16. MOTH | IER'S NA | ME (First, N | liddle, Maiden | | | |
| WILLIAM EDWAR | D NICKER | SON | | | | EI | HEL | F. | WILI | IAMS | <u> </u> | |
| 19a. INFORMANT'S NAME (Type/Print) | | 19 | b. MAILING | AODRES | S (Street a | | | | | m, State, Zip C | lode) | |
| WILLIAM F. NI | CKERSON | | | | | | | EAR | | E. MI | | |
| 20s. METHOD OF DISPOSITION 1, Buriel 2 Cremation 3 Re | amoval from State | other p | OF DISPOS | ITION (N | ame of cen | netery, crem | atory or | | | CATION — CI | | |
| Donation 5 Other (Specify) | | . В | ETHE | | | | | | CH | ESAPI | EAKE | CITY, |
| 21. SIGNATURE OF FUNERAL SERVICE | LICENSEE | | | 22. | | D ADDRES | | | | | | |
| | . 1 | | | | D I | ਜ ਜ | OAD | D DI | TATE TO 7 | T TIOR | 77 TOTAL | |
| 23. PART I. Enter the discess, o shock, or neert fellun | or complications that | coused the d | eeth. Do n | ot snte | C | HESA | PEA | KE C | JNERA | MADI | 7 T 7 N | Approximate |
| 23. PART I. Enter the discoses, o | or complications that e. List only one cause | t coused the deseron each line | al C | en c | r the mo | HESA | PEA | KE C | עידיד | MADI | 7 T 7 N | Approximate Interval Betwe |
| 23. PART I. Enter the disease, o shock, or neert fellun immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING | s | orect | ed C | en C | r the mo | HESA | PEA | KE C | עידיד | MADI | 7 T 7 N | Approximate Interval Between Onset and Dea |
| 23. PART I. Enter the disease, o shock, or heert fellun immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate | s | orect (OR AS A CONSE | equence of | en c | r the mo | HESA | PEA | KE C | עידיד | MADI | 7 T 7 N | Approximate Interval Between Onset and Dea |
| 23. PART I. Enter the disease, o shock, or heert felium immediate CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | s | O P C T (OR AS A CONSE | EQUENCE OF | - en c | r the mo | HESA de of dyl | DE A | KE (| lec or resp lec or resp 24a, WAS AP PERFO | MADS Iratory arrest | 24b. W | Approximate Interval Betwee Onset and Dei Grand Service Onset and Dei Grand Service Onset and Dei Grand Service Onset and Dei Grand Service Onset Onse |
| 23. PART I. Enter the disease, o shock, or heert fellun immediate CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | s | O P C T (OR AS A CONSE | EQUENCE OF | - en c | r the mo | HESA de of dyl | DE A | KE (| lec or resp | MADS Iratory arrest | 24b. W | Approximate interval Betwee Onset and Der Conset and Der Conset and Der Conset and Der Conset and Der Conset and Der Conset and Der Conset and Der Conset and Der Conset and Der Conset and Der Conset and Der Conset and De |
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| 23. PART I. Enter the disease, o shock, or neert felium immediate CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions. | s | O P O P O P O P O P O P O P O P O P O P | equence of | The u | r the mo | de of dyl | DE A ng, suci | Part I. | 24a. WAS AN PERFO | MADS Iratory arrest | 24b. W | Approximate Interval Betwee Onset and De G Marco Conset and De G M |
| 23. PART I. Enter the disease, o shock, or neert felium immediate CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pending | a | ore of the consection of the c | e. GOVENCE OF GOVENCE OF FOURIER S TO DOA 28b. TIMM | OTHE 4 Nu | r the mo | de of dyl | DP: A ng, suci | Part i. | 24a. WAS AN PERFO | MADS Iratory arrest | 24b. W | Approximate Interval Betwee Onset and De G Marco Conset and De G M |
| 23. PART I. Enter the disease, o shock, or neert fellum immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH | a | ore of the consection of the c | EQUENCE OF EQUENCE OF resulting I | OTHE U | r the mo | de of dyl | DP: A ng, suci | Part I. Beck only on 8 Other 28d. DES | 24a, WAS AI PERFO | INJURY OCCU | 24b. W | Approximate Interval Between Onset and De German Onset and De Germ |
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| 23. PART I. Enter the disease, o shock, or freet fellum immediate Cause (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent conditions and the cause in the cause i | a | ee on each lin O re f (OR AS A CONSE (OR AS | GOUENCE OF GOUENCE OF GOUENCE OF resulting is 28b. TiMilinu ome, farm, a | OTHE 4 Number of Market And at the | r the mo | de of dyl de of dyl g cause (ACE DF D as 5 Re URY AT RK? YES 2 e and place | pr A ng, suci | Part I. Back only one Control Back only one Bac | 24a. WAS AN PERFO 1 YES: f (Specify) ATION (Street ATION (Street ATION (Street ATION (Street) | INJURY OCCU | 24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA | Approximate Interval Betwee Onset and De Grand Betwee Onset and De Gra |

hed for use as the burial-transit permit. Pages 1, 2, 3 should spital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- nours after death. Page 6 may be made if the death of the FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page amount be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

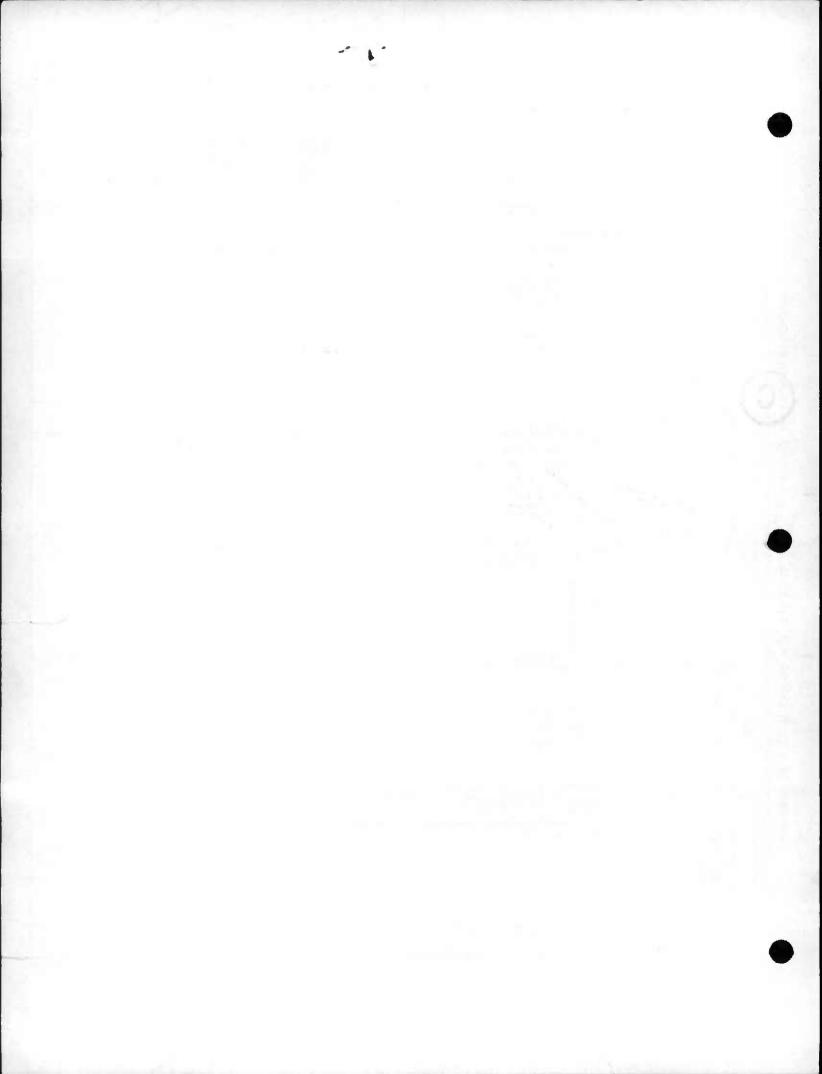
BALTIMORE, N

ID 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

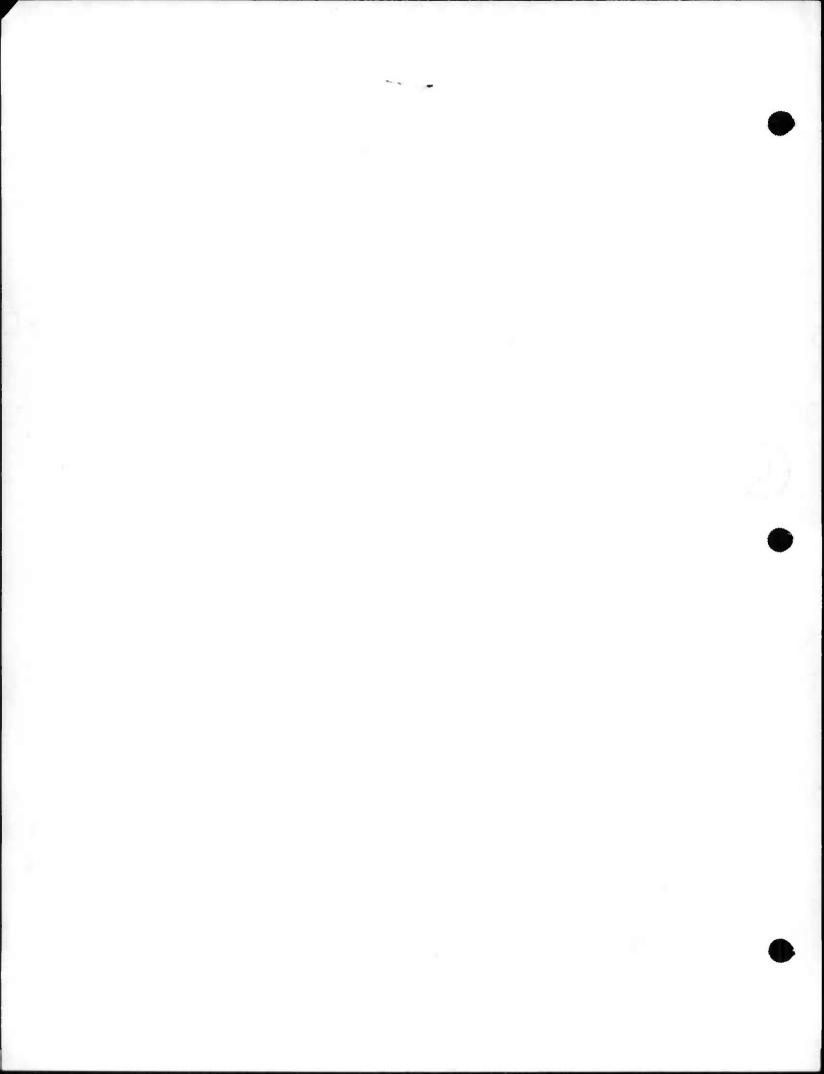
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| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be escound within a second some control of the standing physician and comments. | Ried in by the | C | PHYSICIAN: The law requires that the death certificate be secured within a management of the period of attending physician. This conficate has been strong by the attending networking and committed that the period of the trial transit network of the period of the peri |
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| 10 IRF CONTROL UNEXUS CHEER CARRIED TO SERVICE AND AND AN AND AN AND AN AND AND AND AN | on, or removal. |) | the contract of the second contract to the se |

| | 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. | | | | | | | |
|---------------|---|---|---|--------------------------------|--|---|---|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH | | |
| | Richard Willia | im Ne | ergA | ARd | 100 0 | 2.1991 | | |
| | | . AGE (In yrs. lest birthday) | IF UHDER YEAR | IF UNDER 24 HRS, HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) | | THPLACE (State or Foreign intry) | |
| | 413-14-0054 1X M 2 🗆 F | 86 YRS. | | | 02/15/19 | | ennessee | |
| _ | 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH | | | | | | | |
| DIRECTOR | Physicans Memorial Hospital La Plata Charles | | | | | | | |
| ᇤ | RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY | | | | | | | |
| E | Maryland Charles | La | La Plata | | | | LIMITS? V | |
| او | 10e. STREET AND NUMBER | | 101 | ZIP CODE | | 10g. CITIZEN OF | F WHAT COUNTRY? | |
| EF | 3204 Sadie Lane | | 20646 | | | U.S.A. | | |
| FUNERAL | 11. MARITAL STATUS 12. WAS DECEDENT | EVER IN U.S. ARMED | S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGI 20 AND If yes, specify Cubsn, Mexicen, Puerto | | | | | |
| | 1 Never Married 2 Married FDRCES? 1 IF YES, GIVE WAR | YES 2\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | 2 RO Specify | | 5.55 | ech, white | |
| BY | XX | | | | | | | |
| COMPLETED | 15. DECEDENT'S EDUCATION (Specify only highest grade completed) | 16a. DECEDENT'S t | ork done during mo | ON st of working | 18b. KIND OF BU | JSINESS/INDUSTRY | ' | |
| ٦ | Elementary/Secondary (0-12) College (1-4 or 5+) | | Civil Engineer, Ret. Survey Engi | | | | | |
| N N | 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Lest) | | | | | | | |
| ö | Richard William Neergaard | | | | rrie Patten | | | |
| BE | 19e. INFORMANT'S NAME (Type/Print) | | 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) | | | | | |
| 2 | Norma Neergaard | | 3204 Sadie Lane ,La Plata,Md. 20646 | | | | | |
| | 20a. METHOD OF DISPOSITION | 20b. PLACE OF DISPOS | PLACE OF DISPOSITION (Name of cometery, crematory or 20c, LOCATION — City or Town, State | | | | | |
| | 1X Buriel 2 Cremetion 3 Removel from State other place) 4 Donation 8 Other (Specify) Woodlawn Cen | | | netery LaFollett Tenn. | | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Arehart Funeral Home, Inc. | | | | | | | |
| | P.O. Box 567, La Plata , Md. 20646 | | | | | | | |
| | 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate | | | | | | | |
| | ahock, or heart fellure. List only one cause | | | | | , | Interval Between Onset and Death | |
| | IMMEDIATE CAOSE (Fille) | | | | | | | |
| | disease or condition resulting in death) s. Cardiac Arrest Due to (OH AS A CONSEQUENCE OF): | | | | | | | |
| 2 | Sequentially list conditions, If any, leeding to immediate b. hypertensine Carring heart b. put to join as a consequence of: | | | | | | | |
| CERTIFICATION | | | | | | | | |
| 8 | cause. Enter UNDERLYING CAUSE (Disease or injury | | | | | | | |
| E | that initiated events resulting in deeth) LAST | | | | | | | |
| H | d | | | | | | | |
| | PART II. Other aignificent conditions contributing to d | eeth but not resulting i | n the underlyin | g ceuse given in | | | 24b. WERE AUTOPSY FINDINGS | |
| DICAL | PERFORMED? 1 YES 2 NO | | | | | 11.1 | AMAILABLE PRIOR TO COMPLETION OF CAUSE | |
| MED | | | | | | | DF DEATH? 1 YES 2 NO | |
| PHYSICIAN: N | | | | | | | | |
| | 28. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) | | | | | | | |
| Sic | I III III III III III III III III III | EXAMINER? HOSPITAL: OTHER: 1 YES 2 ND 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) | | | | | | |
| Ť | 27. MANNER OF DEATH 26s. DATE OF H (Month, Day | | 28b. TIME OF 28c. INJURY AT 28d WORK? | | | d. DESCRIBE HOW INJURY OCCURED | | |
| ВУ | 1 Natural 8 Pending 2 Accident Investigation | 190 | M 1 YES 2 NO | | | | | |
| | 3 Suicide S Could not be 28e. PLACE OF building, e | INJURY — At home, farm, stc. (Specify) | | | | 28f. LOCATIDN (Street end Number or Rural Route Number, City or Town, State) | | |
| COMPLETED | 4 Homicide determined | | | | | | | |
| PLE | 29e. CERTIFIER (Check only 1 | | | | | | | |
| OM | one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the causa(e) end manner as stated. | | | | | | | |
| EC | 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) | | | | | | | |
| 0 | Ignais 1. Jaroid, MD D02548 > 3-10 | | | | | -12-91 | | |
| 5 | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) | | | | | | | |
| | Ignacio T. Garcia , M.D. , La Plata, Maryland 20646 | | | | | | | |
| | 31. DATE FILED MORE, Day, Your) 91 32. REGISTRAR | | 25 | | <u> </u> | | | |
| | Julia Vavidson-Randalla | | | | | | | |

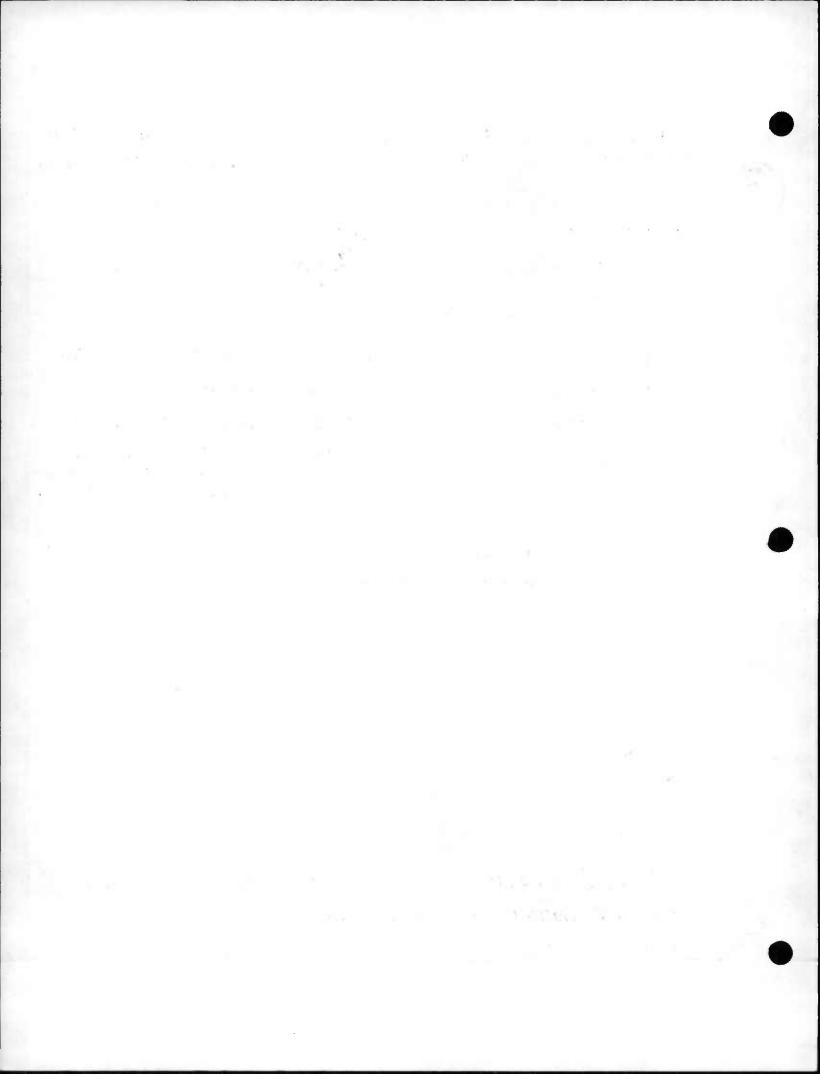


| examiner must be notified at once. | IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. |
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| he funeral director, page 5 should be detache al. | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. |
| r death. Page 6 may be retained by the hosp | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2ours after death. Page 6 may be retained by the hosp |
| | |

| | FOR STATE REGISTRAR | STATE OF MARYLAN | D / DEPARTMI | | | | G. NO. | 21 | 0//// |
|--|---|---|--|-------------------------------------|---|----------------------------------|--|-----------------------|---|
| | 1. DECEDENT'S NAME (First, Middle, Last) BIECSOE | NET | TIES | | - | 2. DATE OF DI | DAY C | SYEAR S | 3. TIME OF CEATH 9: 10 A M |
| | | VEAM 2 □ F 79 YRS. MONTHS DAYS HOURS MIN. Jan. 5,1912 R | | | | | | S. BIRTNP | nace (State or Foreign |
| TOR | 9). (If not institution give street | or and number H | Spital " | TY. TOWN O | LOCATION OF DE | ATN | P COUN | TV OF DE | Georges |
| DIRECTOR | Virginia Fairf | ax | Alexa | | | | | Х | 10d. INSIDE CITY LIMITS? YES 2 NO |
| FUNERAL | 5303 Tessie Ter | race | - | | 22309 | | | S.A. | HAT COUNTRY? |
| B | 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | FORCES? 1- YES GIVE WAR OR DATE | 2 NO | 13. WAS OEC If yes, spo 1 YES | ENDENT OF HISPAN Icity Cuban, Mexican 2 XIO Specify | , Puerto Rican, | ecify Yea or No— atc.) | 14. RACE Block, Black | — American Indian, White, etc. |
| COMPLETED | 15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) | College (1-4 or 6 +) | 6a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retir Contract | one during mo | N st of working | | of Business/IND | | ruction |
| ш | 17. FATNER'S NAME (First, Middle, Last) Daniel Nettles | | | | 18. MOTHER'S NAI | | | | |
| 10 8 | 19a. INFORMANT'S NAME (Type/Print) Cordella Nettle | S | | | | | ly or Town, Statu, Zip Kandria | | 22309 |
| 20a. METHOD OF DISPOSITION Y Y 1 Burlal 2 Cremation 3 Praemoval from State 4 Donation 6 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) Monmouth Memorial Park Tinton Falls, | | | | | | | Ls,N.J. | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICE! Marles C. S | 4 | | 4906 | Iverso: | n Pl. | se of D Hillcr | iggs est | Mortuary Hgts,MD. |
| | 23. PART I. Enter tha diseases, pr co shock, or heart fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) | at only one cause on eac | h line. | nter the mo | de of dylng, sucl | h aa cerdlac (| or respiratory arm | est, | Approximate Interval Between Onset and Death |
| N | disease or condition a. URU SERSIS DUE TO (ON AS A CONSEQUENCE OF): HYPEOSUS A CONSEQUENCE OF): DUE TO (ON AS A CONSEQUENCE OF): DUE TO (ON AS A CONSEQUENCE OF): | | | | | | | | lday |
| RTIFICATION | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST | DUE TO (OR AS A C | | | _ | | | | |
| MEDICAL CE | PART II. Other algnificant conditions | contributing to death but | not resulting in th | e underlyln | g Cause given in | | WAS AN AUTOPSY PERFORMED? YES 2 NO | | WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| PHYSICIAN: M | 25. WAS CASE REFERRED TO MEDICAL | | | 26. PI | ACE OF DEATH (Ch | ack paly one) | | | 1 123 2 110 |
| ပ္က | EXAMINER? | HOSPITAL: | | HER: | e 5 🗆 Residence | | ne(fy) | | |
| | 27. MANNER OF BEATH 1 X Netural 6 Pending | 28a. DATE OF INJURY (Morith, Day, Year) | 28b. TIME OF | 28c. INJ WC | | 28d. DESCRIBE NOW INJURY OCCURED | | | |
| 2 Accident 3 Suicide 4 Homicide 5 Could not be determined 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 29e. CERTIFIEA (Check inly one) 29e. CERTIFIEA (Check inly one) 29e. CERTIFIEA (Check inly one) 29e. CERTIFIEA (Check inly one) 29e. CERTIFIEA (Check inly one) | | | | | | | N (Street and Number vn, State) | or Rural R | oute Number, |
| | | | | | | |) and manner as stated. | | |
| BE | 296. SIG. LATURE AND TITLE OF CERTIFIER William J. Jan | mes Mg. | | | D 352 | | 29d. DAT | | (Month, Day, Year) 2/9/ |
| 2 | 30. NAME AND ADDRESS OF PERSON WHO WILLIAM T. TAN | COMPLETED CAUSE OF DEAT | | | | | WASHIL | | |
| | 31. DATE FILED (Month, Day, Year) | 32. REGISTRAR'S SIGNAT | | | | | | | |

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| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may b | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page has slid within 72 hours after hearth with the State hear of Health and Mental Hollene prior to burial, cremation, or removal. | IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be |
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| | FOR STATE REGISTRAR | | STATE OF I | MARYLAN | D / DEPA | | | | | | MENT | AL HYGIE REG. N | | 9 | | 0777 | 72 |
|----------------|--|-------------------------------|----------------|------------|---|--|------------|---|------------|-----------|----------|---------------------------------|------------|-----------|------------------------------|----------------------------|------|
| i | 1. DECEDENT'S NAME (First, Midd | fle, Last) | | - | | | | | | | | E OF DEATH | DAY | WE | | IME OF DEATH | |
| | EVA Carol NICELY | | | | | | | | | MON O | 2/22/9 | | YEAR | | 2.15AM | | |
| | 4. SOCIAL SECURITY NUMBER | | 8. SEX | | s. lest birthde | MON | UNDER 1 YE | | IF UNDER | 24 HRS. | 7. DAT | E OF BIRTH nth, Day, Year) | | 8. BIR | THPLAC | CE (State or Fore | ign |
| | 579-48-0412 10 M 2/1 58 YR | | | | | | THE DA | 14.8 | HOURE | MIN. | Aug | ust 1 | 4, 19 | 32 V | Vash | nington | D |
| | 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH | | | | | | | | 9c. CC | OUNTY OF | DEATH | 1 | | | | | |
| DIRECTOR | PRINCE GEORGES HOSP CENTER | | | | | | CHEV | FRL | Υ | | | | PRI | VCE_ | GEO | RGE | |
| | 10e. STATE 10b. COUNTY | | | | | OT ,YTK | WN OR L | OCATIO | M | | | | | | 10d | . INSIDE CITY | |
| | Maryland | Prin | ce Georg | ge's | | hev | erly | ÿ | | | | | | | 1 🛚 | LIMITS? | 10 |
| | 10e. STREET AND NUMBER | | | | | | | ₫01. Z | IP COD | E | | | 10g. C | ITIZEN O | F WHAT | COUNTRY? | |
| 8 | 2406 Valley W | ay | | | | | | | 207 | 785 | | | τ | I.S.A | ١. | | |
| TED BY FUNERAL | 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES | | | | | | If you | s, speci | ify Cube | | n, Puart | ilN? (Specify o Rican, etc.) | Yea or No- | BI | NCE — / ack, Wh ec/fy: | American Indian | |
| | 15. DECEDENT'S EDUCATION (Specify only highest grade completed) | | | | | r'S USU | AL OCCU | PATION og most | of working | na | 10 | 8b. KIND OF | BUSINESS/ | NDUSTRY | , | | |
| COMPLETED | 12th Grade | 12) College (1-4 or 5 +) | | | | (Give kind of work done during most of working life. Do NOT use retired.) Cleaning Supervisor Motel | | | | | | | | | | | |
| 8 | 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) | | | | | | | | | | | | | | | | |
| BEC | Ivan Mikalaski | | | | | | | | Do | roth | y E | rdmai | าท | | | | |
| | 19a. INFORMANT'S NAME (Type/P | Print) | | | 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) | | | | | | | | | | | | |
| 임 | Harold R. Nicely (Spouse) 2406 Valley Way, Cheverly, Maryland 207 | | | | | | | 2078 | 35 | | | | | | | | |
| i | 1 A Burlet 2 Cremetton 3 | I T Bame | umi from State | 20b. PL | ACE OF DISI | POSITIO | N (Name | of ceme | tery, crer | natory or | | 20c. | LOCATION | — City or | Town, | State | |
| | 4 Donation 5 D Other (Spec | rt Lincoln Cemetery Brentwood | | | | | ood. | Ma | rvland | | | | | | | | |
| | 21. SIGNATURE OF FUNEPAL SERVICE LICENSEE | | | | | | | Francis Gasch's Sons Funeral Home, P.A. | | | | | | | | | |
| | »/VA/C | (-) | 120 | 1 | | | Fra | anci | Ls | asch | ı's | Sons | Funer | al H | lome | P.A. | |
| | 20 000 | 10 | 1 00 | 1407 | \sim | | | | | | | | | | e. | Md. 20 | |
| | 23. PART I. Enter the disast shock, or heert | | | | | o not e | enter the | e mode | e of dy | ing, auc | th aa ca | ardiac or re | apiratory | arreat, | ļ | Approximation Interval Bet | |
| | iMMEDIATI CAUSE (Finel disease or condition resulting in death) | | R | SAR | PATO | ey | AR | 321 | 37 | - | ANI |) SE | PSI | 5 | | Onaet and | Daat |
| | Todaming in dominy | ľ | DUE TO | OR AS A CO | NSEQUENCE | OF): | | | | | - 1 | 710 | | | | | |
| z | | | 191 | ZTAS | TATT | C | ME | PDI | AS. | TINI | 90 | UN | OR | - | | | |
| ATIO | Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING | | DUE TO | OR AS A CO | NSEQUENCE | OF): (| CEL | 47 | TYP | ev | NCE | PRTA | \sim | | | | |
| CERTIFICATION | CAUSE (Disease or injury that initiated events reaulting in death) LAST | 1 | DUE TO | OR AS A CO | NSEQUENCE | OF): | | | - | | | | | | | | |
| Ö | - | | | | | | | | | | | | | | | | |

PART II. Other aignificant conditions contributing to death but not recuiting in the underlying ceuse given in Part i.

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
14 | Inpetiant 2 | ER/Outpetient 3 | DOA OTHER: ome 5 - Rasidence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Netural M 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.

2 ___ MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and

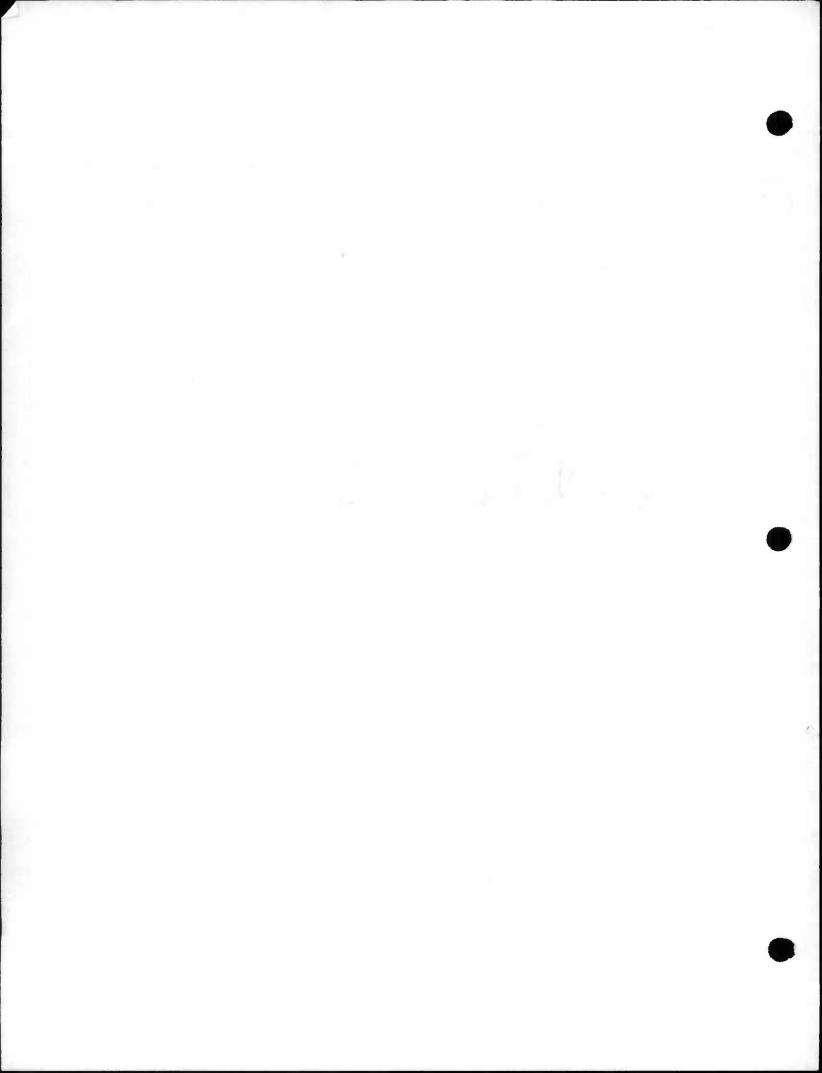
| SIGNATURE AND THE OF CENTIFIED | ATTEMPING | 29c. LICENSE NUMBER DZ4093 | 29d. DATE SIGNED Month, Day, Year) ZZZ 9 |
|--------------------------------|-----------|----------------------------|---|
| | | | |

LETEO CAUSE OF CEATH (ITEM 27) (Type, Print)

MD 7305 BAUT. AVE #107 COLUTGE PARK MD. 20740 MARK PARKITURST 31. DATE FILED (Month, Day, Year)

FEB 25 '91 Julia Davidson Randalle





| 1 - STATE REGISTRAR | STATE OF MA | | ICATE OF | | | G. NO. | | |
|--|--|--|--|--|--|--|----------------|--|
| 1. DECEDENT'S NAME (First, Middle, Last) | | 0211111 | 10/11/2 01 | BENTI | 2. OATE OF O | EATH | | 3. TIME OF DEATH |
| Florence Matilda | Nickerson | | | | 02 | 09 | YEA | 8:25 P M |
| 4. SOCIAL SECURITY NUMBER | 5. SEX 6. | AGE (In yrs. lest birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF BI (Month, Day, | RTH | 6. 8 | NRTHPLACE (State or Foreign |
| 222-16-3182 | 1 □ M 2 ∏ F | 63 yrs. | MONTHS DAYS | HOURS MIN. | Dec 3 | 1,192 | 7 | Country) |
| 9a. FACILITY NAME (If not institution, give s | treet and number) | | 9b. CITY, TOWN | OR LOCATION OF DE | | | c. COUNTY | OF DEATH |
| Kent & Queen Anne | es Hospita | l Inc., | Chester | town, Md | | | Kent | |
| RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT | γ | 10c, CIT | TY, TOWN OR LOCA | TION | | | | 10d. IHSIDE CITY |
| MD Q.A. | | Ba | rclav | | | | | LIMITS? |
| 10e. STREET AND HUMBER | - | 300 | V | f. ZIP COOE | | 10 | 0g. CITIZEH | OF WHAT COUNTRY? |
| Box 57, Rt. #1 | | | | 21607 | | | US | A |
| 11. MARITAL STATUS | 12. WAS DECEDENT E | | | CENOENT OF HISPAN | | | Ho- 14. | RACE — American Indien, Black, White, etc. |
| 1 Hever Merried 2 Married 3 N Widowed 4 Divorced | IF YES, GIVE WAR | | | 2 NO Specify | | etc.) | | Specify: |
| 15, DECEDENT'S EDU | CATION | 14. DECEDENTY | S USUAL OCCUPATI | OH | 405 1/11/0 | OF BUSINE | TEC (IMPUIST | White |
| (Specify only highest grade | completed) | (Give kind of the Do NOT us | work done during m | ost of working | 100. KINL | OF BUSINE | cos/inDUST | NY |
| Elementary/Secondary (0-12) | College (1-4 or 5+) | Hom | emaker | | -H | ome | | |
| 17. FATHER'S HAME (First, Middle, Last) | | GC21 | P) III WAY) I | 18. MOTHER'S NA | | | nema) | |
| John Wesley Powe | 11 | | | Florence | e M. V | alent: | ine | |
| 19a. INFORMANT'S NAME (Type/Print) | | | 1100 | and Number or Rural I | Route Number, Ci | ity or Town, S | State, Zip Cod | ie) |
| Charles Nickerso | n | Barc | clay, MD | | | | | |
| 20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem | ioval from State | 20b. PLACE OF DISPO | | | | | - | or Town, State |
| 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUHERAL SERVICE LIC | OFNIGES 4 | Ch | ester Ce | MOTETY NO ADDRESS OF FA | 011 1774 | Ches | stert | own, MD |
| 21. SIGNATURE OF PURERAL SERVICE LI | Denser 1 | 2 | Fello | ws Funer | al Hom | | | |
| Daiy B | Day b. fellows 1 and 1 hone 370 W. Cypress St., Millington, MD 21651 | | | | | | | |
| 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate | | | | | | | | |
| | | | | | | | | Approximate |
| shock, or haert fellure. IMMEDIATE CAUSE (Final | | | | | | | | |
| shock, or haert fellure. | List only one cause | on each line. | not enter the m | | | | | Approximate Interval Between |
| shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition | a. Respi | on each line. Ta fory a R AS A CONSEQUENCE O | not enter the m | | | | | Approximate Interval Between |
| shock, or haert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, | a. Respi | on each line. | not enter the money | | | | | Approximate Interval Between |
| shock, or haert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter UNDERLYING | a. Respi | on each line. Ray a consequence of | not enter the money | | | | | Approximate Interval Between |
| shock, or haert fellure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentielly list conditions, if any, leading to immediate | a. Respi DUE TO (0 b. pubro (0 c. | on each line. Ray a consequence of | not enter the m | | | | | Approximate Interval Between |
| shock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury | a. Respi DUE TO (0 b. pubro (0 c. | TALLY ON SECUENCE O | not enter the m | | | | | Approximate Interval Between |
| shock, or haert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter UNDERLYING CAUSE (Diseasa or Injury that initiated events resulting in death) LAST | a. Respine Due to (o | R AS A CONSEQUENCE O | not enter the money of the second | ode of dying, auc | h as cardlec | or respirate | ory arrest, | Approximate Interval Between Onset and Death |
| shock, or haert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | a. Respine Due to (o | R AS A CONSEQUENCE O | not enter the money of the second | ode of dying, auc | h as cardlec | or respirate | ory arrest, | Approximate Interval Between |
| shock, or haert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter UNDERLYING CAUSE (Diseasa or Injury that initiated events resulting in death) LAST | a. Respine Due to (o | R AS A CONSEQUENCE O | not enter the money of the second | ode of dying, auc | h as cardlec | or respirat | ory arrest, | Approximate Interval Batween Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Ons |
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| shock, or haert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | a. Respiration of the second o | R AS A CONSEQUENCE OF | OFFI: OF | ode of dying, auc | Part I. 24a. 1 1 24b. 1 24c. 1 24c. 26d. DESCRIE | . WAS AN ALF PERFORME YES 2 ecify) SE HOW INJL | TTOPSY ED? | Approximate Interval Between Onset and Death Onset and Death |
| shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter UNDERLYING CAUSE (Disease or Injury the tinitiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANHER OF DEATH 1 Natural 6 Pending Investigation Pending Investi | a. Respiration of the second o | R AS A CONSEQUENCE OF | OFFI: OF | ode of dying, auc | Part I. 24a 1 Control one) 8 Cother (Sp. 28d. DESCRIE | . WAS AN ALF PERFORME YES 2 ecify) SE HOW INJL | TTOPSY ED? | Approximate Interval Batween Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset O |
| shock, or haert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter UNDERLYING CAUSE (Diseasa or injury that initiated eventa resulting in death) LAST PART N. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | a. Respiration of the second o | R AS A CONSEQUENCE OF | ont enter the months of the second of the se | ode of dying, auc | Part I. 24a 1 1 24b 1 24c | . WAS AN AUTPERFORME YES 2 BE HOW INJU. H (Street and win, State) | TTOPSY ED? HO | Approximate Interval Batween Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset O |
| shock, or haert failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated eventa resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | a. Respiration of the second o | R AS A CONSEQUENCE OF | ont enter the months of the second of the se | Delace of dying, aucomode of dyi | Part I. 24a 1 1 24b 1 24c | . WAS AN AUTPERFORME YES 2 ecify) H (Street and wm, Strate) and manne- place, and di | TOPSY D? HO | Approximate Interval Batween Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset O |
| shock, or haert failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated eventa resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | a. Respiration of the pullet o | RAS A CONSEQUENCE OF RAS A CON | OTHER: 4 Nursing Ho ME OF 28c. IN JURY M 1 street, factory, offi | Department of the property of | Part I. 24a 1 1 24b 1 24c | WAS AN AUTPERFORME YES 2 H (Street and wm, State) and manne place, and d | TOPSY D? HO | Approximate Interval Batween Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset |

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

'91

DHMH-18 Rev 1/89

| ours after death. Page 6 may be retained by the hos | d in by the funeral director, page 5 should be detach or removal. | medical examiner must be notified at once. |
|---|---|--|
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Juns after death. Page 6 may be retained by the hosp | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |

| | STA | TE OF MARYL | AND / DEPARTMENT CERTIFICATE | D MENTAL HYGIENE REG. NO. |
|----------|-----|-------------|---------------------------------|------------------------------|
| e, Lest) | | MADE | | 2. DATE OF DEATH |

| | 1 - FOR STATE OF MA | ARYLAND / DEPARTM | IENT OF HEALTH AND ATE OF DEATH | MENTAL HYGIEN | | | | | |
|-----------------------|--|---|--|--|--------------------|---|--|--|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) HOWARD J. NEFF | | | 2. DATE OF DEATH BOTH BOTH BOTH BOTH BOTH BOTH BOTH BO | AV VEAL | 3. TIME OF DEATN 12:24 P. PM | | | |
| | 4. SOCIAL SECURITY NUMBER 206 12 4720 9a. FACILITY NAME (# not institution, give street and number) | 63 YRS. MO | UNDER 1 YEAR IF UNDER 24 HRS ITHS DAYS HOURS MIN CITY, TOWN OR LOCATION OF | Feb. 11, | Co | RTHPLACE (State or Foreign unity) LTYland F DEATH | | | |
| TOR | Miller St. Sudlersville Queen An | | | | | | | | |
| DIRECTOR | 10a. STATE 10b. COUNTY Maryland Kent | | e. City, town or location Rock Hall | | | 10d. INSIDE CITY LIMITS? YES 2 \(\square\) NO | | | |
| FUNERAL | 100. STREET AND NUMBER Locust St. | 10f. ZIP COT 21 | | | | | | | |
| BY FUN | 11. MARITAL STATUS NEVET MAT 12 WAS DECEDENT 1 Never Married 2 Merried 3 Widowed 4 Divorced IF YES, GIVE WAS | YES 2 VINO | 13. WAS DECENDENT OF NIS If yee, specify Cuban, Me: 1 YES 2 NO Sp | PANIC ORIGIN? (Specify Yakican, Puerto Rican, etc.) ecify: | В | o- 14. RACE — American Indian, Black, White, atc. Specify: White | | | |
| COMPLETED | 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Cotlege (1-4 or 5+) | His Do NOT use of | done during most of working red.) | | | | | | |
| | 17. FATHER'S NAME (First, Middle, Last) Henry Neff | | NAME (First, Middle, Maiden 1 Mitchell | Surname) | | | | | |
| TO BE | 19a. INFORMANT'S NAME (Type/Print) Caroline Neff George | | press (Street and Number or Au | ral Route Number, City or Tow pland Pa. 1 | | | | | |
| | 20e. METNOD OF DISPOSITION 1 | | | | | | | | |
| | 21. SIGNATURE ON FUNCTION SERVICE LICENSEE | ella | J. Willis We | | x # 264 ertown, | Md. | | | |
| | 23. PART I Enfer the diseases, or complications that shock, or heart failure. List only one cause iMMEDIATE CAUSE (Final disease or condition resulting in death) a. Bruce DUE TO (| caused the death. Do not to on each line. CHOCOLOR AS A CONSEQUENCE OF): | | | iratory arrest, | Approximate interval Between Onset and Death | | | |
| ATION | Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING | | | | | | | | |
| CERTIFICATION | CAUSE (Disease or Injury that initiated eventa resulting in death) LAST | OR AS A CONSEQUENCE OF): | | | | | | | |
| PHYSICIAM: MEDICAL CE | PART ii. Other significant conditions contributing to o | death but not resulting in t | he underlying cause given | in Part i. 24a. WAS APPERFO | RMED? | 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | | |
| IAN: | 25. WAS CASE REFERRED TO MEDICAL | | 26. PLACE OF DEATN | (Check only one) | | | | | |
| IYSIC | EXAMINER? 1 YES 2 NO 1 Inpetient 2 1 27. MANNER OF DEATH 28s. DATE OF | ER/Outpatient 3 DOA 4 | THER: Nursing Nome 5 Residen | | | | | | |
| BY PH | 1 Natural 5 Pending (Month, De | NJURY y, Year) 28b. TIME O INJUR' | F 28c. INJURY AT WORK? M 1 TYES 2 NO | 28d. DESCRIBE NOW | INJURY OCCURE | , | | | |
| | 3 Suicide 200 28a. PLACE OF | Accident investigation Suicide S Could not be building, etc. (Specify) | | | | | | | |
| COMPLETED | 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axi | | | | | se(a) and menner as stated. | | | |
| BE | 296. SIGNATURE AND TITLE OF CERTIFIER WHITE | | D 138 | D 13824 29d. DATE SIGNED (Month) Peb. 5, 19 | | | | | |
| 5 | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS John C. Seymour D 138 | | tertown, Md. | 21620 | | | | | |
| 6 | 31. DATE FILED (Morth, Day, Year) 91 32. REGISTRAN | r's SIGNATURE L Savidson-Rondal | 2 | | | | | | |

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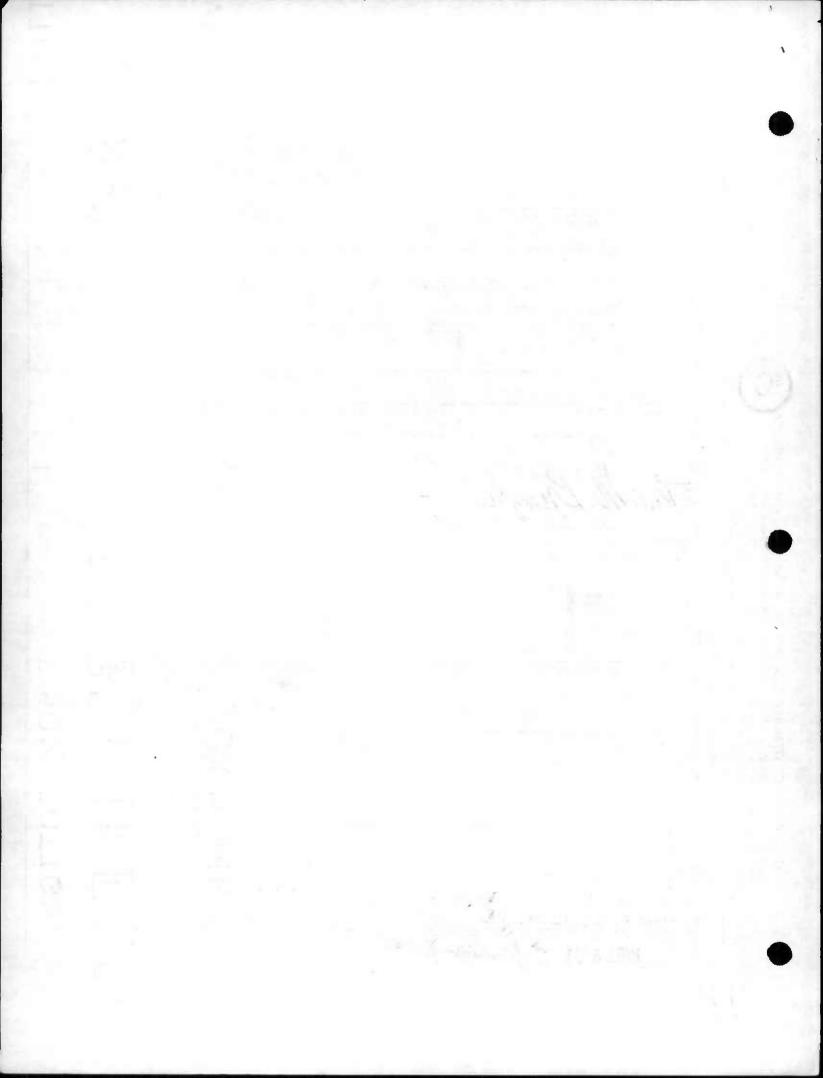
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| DIVISION OF VITAL RECORDS, P.O. BOX 68760, | OF STTEINISH BLINGINIAN The last manifes that the doots not seemented within 24 hours |
| - | |

| BALTIMORE, MANTLAND 21215-0020 | urs after death. Page 6 may be retained to the major to attending physician. | in by the funeral director, page 5 shund the beautiful use as the burial-transit permit. Pages 1, 2, 3 should | removal. | edical examiner must be notified at once. |
|--|---|---|--|--|
| DIVISION OF VITAL RECORDS, P.O. BOX 68760, | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained in the hospital or attending physician. | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. |

| | G-674 4/8/91 cm | 9: | 1-1326-03 | 37 | | | 91 | 01110 | |
|--------------------|---|--|---|--|-----------------------------|--|--|---|--|
| | 1 - FOR STATE REGISTRAR | STATE OF MARYL | | TMENT OF H | | MENTAL HYGIEN | E | | |
| | 1. DECEDENT'S NAME (First, Middle, Last) Freddie | Allen | NUNN | Dunn | | 2. DATE OF DEATH DO 3 | | 3. TIME OF DEATH 6:00 P M | |
| | 4. SOCIAL SECURITY NUMBER 578-52-5969 | 5. SEX 6. AGE 50 | (In yrs. lest birthday) O YRS. | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) 3-13-1940 8. BIRTHPLACE (State or Foreign Country) VIRGINIA | | | |
| OR | 9a. FACILITY NAME (If not institution, give st P.O.BOX87 Bay For | | | Pamero | OR LOCATION OF DE | ATH | St. Ma | ary's County | |
| 5 | RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY | | 40- 007 | r, TOWN OR LOCAT | | | | Last manne arm | |
| DIRECTOR | MARYLAND ST. | | | | | | 10d. INSIDE CITY LIMITS? 1 \(\text{YES} \ 2 \text{X} \text{NO} \) | | |
| FUNERAL | P.O. BOX 87, BAY FORREST ROAD | | | | | | U.S. | of what country? | |
| BY | 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES | | | If yes, sp | | IIC ORIGIN? (Specify Yearn, Puarto Rican, etc.) | 59 | RACE — American Indian, Black, White, etc. Specify: White | |
| COMPLETED | (Specify only highest grade completed) (Give kind | | | usual occupation work done during more retired.) GRO | est of working | 16b. KIND OF BU | SINESS/INDUSTI | | |
| MP | 11 | | ARCHITEC | CT U.S. | T | | | FINT | |
| BE CO | 17. FATHER'S NAME (First, Middle, Last) WILLIAM RAL | PH NUNN | | | | ME (First, Middle, Msiden LYNCH | Surname) | | |
| | 19a. INFORMANT'S NAME (Type/Print) | | 19b. MAILING | ADDRESS (Street a | and Number or Rural I | Route Number, City or Tow | n, State, Zip Cod | e) | |
| 2 | PAMELA NUNI | N | P.O. | BOX 87, | BAY FORR | EST ROAD, | DAMERO | N, MD. 20628 | |
| | 20s. METHOD OF DISPOSITION XX Burisl 2 □ Cremation 3 □ Remote 4 □ Donation 8 □ Other (Specify) | oval from Stata of | b. PLACE AND OATE cemetary, Tematory RINTY ME | or other place) | ARDENS 3 | OATE 200. LO | OORF, M | or Town, Stata ARYLAND | |
| | TURNOUS DE FUNE AL SERVICE SO | nuskeel | UA | BRIN LEON | NARDTOWN, | UNERAL HOM MARYLAND | 20650 | -0279 | |
| | 23. PART I. Enter the diseases, or a shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) | CARDIAC A | line. | A. | ode of dying, suc | h as cardiac or resp | iratory arrest, | Approximata Interval Between Onset and Death | |
| TION | Sequentially list conditions, If any, leading to immediate b. Due TO (OR AS A CONSEQUENCE OF): | | | | | | | | |
| CERTIFICATION | cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | DUE TO (OR AS | A CONSEQUENCE OF | F): | | | | | |
| H | | d | | | | | | | |
| PHYSICIAN: MEDICAL | PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 CXYES 2 NO | | | | | | | 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | |
| Ä | 25, WAS CASE REFERRED TO MEDICAL | | | | | | | <u> </u> | |
| S | EXAMINER? | HOSPITAL: | | OTHER: | LACE OF DEATH (Ch | War and American | | 7,17 | |
| IYS | 27. MANNER OF DEATH | 1 Inpatient 2 ER/Out 28s. DATE OF INJURY | | - | ne 5 Residence | | IN HIM ACCION | | |
| ву рн | 1 Natural 8 Pending 2 Accident Investigation | (Month, Day, Year) | 28b. TIM IN. | JURY W | JURY AT ORK? YES 2 NO | 28d. DESCRIBE HOW | INJURY OCCURE | :0 | |
| | 2 Accident 3 Suicide 8 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or fown, State) | | | | | | | | |
| COMPLETED | one) | ICIAN: To the best of my know | | | | | | use(a) and manner as stated. | |
| TO BE | 296 SIGNATURE AND TITLE OF CERTIFIE | Alle A | M | | O.C.M | | | O-1991 | |
| - | MAHO F. GOLE | | | | et Baltin | ore,Maryla | and 212 | 01 | |

32. REGISTRAR'S SIGNATURE

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| requires that the dea | been signed by the att | . of Health and Menta | shows any injury, |
| e law requires that the dea | has been signed by the att | Dept. of Health and Menta | 1 23 shows any injury, |
| 4: The law requires that the dea | cate has been signed by the att | State Dept. of Health and Menta | Item 23 shows any injury. |
| ICIAN; The law requires that the dec | ertificate has been signed by the att | the State Dept. of Health and Menta | or flem 23 shows any injury, |
| HYSICIAN; The law requires that the dea | his certificate has been signed by the att | with the State Dept. of Health and Menta | ked, or Item 23 shows any injury, |
| NG PHYSICIAN; The law requires that the dea | fter this certificate has been signed by the att | eath with the State Dept. of Health and Menta | marked, or Item 23 shows any injury, |
| ENDING PHYSICIAN; The law requires that the dea | R; After this certificate has been signed by the att | er death with the State Dept. of Health and Menta | is marked, or item 23 shows any injury, |
| ATTENDING PHYSICIAN; The law requires that the dea | ECTOR; After this certificate has been signed by the att | is after death with the State Dept. of Health and Menta | n 28 is marked, or flem 23 shows any injury, |
| . OR ATTENDING PHYSICIAN; The law requires that the dec | OIRECTOR; After this certificate has been signed by the att | hours after death with the State Dept. of Health and Menta | Item 28 is marked, or Item 23 shows any injury, |
| PITAL OR ATTENDING PHYSICIAN; The law requires that the dec | :RAL OIRECTOR; After this certificate has been signed by the att | n 72 hours after death with the State Dept. of Health and Menta | T. If Item 28 is marked, or Item 23 shows any injury, |
| HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the dec | FUNERAL OIRECTOR; After this certificate has been signed by the att | within 72 hours after death with the State Dept. of Health and Menta | fANT: If Item 28 is marked, or Item 23 shows any injury, |
| THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the dec | THE FUNERAL DIRECTOR; After this certificate has been signed by the att | iled within 72 hours after death with the State Dept. of Health and Menta | PORTANT: If Item 28 is marked, or Item 23 shows any injury, |
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certi second within 24 frours after death. Page 6 may be retained by the hosp | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending processing filed in by the funeral director, page 5 should be detached | be filed within 72 hours after death with the State Dept. of Health and Menta | IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, for other means event, the medical examiner must be notified at once. |

| | 1 - FOR STATE REGISTRAR | STATE OF I | MARYLAND / | | RTMENT | | | | MENTA | L HYGIEN | E | 91 | U///0 |
|----------------------|--|--------------------------|--|-------------|-------------|-------------|------------|----------------------|--------------|---|-------------|---------------|---|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | | | | | OF OEATH | | | 3. TIME OF DEATH |
| 0 | JOSEPH ELMER | NELSON | | | | | | | MARCH 5. 199 | | | YEAR | 11:45 A.M |
| | 4. SOCIAL SECURITY NUMBER | 5, SEX | 6. AGE (In yrs. les | t birthday) | IF UNDER | 1 YEAR | IF UNDE | R 24 HRS. | | OF BIRTH | 1771 | A. BIRTHP | LACE (State or Foreign |
| | 220-07-3382 | 1 XM 2 F | 75 | YRS. | MONTHS | DAYS | HOURS | MIN. | (Mont | (Month, Dey, Year) MAY 1. 1915 MARYLAND | | | |
| | 9e. FACILITY NAME (If not institution, give s | treet and number) | | | 9b. CITY | TOWN (| OR LOCAT | ION OF DE | EATH | | 9c. COU | NTY OF DE | ATH |
| TOR | AT HOME, RT. 23 | 4 | | | (| CLEM | ENTS | | | | ST | . MAR | Y'S COUNTY |
| DIRECTOR | MD. STATE 10b. COUNTY | MARY'S CO | | | Y, TOWN C | | | | | | | | 10d. INSIDE CITY LIMITS? |
| | 10e. STREET AND NUMBER | HACE D C | OOIVII | <u> </u> | CLILLE | | 1. ZIP COC | ve . | | | 10- 017 | | AT COUNTRY? |
| FUNERAL | GENERAL DELIVERY | | | | | 101 | 206 | | | | | J.S.A | |
| 5 | 11. MARITAL STATUS | 12. WAS DECEDER | T EVER IN U.S. AR | MED | | | | | | N? (Specify Yes | or No- | 14. RACE | - American Indian, White, etc. |
| BY F | 1 Never Married 2 Married 3 Widowed 4 Divorced | | MAR OR DATES | 10 | | | | an, Mexica Specif | | Ricen, etc.) | | Specify | |
| TED | 15. DECEDENT'S EDU (Specify only highest grade | CATION completed) | (G | | USUAL O | | | ing | 168 | . KIND OF BUS | SINESS/INC | | 111 |
| COMPLET | Elementary/Secondary (0-12) 12TH. GRADE | College (1-4 or 5 | +) | | DRIV | ER | | | | BEER C | OMPA | NY | |
| ON | 17. FATHER'S NAME (First, Middle, Last) | | | | | | 18. MOT | HER'S NA | ME (First, | Middle, Maiden | Surname) | | |
| EC | FRANCIS BENTON N | ELSON | | | | | CA | THER | TNF. | ELIZAB | ETH ' | TENNY | SON |
| 0 | 19a. INFORMANT'S NAME (Type/Print) | | 19 | b. MAILING | ADDRESS | 3 (Street o | | | | ber, City or Tow | | | 5011 |
| 10 | MARY LUCY NELSON | | | | | | | | | TS. MA | | | 0624 |
| | 20a, METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Rem | ovel from State | 20b. PLACE other pl | OF DISPO | | | | | IN PURIT | | | City or Tow | |
| | 4 Donation 5 Other (Specify) | ENSEE // | CHAI | RLES | MEMC | | | RDENS | | LEC | ONARI | MOUN | MD |
| | Michael | KHO | roleno | 20 | | MATT | TINGI | EY-C | SARDI | NER FU | | | E, P.A. |
| | 23. PART I/Enter the diseases, or ahock, or heart failure. | | | | | | | | | | | | Approximate Interval Between |
| | iMMEDIATE CAUSE (Final disease or condition resulting in death) | a. Met | COR AS A CONSE | OUENCE O | | -9 | - | Car | re | | | | Onset and Daath |
| CERTIFICATION | Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | с | O (OR AS A CONSE | | | |) | | | | | | |
| ER | resulting in death, EAST | d, | | | | | | | | | | | |
| PHYSICIAN: MEDICAL C | PART il. Other significent condition | na contributing to | death but not i | resulting | in the ur | nderlyin | g cause | given in | Part i. | 24a. WAS AN PERFOR 1 YES 2 | MED? | | WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| 2 | | | | | | | | | _ | | | | 1 YES 2 NO |
| AN | 25. WAS CASE REFERRED TO MEDICAL | | | | | 28. P | LACE OF | DEATH (C) | neck only o | ne) | | | |
| SICI | EXAMINER? | HOSPITAL: | ☐ ER/Outpatient 3 | □ D04 | OTHE | R: | 1 | 1 | | | | | |
| 4 | 27. MANNER OF BEATH | 28a. DATE O | | 28b. T/8 | 4 Nur | | JURY AT | beldence | | er (Specify) SCRIBE HOW I | NUMBY OC | CHRED | |
| BY P | 1 Nitural 5 Pending Investigation | | Day, Year) | IN | JURY M | W | YES 2 | □ NO | 200.00 | JOHNSE HOW I | WOM OC | OUNED | |
| | 3 Suicide 5 Could not be determined | 28e. PLACE (building | OF INJURY — At ho i, atc. (Specify) | ome, farm, | street, fac | tory, offic | ce | | | CATION (Street or Town, State) | | r or Rural Ro | oute Number, |
| COMPLETED | CONDON ONLY | ICIAN: To the best of | | | | | | | | | | | and manner as stated. |
| | 29b. SIGNATURE AND TITLE OF CERTIFIE | / | 11 | | | | | CENSE NU | | | | | (Month, Day, Year) |
| D BE | 1 | 13X | 11 | w | | | 100 | 991 | | | > | 49 / | -91 |
| 2 | 30. NAME AND ADDRESS OF PERSON WE | ID COMPLETED ON | USE OF DEATH UTE | M STL /Ton | o Deletti | | | | | | | = | |

Seffersen

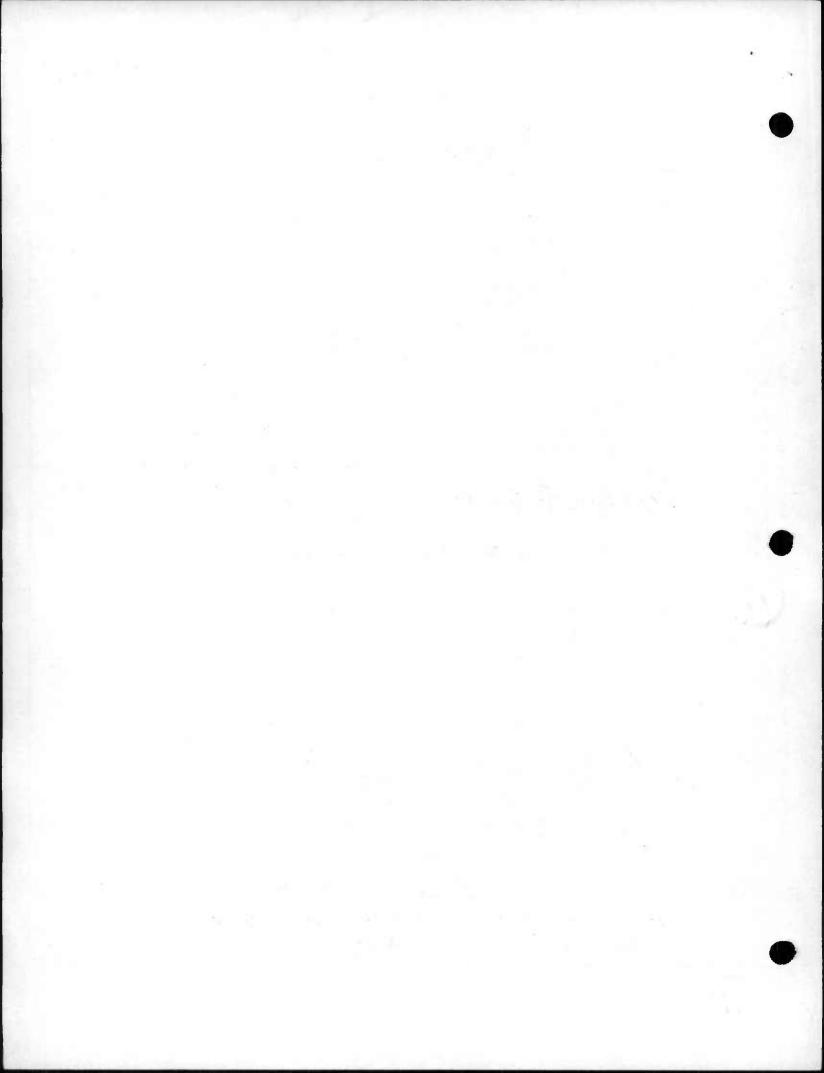
Guic Davidson-Randall



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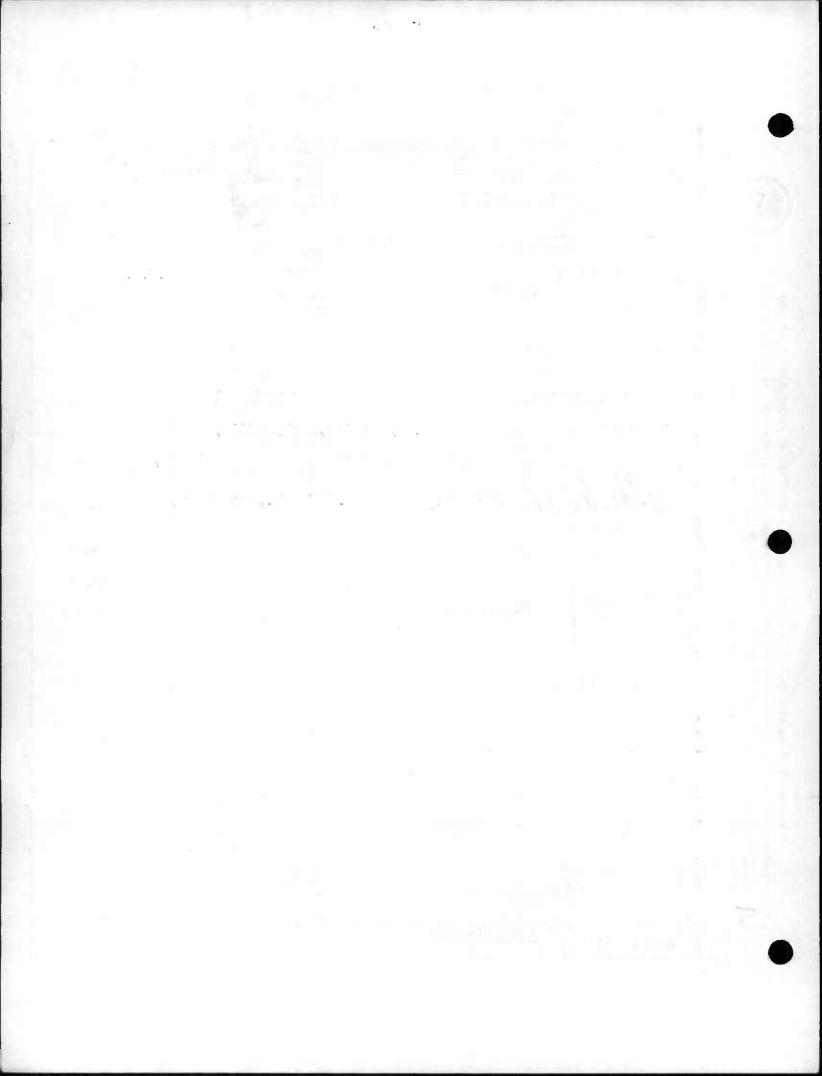
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31. DATE FILED (MONTH, Day, MAR



| BALTIMORE, MARYLAND 21203-3146 | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending physicial | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If Item 28 is marked, or Item 23 shows eny injury, or other traumatic event, the medical examiner must be notified at once. |
|--|---|--|--|
| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | be executed w | dan and comp or to burial, cr | aumatic eve |
| .O. BO | certificate | nding physic Hygiene pric | or other tr |
| ADS, P | hat the death | by the atte | ny injury, |
| RECOF | w requires th | been signed rt. of Health | shows or |
| VITAL | JAN: The iar | rtificate has he State Deg | or item 2: |
| NO NO | ING PHYSIC | After this ce | marked, |
| DIVISIC | OR ATTEND | DIRECTOR: J | Item 28 is |
| | TO THE HOSPITAL | TO THE FUNERAL be filed within 72 I | IMPORTANT: If I |

| REGISTRAR | | CERTIFIC | ATE OF DE | ATH | REG. NO. | | |
|---|--|---------------------------------------|---------------------------------------|---|---|-----------------|--|
| 1. DECEDENT'S NAME (First, MARGING). Mildred R. | | | | | DATE OF DEATH | 91 | 3. TIME OF DEATH 2:40 a |
| 4. SOCIAL SECURITY NUMBER 215 20 5153 | 1 🗆 M 2 💢 F | 64 YRS. | NTHS DAYS HOUR | B MIN. | DATE OF BIRTH (Morith, Day, Year) 8 7 26 | Mai | yland |
| Frostburg Comm | | | Frostbur | | 90 | Alle | |
| 10a. STATE 10b. CO | | 10c. CITY, T | OWN OR LOCATION | | | | 10d. INSIDE CITY LIMITS? 1 YES 2 NO |
| Maryland 100. STREET AND NUMBER 36 Stover Stre | | | ostburg 101. ZIP CI | 532 | 10 | U.S.A. | WHAT COUNTRY? |
| 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT EVEL FORCES? 1 TY IF YES, GIVE WAR OR | S 2 NO | | T OF HISPANIC C | ORIGIN? (Specify Yes or I uerto Rican, etc.) | No- 14. RAC | E — American Indian, k, White, etc. #y: White |
| 15. DECEDENT'S (Specify only highest of | EDUCATION Production | 16a. DECEDENT'S US | UAL OCCUPATION done during most of wo | dian | 16b. KIND OF BUSINE | SS/INDUSTRY | 77712 00 |
| Elementary/Secondary (0-12) | College (1-4 or 5+) | Baker | tired.) | rung | Cafeter: | ia | |
| 17. FATHER'S NAME (First, Middle, Last |) | | 18. M | OTHER'S NAME (| First, Middle, Maiden Sum | name) | |
| Thomas Wi | llison | | | | e Twiga | | |
| 19a. INFORMANT'S NAME (Type/Print) | | 19b. MAILING AD | ODRESS (Street and Num | ber or Rural Route | Number, City or Town, St | tere, Zip Code) | |
| Nadine Snapp | | R+ 1 | Box 326, | Hedgest | zillę, W | 25427 | |
| 20a. METHOD OF DISPOSITION 1) Burial 2 Cremation 3 C | Removal from State | other place) | | remetory or | | | own, State |
| 4 Donation 5 Other (Specify) | T LICENSEE O | Fekhart Ce | | DEDO OF EACH ! | | rt, MD | |
| Maila | Snow | Della o | | | " SOWERS F | | |
| 23. PART I. Enter the diseases, | or complications that caus | sed the death. Do not | | | Frostburg | | L532 Approximata |
| shock, or heart falls | ure. List only one cause or | each line. | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | ory arroad, | interval Between |
| IMMEDIATE CAUSE (Final disease or condition | 15 Chause | Coundress | e the c | | | | |
| resulting in death) | a. SCHOWIC | S A CONSEQUENCE OF: | z my | | | | years |
| | | | | | | | years |
| Sequentially list conditions, if any, leading to immediate | | Artery 7 | 0.3.4,0 | | | | 90003 |
| cause. Enter UNDERLYING CAUSE (Disease or Injury | a. Hyperten | sion | | | | | years |
| that initiated events resulting in death) LAST | ĐỀ TO (OR A | S A CONSEQUENCE OF): | | | | | |
| PART II. Other significant cond | itions contributing to deat | but not resulting in | the underlying caus | e given in Par | | | b. WERE AUTOPSY FINDING |
| Digheles Mel | litus | | | | PERFORMEI | | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| | | | | | - | | 1 YES 2 NO |
| 25. WAS CASE REFERRED TO MEDICA | | | 28. PLACE O | F DEATH (Check | only one) | | |
| EXAMINER? | HOSPITAL: 1 Inputient 2 ER/O | | THER: Nursing Home 5 | Residence 6 | Other (Specify) | | |
| 27. MANNER OF DEATH | 28a. DATE OF INJUR (Month, Day, Yea | Y 28b, TIME C | OF 28c, INJURY AT | | d. DESCRIBE HOW INJU | RY OCCURED | |
| 1 Natural 5 Pending | and the second second | ,, inson | M 1 YES | 2 🗌 NO | | | |
| 2 Accident Investigat 3 Suicide 8 Could no 4 Homicide determine | 28e. PLACE OF INJU- | JRY — At home, farm, stre (pecify) | et, factory, office | 28 | f. LOCATION (Street and City or Town, State) | Number or Rural | Route Number, |
| anal | HYSICIAN: To the best of my kr | | | | | | s) and manner as stated. |
| 296. SIGNATURE AND TITLE OF CERT | | | | ICENSE NUMBE | | | D (Month, Day, Year) |
| Mark 1 Jun | Mels in | | | 24063 | | / | (Moren, Day, Year) |
| 30. NAME AND ADDRESS OF PERSON | | | int) | | | 0,,, | 7 / |
| Mark I Furnan | MD Frostburg | Comm Hosp 4 | 8 Tam Tena | ce Fre | stoon m | D 21 | 532 |
| 31. DATE FILED (MONTH, DIE 1947) | 32. REGISTRAR'S | SHARRE | | | 0 | | |
| 111111111111111111111111111111111111111 | | | | | | | |



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| BALTIMORE, MARYLAND 21215-0020 | requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physics | een signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial of Heath and Mental Hygiene prior to burial, cremation, or removal. | shows any injury, or other traumatic event, the medical examiner must be notified at once. |
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| RECORDS, P.O. BOX 68760, | that | een signed by the attending physician and completely filled in by the of Health and Mental Hygiene prior to burlal, cremation, or removal. | À |
| S | res 1 | igne | 60 |
| W | idni | T H | NO. |
| œ | 2 | 6 | - 60 |

Item 23

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marked,

certificate has been in the State Dept. of I

this c.

After th death w

DIRECTOR: Aft hours after dea item 28 is n

TO THE HOSPITAL OF TO THE FUNERAL D be filed within 72 ho IMPORTANT: If its

2

31. DATE FILED (Month, Day, Year MAR 12 91

DIVISION OF VITAL RE DR ATTENDING PHYSICIAN: The law requir

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 949pu3 tws 08 O3 Kenneth OL 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. (Month - Day, Year), 4/25/24 205-12-0462 66 1 XM 2 F YRS Pennsylvania 9e. FACILITY NAME (If not institution, give street, and number) 9c. COUNTY OF DEATH 9b. CITY. TOWN OR LOCATION OF DEATH Hartoro Me RESIDENCE OF DECEDENT Memorial Horford DIRECTOR 10. STATE 10c CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford Aberdeen 1 X YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WNAT COUNTRY? FUNERAL 101 ZIP CODE U.S.A. 21001 72 Mount Royal Avenue 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 Yes 2 \(\sum \) NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 □ YES 2 ☒ NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Mar BY White 3 Widowed 4 □ Divorced COMPLETED 16e, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Shipping Clerk Harford Systems 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Alex Newton Mary Alice Turner BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 227 N. Needmore Rd. Hazel Thompson Glascow, Ky. 42141 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State etary, crematory or other place) Air Memorial Gardens 3/11 4 Donation 6 Other (Specify) Be1 Air. Maryland 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Tarring-Cargo Funeral Home, P.A. Aberdeen, Maryland 21001-3399 Consetty bac 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximate Interval Between **Onset and Death** IMMEDIATE CAUSE (Finel willet a cule Lance disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS WEHE AUTOPSY FIND. AVAILABLE PRIOR TO COMPLETION OF CASE MEDICAL COMPLETION OF CAUSE OF DEATH? better VES 2 NO methyon 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1. Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 76 4 - Nursing Home 5 - Rasidence 6 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be determined COMPLETED 4 🔲 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated, 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

Hauve de Evace

Im

Avenue

32. REGISTRAR'S SIGNATURE Tavidson

Randolo

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-18 Rev 1/89

3

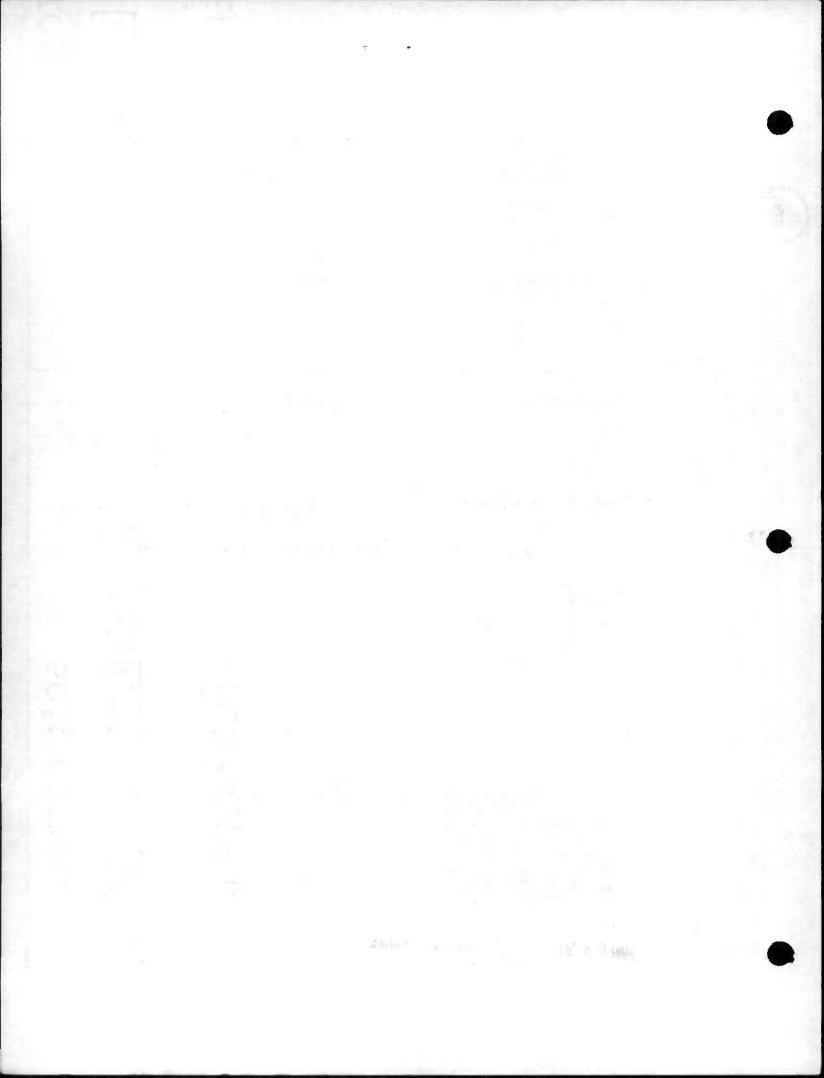
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| , | ithin | ettely | emat | , or other traumatic event, the medical examiner must be notified at once. | |
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| | 16 PI | ter th | ath v | mark | l |
| | N | R: Af | er de | 8 | l |
| | ATE | 65 | s aft | 1 28 | l |
| | THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital or attend | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. | ĺ |
| | PITAL | ERAL | in 72 | THE | ĺ |
| | HOS | FUN | with | TAN | ĺ |
| | 뿔 | THE | filed | POR | |
| | 2 | 2 | 2 | Ξ | |

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

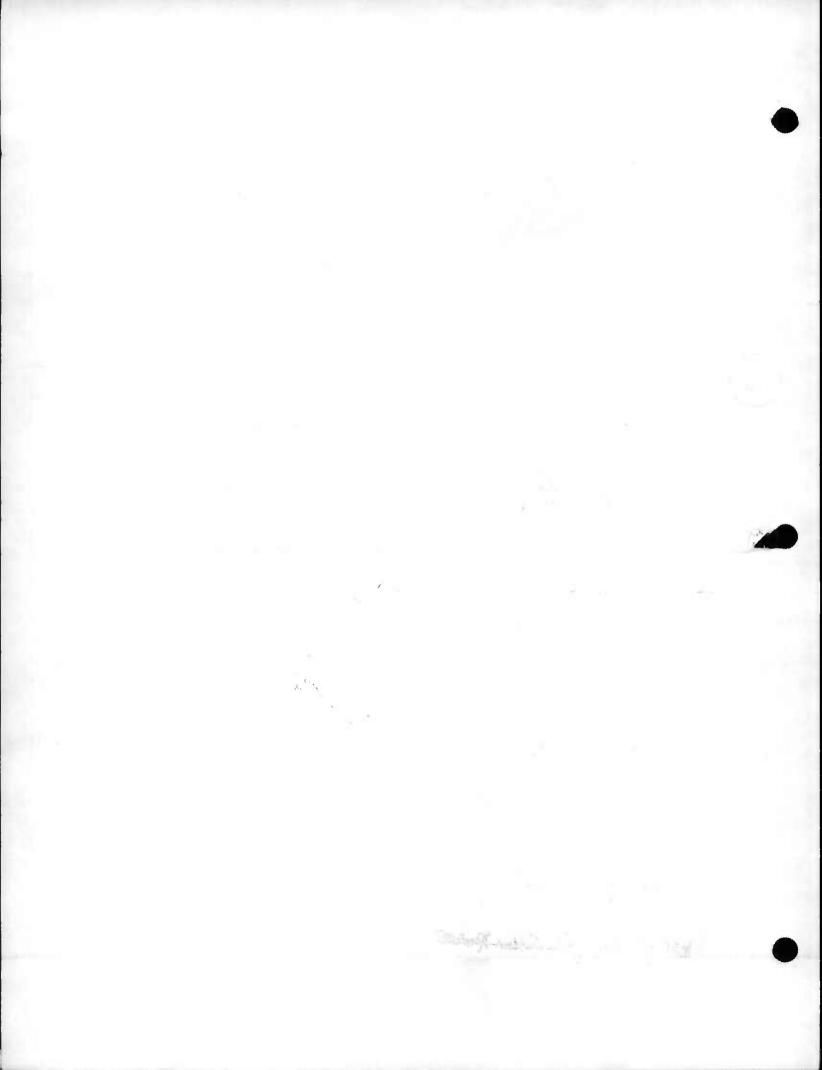
| STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I | MENTAL HYGIENE |
|--|----------------|
| CERTIFICATE OF DEATH | REG. NO. |

| FOR 1 - STATE REGISTRAR | STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. | | | | | | | | |
|--|---|---|--|------------------------------------|------------------|----------------------------------|---------------|-----------------------|---|
| 1. DECEDENT'S NAME (First, Middle, Last |) | | | | | OF DEATH | | | TIME OF DEATH |
| Frances 4 social security number | Phelps | Nen yrs. last birthday) | EWCOMET | IF UNDER 24 HRS. | 7 DATE | 3 5 91 10:4 | | | |
| 295-20-9060 | | 9 YRS. | MONTHS DAYS | HOURS MIN. | (Month | Day, Year) /21 | OHIO | | |
| 9a. FACILITY NAME (If not institution, give | | | 9b. CITY, TOWN C | R LOCATION OF DE | | / 21 | 9c. COUNTY | | |
| Memorial Ho | spital | | East | on | | | Talt | oot | |
| RESIDENCE OF DECEDENT 10a, STATE 10b. COUN | ITY | 10c, CITY | r, TOWN OR LOCAT | TON | | | | 10d | . INSIDE CITY |
| MD Ta | albot | | Bozman | | | | | 1.5 | LIMITS? |
| 10e, STREET AND NUMBER | ILDUC | | | ZIP CODE | | | 10g. CITIZEN | | |
| Quaker Neck | Pond | | | 21612 | | | | | |
| 11. MARITAL STATUS | 12. WAS DECEDENT EVER IN | U.S. ARMED | 13. WAS DEC | ENDENT OF HISPAN | NIC ORIGIN | ? (Specify Yea | or No - 14 | RACE - | Amarican Indian, |
| 1 Never Married 2 Married | FORCES? 1 YES | 2 X NO | | ecify Cuban, Maxica 2 NO Specif | | tican, etc.) | | Black, Wi Specify: | illa, etc. |
| 3 Wildowed 4 Divorced | 11 120, 0112 1111 011 311 | | | X.o opeon | , | | 1 | Whit | e |
| 15. DECEDENT'S EL (Specify only highest gre | de completed) | 16a. DECEDENT'S (Give kind of w life. Do NOT us | USUAL OCCUPATION CONTROL OCCUPAT | ON at of working | 16b. | KIND OF BUS | INESS/INDUS | TRY | |
| Elementary/Secondary (0-12) | Collega (1-4 or 8+) | Homem | | | | Own I | Iomo | | |
| 17. FATHER'S NAME (First, Middle, Last) | | HOMEM | arer | 18. MOTHER'S NA | ME (First, I | | | | |
| John C. Phelr | ns | | | CASTA COLOR | | Court | | | |
| 19a. INFORMANT'S NAME (Type/Print) | 76 | 19b. MAILING | ADDRESS (Street a | and Number or Rural | | | | rde) | |
| John H. Newco | omer | | er Necl | | | ian, M | | | |
| 20a. METHOD OF DISPOSITION 1 Burial 2 Tremation 3 Re | movel from State | PLACE AND DATE | or other place) | (Name | DAT | E 20c. LO | CATION — City | or Town, | |
| 4 Donation 5 Other (Specify) | Ea | stern | Shore (| Cremato | riu | Geo | orget | own, | DE |
| 21. SIGNATURE OF FUNERAL SERVICE | | _ | News All | ADDRESS OF FA | eral | . Home | 9 | | |
| JOHN R | . MERCE | Ran | | S. Har | | | | ston | MD |
| 23. PART I. Enter the diseases, o shock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death) | a. Serves le | ich line. | treal | | | 110. | ratory srres | | Approximate Interval Between Onset and Death |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | bDUE TO (OR AS A | CONSEQUENCE OF | F): | | | | | | • |
| | d | | | | | | | | |
| PART II. Other significant condition | ons contributing to deeth b | ut not reaulting i | in the underlyin | g cause given in | Part I. | 24a. WAS AN PERFOR 1 YES 2 | IMED? | CO OF | RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO |
| | | | | | | | | | |
| 25. WAS CASE REFERRED TO MEDICAL | | | 25. P | LACE OF DEATH (C/ | heck only or | 10) | | | |
| EXAMINER? 1 YES 2 NO | HOSPITAL: 1 Inpatient 2 ER/Outp | atlent 3 DOA | OTHER: 4 Nursing Hor | ne 5 🗆 Rasidence | 8 🗆 Othe | r (Specify) | | | |
| 27. MANNER OF DEATH | 28a. DATE OF INJURY | 26b. TIM | E OF 28c. IN. | JURY AT | 28d. DE | SCRIBE HOW | NJURY OCCU | RED | |
| 1 Natural 5 Pending | (Month, Day, Year) | INJ | | YES 2 NO | | | | | |
| 2 Accident investigatio 3 Suicide 6 Could not to determined | 28e. PLACE OF INJURY building, etc. (Spec | — At home, farm, (| street, factory, offic | ;e | 28f. LOC City | ATION (Street or Town, State) | and Number or | Aural Houte | Number, |
| 200 CERTIFIER | | | | | | | | | |
| (Check only | YSICIAN: To the best of my know INER: On the basis of examination | _ | | • | | | | | d manner es stated. |
| 29b. SIGNATURE AND TITLE OF CERTIF | FIER. / | | | 29c. LICENSE NU | MBER | 1 | 29d. DATE S | GNED (AN | mith, Day, Year) |
| Ollerd | Hounts | | | D3° | 788. | 7 | ▶ 3 | 3/6/ | 91 |
| 30. NAME AND ADDRESS OF PERSON | | | | | | | | 1 | |
| David H. Smit | | | venue I | Easton, | MD | 216 | 01 | 1 | |
| 31. DATE FILED (Month, Day, Year) | 32. REGISTIAR'S SIGN | ATURE PAR | tell. | | | | | | |



| ALTECTOR. After the Continents into been appread to account by projecting and compressed may be considered in ourse start death with the State Deat of Health and Mental Hydriene moot in hintig preparation of removal. | DOCTORD, Attact this considered has been signed by the attention objection and commissed filed in by the funeral director name 5.7 | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within source after death. Page 6 may be retained to the current interms. Associated the strained for the strained to the strained for the strained director mans 5 de | cal examiner must be notification. | To the Characteriction, rate to determine sees some states of the second proposed in the medical of removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumetic event, the medical examiner must be notified by the COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION |
|---|---|--|------------------------------------|---|
| the start death with the State Deat of Health and Mental Hydiene point to hurial cremation, or removal. | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shi | ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing, yours after death. Page 6 may ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p | noval. cal examiner must | rs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or ro n 28 is marked, or Item 23 shows any injury, or other traumatic event, the med |

| 1 - STATE REGISTRAR | STATE OF MARYL | | RTMENT OF ICATE O | | | REG. NO. | E S | 07780 |
|--|--|---------------------------------|--------------------------------|------------------------|-------------|--|-------------|--|
| 1. OECEDENT'S NAME (First, Middle, Las Mrs. Doris | Douglas Jone | s Osburr | ı | | | March 8 | | 3. TIME OF DEATH 91 1430 P |
| 4. SOCIAL SECURITY NUMBER 216-48-6968 | | (In yrs. last birthday) 76 YRS. | MONTHS DAY | | BAIN | (Month, Day, Year) 0-5-1914 | 1. | BIRTHPLACE (State or Foreign Country) Maryland |
| The second secon | 9. FACILITY NAME (# not Institution, give street end number) Frederick Memorial Hospital | | | | | rick | - | y OF DEATH |
| RESIDENCE OF DECEDENT 10a. STATE 10b. COU | | 10c, CI1 | ry, town or lo | | | | | 10d. INSIDE CITY |
| Maryland Fi | rederick | Fre | ederick | | | | | LIMITS? |
| 106 STREET AND NUMBER 166 Baughman's | Lane | | | 101. ZIP CODI 21702 | Ē | | U.S | N OF WHAT COUNTRY? |
| 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Olvorced | 11. MARITAL STATUS 1 Never Merried 2 Merried FORCES? 1 YES 2 NEVER WAR OR DATES. | | | | | ORIGIN? (Specify Ye- Puerto Rican, etc.) | or No- 1 | 4. RACE — American Indien, Black, White, etc. Specify: White |
| 15. DECEDENT'S E (Specify only highest gn Elamentary/Secondary (0-12) | | | work done during ise retired.) | most of working | ng | 186. KIND OF BU | | STRY |
| 17. FATHER'S NAME (First, Middle, Last) | | 501100 | <u> </u> | | HER'S NAME | (First, Middle, Malden | | |
| Howard 190. INFORMANT'S NAME (Type/Print) | Marvin Jone | | | | | arke (Pi | | |
| Sandra O. Cherry | 7 | | | | | nte Number, City or Tow Ouisville | | |
| 20e METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 R 4 Donetion 5 Other (Specify) | | b. PLACE OF DISPO | SITION (Name of | cemetery, cren | netory or | 20c. LO | CATION - CI | ty or Town, State K, Maryland |
| 21. SIGNATURE OF FUNERAL SERVICE | Day St. | Mu! | 22. NAME | AND ADDRE | SS OF FACIL | √γStauffe | r Fune | eral Homes, PA |
| Sequantially list conditiona, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST | c | A CONSEQUENCE (| | /ym | the w | ode he | testas | ٤١ |
| PART II. Other significant condit | d. | but not resulting | In the underl | ying ceuse | given in Pa | PERFO | RMED? | 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HQSPITAL: | | | , PLACE OF D | EATH (Checi | k only one) | | |
| 1 TYES 2 TONO 27. MANNER OF DEATH 1 M Netural 5 Pending | 1 A Inpatient 2 - ER/Out 28a. DATE OF INJURY (Month, Day, Year) | 28b. TI | ME OF 28c. | INJURY AT WORK? | 2 | Other (Specify) | INJURY OCCU | JRED |
| 2 Accident Investigation 3 Suicide 8 Could not determined | be 28e. PLACE OF INJUR building, etc. (Spe | Y — At home, farm, | | | | 28f. LOCATION (Street City or Town, State | | r Rural Route Number, |
| Composition of the | IYSICIAN: To the best of my know | | | | | | | |
| 29b. SIGNATURE AND TITLE OF CERTIFICATION OF PERSON | famile | EATH (ITEM 27) (Typ | ne, Print) | 29c. MG | ENSE NUMB | ER TY | 29d. DATE | Signato (Monthy Day, Year) |
| 31. DATE FILEO (Month, Day, Year) MAR 11 1991 | 32. REGISTRAP'S SIGN | NATURE. | | | | | | |
| | | | | | | | | DHMH-16 Rev |

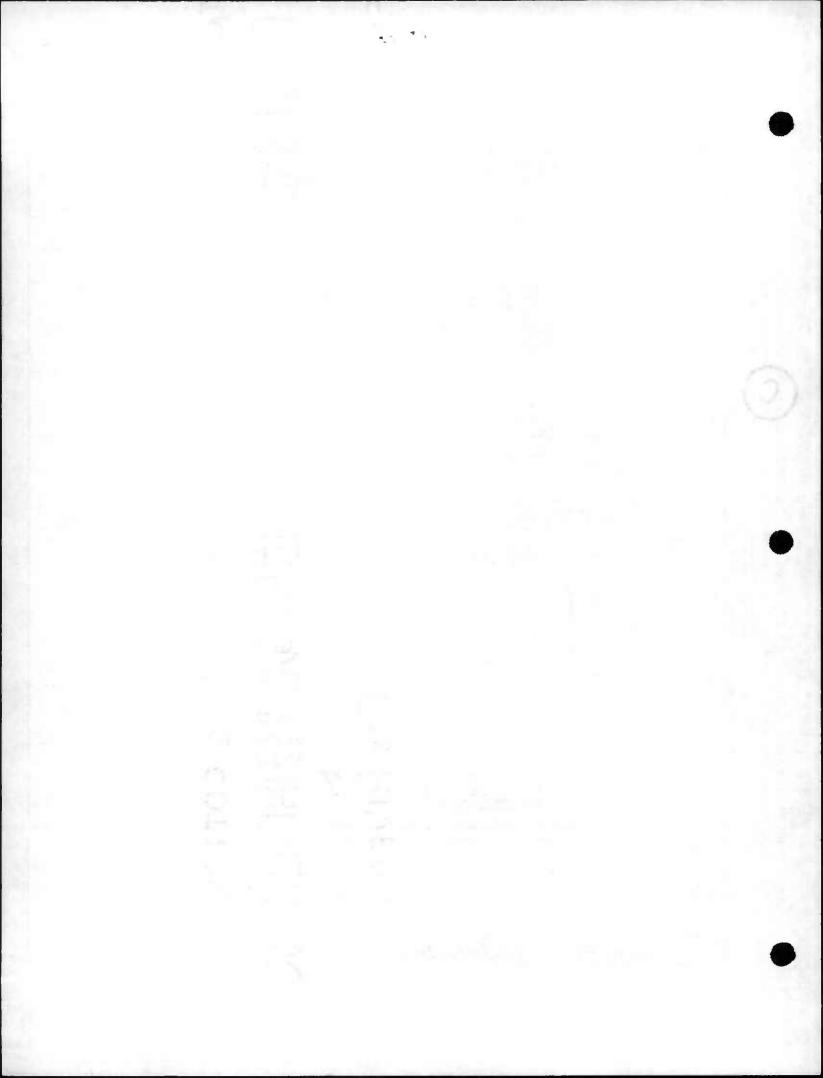


TO BE COMPLETED BY FUNERAL DIRECTOR

| thred by the hopeital or attending physician. | un up to detailed for use as the burial-transit permit. Pa | lifled at once. |
|--|---|--|
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be remained within that in the law requires that the death certificate be executed within 24 hours after death. Page 6 may be remained within the last of the page 10 may be remained within the last of the l | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 and use the desirable for use as the burial-transit permit. Page the while the State Deat of Health and Mental Hotelee prior to burial. Centralion, or removal. | IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

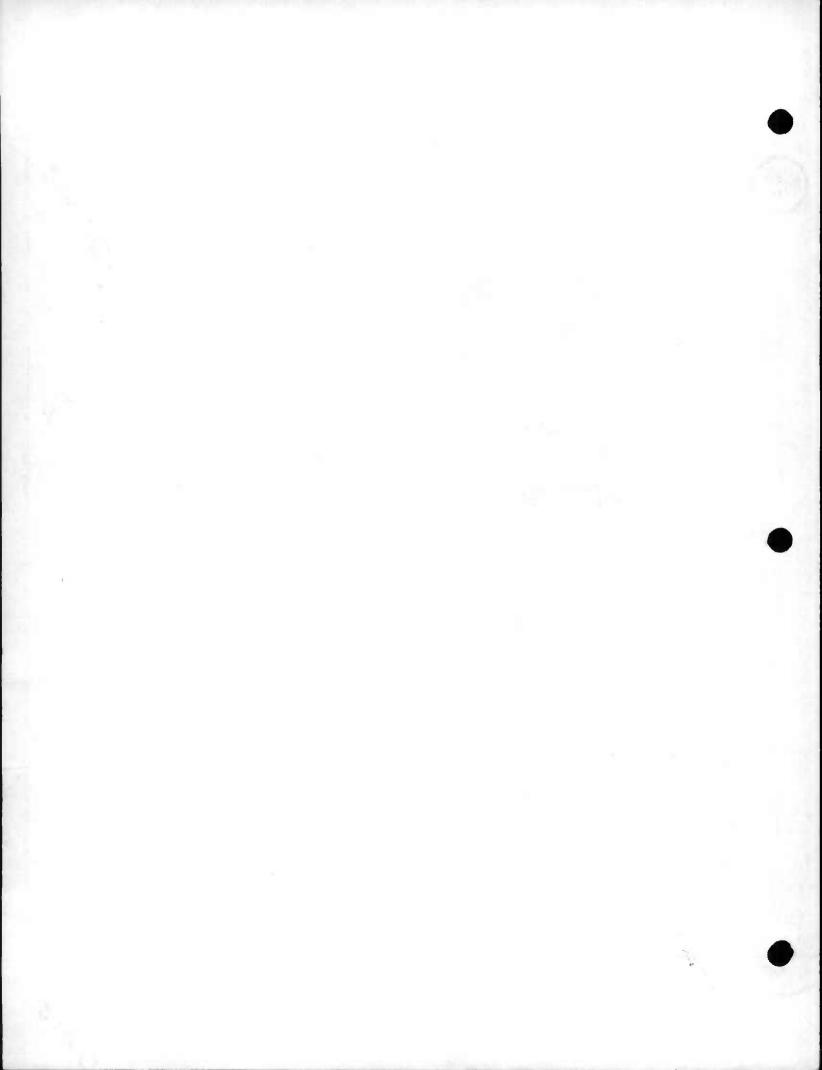
| 1 - STATE REGISTRAR | STATE OF MARYLAN | D / DEPARTM | | | MENTA | HYGIENI REG. NO. | E ' | | 1101 |
|--|---|-----------------------|--------------------|--|-----------------|----------------------------------|------------------|------------------------|--|
| 1. DECEDENT'S NAME (First, Middle, Last) FOLIN OLI | VER | | | | 2, DATE MONT | OF OEATH | y yı | SAR 3. TIM | E OF DEATH |
| 4. SOCIAL SECURITY NUMBER | | | UNDER 1 YEAR | IF UNDER 24 HRS. | | OF BIRTH | 8. | BIRTHPLACE Country) | (State or Foreign |
| 214-30-9422 | 10 M 2 D F 76 73 | YRS. MO | NTHE DAYS | HOURE MIN. | L | 22 | 1915 | Ohio | |
| 98. FACILITY NAME (If not Institution, give at | reet and number) | 98 | abus | OR LOCATION OF DE | EATH | | 9c. COUNTY | OF DEATH | |
| RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY | | 100 CITY T | OWN OR LOCA | 71011 | | | - | 1 404 11 | INIDE OFF |
| MD Hari | | | erdeen | | | | | L | HSIDE CITY HMITS? YES 2 NO |
| 10e. STREET AND NUMBER | .01d | AU | | . ZIP CODE | | | 10a, CITIZEN | OF WHAT C | |
| 601 Cornell St | • | | 100 | 21001 | | | U.S. | | |
| 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced | 12. WAS DECEDENT EVER IN U. FORCES? 1 1 YES 2 IF YES, GIVE WAR OR DATE: | 2 ZNO | If yes, sp | ENDENT OF HISPAT ecity Cuben, Mexica 2 NO Specif | in, Puerto | | or No— 14. | | erican Indien, , etc. |
| 15. OECEOENT'S EDUI | CATION 16 | e. DECEDENT'S US | | | 16b | . KIND OF BUS | | | |
| Elementary/Secondary (0-12) | College (1-4 or 5+) | life. Do NOT use re | etired.) | | Ι, | | | | |
| UNK | 0 | Labore | r | | _ | Variou | | | |
| 17. FATHER'S NAME (First, Middle, Last) | | 18. MOTHER'S NA | - 1 | Middle, Malden | Sumeme) | | | | |
| UNK 190. INFORMANT'S NAME (Type/Print) | | I | | UN | ~ - | | | | |
| Mr. Orrie Frink | T.0 | | | t., Aber | | | | | |
| 200. METHOD OF DISPOSITION | | LACE AND DATE OF | | | DAT | | CATION - City | | 44 |
| 1 Donation 5 Other (Specify) | oval from State of cerm | A. Ferr | other place) | (Name | (| 8 Wes | | | |
| 21. SIGNATURE OF FUNERAL SERVICE LA | ENSEE JANUARY | ^ | Tarri | ng-Cargo een, Mar | Fun | eral H d 210 | ome, P 01-339 | .A. | |
| iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, | a. Attributed DUE TO (OR AS A CC) DUE TO (OR AS A CC) | ONSEQUENCE OF): | Corde | ensteur | ldr L | Oere | ii. | | interval Between Onset and Death |
| If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | c. OUE TO (OR AS A CC | | | Llan | | | | | |
| PART II. Other algnificant condition | a contributing to death but | not resulting in t | the underlyin | g cause given in | Part I. | 24a. WAS AN PERFOR 1 YES 2 | MED? | COMP OF DE | AUTOPSY FINDINGS IBLE PRIOR TO LETION OF CAUSE ATH? YES 2 NO |
| 25. WAS CASE REFERRED TO MEDICAL | | | 26. P | LACE OF DEATH (C) | heck only o | ne) | | 1 | |
| EXAMINER? | HOSPITAL: 1 Inpatient 2 ER/Outpatie | | THER: | ne 5 Nesidence | 8 🗆 Othe | er (Specify) | | | |
| 27. MANNER OF DEATH | 28s. DATE OF INJURY (Month, Day, Year) | 28b. TIME C | | JURY AT ORK? | , | SCRIBE HOW I | NJURY OCCUP | RED | |
| 1 Natural 5 Pending Investigation | (World, Edy, Toda) | | | YES 2 NO | | | | | |
| 3 Suicide S Could not be 4 Homicide determined | 28e. PLACE OF INJURY — building, etc. (Specify) | At home, farm, stre | et, factory, offic | 20 | | CATION (Street or Town, State) | | Rural Route N | umber, |
| (oriodit drilly | ICIAN: To the best of my knowledger. On the basis of examination so | | | | | | | | nanner as stated. |
| 296. SIGNATURE AND TITLE OF CERTIFIE | upunp | redtrent | | 29c. LICENSE NU | MBER 94 | | 29d. DATE S | IGNEO (Mont) | i, Day, Year) |
| 30. NAME AND ADDRESS OF PERSON WI | J. COLF | H (ITEM 27) (Type, Pr | rint) | 24137. | rage | fe Ch | glet, | Rd | 2103/ |
| 31. DATE FILED (Month, Day, Year) MAR 0 x 391 | 32. REGISTRAR'S SIGNATU | | | | | | | | |



FOR STATE REGISTRAR

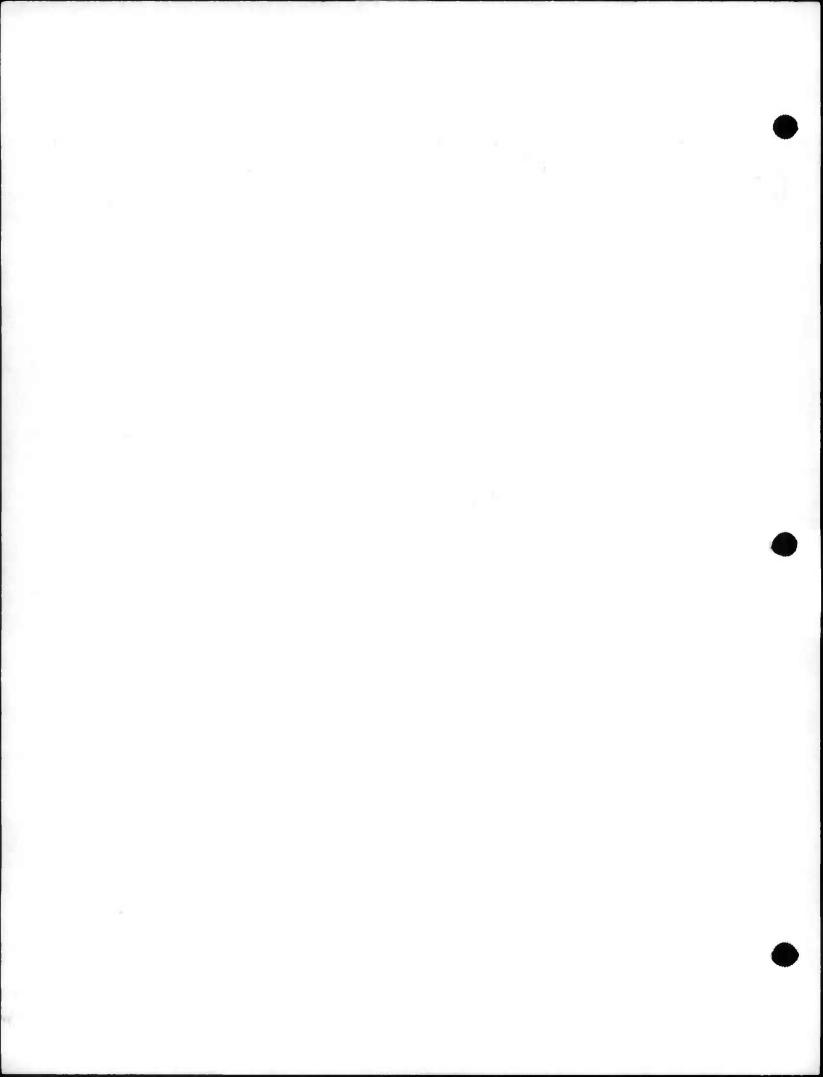
| | NORBERT Frankli | 2 00 | DODN | ,Sr. | | i | MONTH | 0.2 | YEAR | O. 1 OAM M |
|---------------|---|--|----------------------------------|---------------------|------------|--|------------------------------|---|-------------------------|---|
| 3 | | AGE (In yrs. last | T | IF UNDER 1 | YEAR | IF UNDER 24 HRS. | 7. DATE OF BIF | TH | 8. BIRTI | 9:10AM M |
| | 579-20- 0 732 1× M 2 □ F | 68 | YRS. | MONTHS | DAYS | HOURA MIN. | (Month, Day, 6-30 | | Count Tal A | sh.,D.C. |
| | 9a. FACILITY NAME (If not institution, give street and number) | | | 9b. CITY, T | OWH O | R LOCATION OF DEA | | | OUNTY OF C | |
| DIRECTOR | PRINCE GEORGE'S HOSPITAL (| ENTER | | CH | IEVE | RLY | | PR | INCE | GEORGE 'S |
| E I | 10a. STATE 10b. COUNTY | | 10c. CIT | Y, TOWN OR | LOCATI | ON | | | | 10d. INSIDE CITY LIMITS? |
| ᡖ | Md. P.G. | | F | t. W | ash | nington | | | | 1 - YES 2X XHO |
| A | 10e. STREET AND NUMBER | | | | 101. | ZIP CODE | | 10g. C | ITIZEN OF | WHAT COUNTRY? |
| 띨 | 2400 Tucker Road | | | | \perp | 20744 | | | US | |
| BY FUNERAL | 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | YES 2 N | | lf : | yes, spe | ENDENT OF HISPANI city Cuban, Mexican MNO Specify: | , Puarto Rican, | | 14. RAC Blac Spec | |
| | | 1.00.00 | | | | | 1.000 .000 | | | White |
| | 15. DECEDENT'S EDUCATION (Specify only highest grade completed) | (Gh | EDENT'S we kind of a Do NOT us | USUAL OCC | ring mos | N at of working | 16b. KINO | OF BUSINESS/I | NOUSTRY | |
| COMPLETED | Elementary/Secondary (0-12) College (1-4 or 5+) | | 21um | | | | | Priv | | |
| 8 | 17. FATHER'S NAME (First, Middle, Last) | | | | | 16. MOTHER'S NAM | | | 1) | |
| 8 | Frank A. Osborn | | | | | Dorot | | | | |
| 2 | 19e. INFORMANT'S NAME (Type/Print) | | | | | nd Number or Rural R | | | | |
| | Norbert F. Osborn, Jr | Υ | | | | e Dr., Lo | | Va. Z | | |
| | 1 Buriel 2 X Cremation 3 Ramoval from State | other pla | ce) | | | | | Clin | | |
| | 21, SIGNATURE OF FUNERAL SERVICE LICENSEE |) | -ee | Crem 22, N | AME AN | D L Y D AODRESS OF FAC | ality Lee | Fune | ralH | ome, Inc. |
| | 1.10000 | | | 66 | 33 | Old Ale | exande | er Fer | ry R | oad |
| | may pyfal | | | | | on,Mar | | | | |
| | 23. PART I. Enter the diseases, or complications that or ahook, or heart fellure. List only one cause IMMEDIATE CAUSE (Final disease or condition resulting in death) | | | | ne mo | de or dying, auci | Taa cerdiec C | or respiretory | erreat, | Approximete interval Between Onset and Death |
| CERTIFICATION | If any, leading to immediate cause. Enter UNDERLYING | AS A CONSECUTION AS A C | | P: 1 | ten | of blee | o d | | | |
| MEDICAL | PART II. Other eignificent conditions contributing to de | ath but not n | esulting | In the und | derlying | g cause given in | | WAS AN AUTOPS PERFORMED? YES 2 1000 | | Ib. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| JAN | 25. WAS CASE REFERRED TO MEDICAL | | | | | ACE OF DEATH (Ch | eck only one) | | | |
| SIC | EXAMINER? 1 YES 2 NO HOSPITAL: 1 Mipetiant 2 E | R/Outpatient 3 | □ DOA | OTHER 4 Number | | e 5 🗆 Rasidence | 8 Other (Spe | icify) | | |
| Y PHYSICIAN | 27. MANNER OF DEATH 1. Netural 5 Pending Investigation | JURY Year) | 28b. TIR | ME OF JURY M | | URY AT PRK? YES 2 NO | 28d. DEŞCRIB | E HOW INJURY | OCCUREO | |
| red BY | 2 Accident investigation 3 Suicide S Could not be 4 Homicide detarmined | | me, farm, | street, facto | ery, offic | e | 281. LOCATION City or Tox | N (Street and Num vn, State) | nber or Rura | l Route Number, |
| COMPLET | 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of exam | | | | | | | | | o(a) and manner as stated. |
| BE | 296. SIGNATURE AND TITLE ON CENTRER | D. | | | | 29c. LICENSE NUI | | 29d. f | DATE SIGNE | ED (Month, Day, Year) |
| 5 | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE | OF OEATH (ITE | М 27) (Тур | e, Print) | | 0 0-1 | | | 1-1 | |
| | 31. DATE FILED (Month, Day, Year) 32. REGISTRAR* | S SIGNATURE | | | | | | | | |
| | MAR 07 '91 Julia Davidson | | | | | | | | | |

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



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| | THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should b | 0 | PORTANT: If Item 28 is marked or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a |
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| | 1 - STATE REGISTRAR | | CERT | IFIC | TE OF | DEATH | RI | EG. NO. | | | | |
|---------------|--|-------------------------------------|--------------------------------|----------------------------|-------------------------|-----------------------|----------------------------|----------------------------|-------------|------------|-------------------------------|----------|
| | 1. DECEDENT'S NAME (First, Middle, Last) | Edward | Lawrence | O'B | RTEN | | 2. DATE OF D | EATH DAY | | VEAD | 3. TIME OF DEATH | 4 |
| | EDWARD LAW | rence | Obri | | 11.1.111 | | 3 | 11 | | 97 | 814 | DH |
| | 4. SOCIAL SECURITY NUMBER | 5. SEX 6. A | GE (In yrs. lest birth | day) IF U | NOER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF B | | T | 8. BIRTH | PLACE (State or For | eign |
| | 493-03-2586 | 110 M 2 🗆 F | MQ YE | IS. MON | THS DAYS | HOURS MIN. | (Month, Day March | | 1911 | Country | w Jersey | , |
| | 9a. FACILITY NAME (If not institution, give str | reet and number) | 1-1 | 9b. | CITY, TOWN | OR LOCATION OF DE | | 21, | | ITY OF DE | | |
| ~ | Garlock Memorial | | | | - | | | - 1 | | | | |
| 2 | RESIDENCE OF DECEDENT | поше | | | над | erstown | | | wa | shin | gton | - |
| | 10a. STATE 10b. COUNTY | | 100 | . CITY, TO | WN OR LOCA | ION | | | | | 10d. INSIDE CITY LIMITS? | |
| DIRECTOR | Maryland Wash | ington | | Hag | ersto | m | | | | | 1 TYES 2 1 | NO |
| _ | 10e. STREET AND NUMBER | 12 | | 8 | | ZIP CODE | | | 10g. CITIZ | ZEN OF W | HAT COUNTRY? | |
| FUNERAL | 1723 York Road | | | | | 21740 | | - 1 | | US | Δ | - 1 |
| ŽΙ | 11. MARITAL STATUS | 12. WAS DECEDENT EV | ER IN U.S. ARMED | | 13. WAS DEC | ENDENT OF HISPAN | IIC ORIGIN? (Sc | ecity Year | or No | | | n. |
| [| 1 Never Married 2 X Married | FORCES? 1 1 | ES 2 KNO | | If yes, sp | ecify Cuban, Mexican | n, Puerto Rican | | | | — American India, White, etc. | " |
| À | 3 Widowed 4 Divorced | IF YES, GIVE WAR O | H DATES | - 1 | 1 L YES | 2 🔼 NO Specify | ς. | | | Wh | ite | - 1 |
| ا ۾ | 15. DECEDENT'S EDUC | CATION | | | AL OCCUPATI | | 18b. KIN | D OF BUSI | NESS/IND | USTRY | - | - |
| | (Specify only highest grade Elementary/Secondary (0-12) | completed) College (1-4 or 5 +) | (Give kin | d of work o OT use reti | done during mo red.) | st of working | 12 (2000) | | | | | - 1 |
| 2 | 12 | 4 | au | dito | r | | t | ruck | mfg | | | 1 |
| COMPLETED | 17. FATHER'S NAME (First, Middle, Last) | | | | | 16, MOTHER'S NA | | | | | | |
| | George O'Brien | | | | | | ret Bi | | | | | - I |
| BE | 19a. INFORMANT'S NAME (Type/Print) | | 19h MAI | LING ADD | RESS (Street | and Number or Rural F | - | | State 7in | Codel | | |
| 일 | Mary E. O'Brien | | | | | l., Hager | | | | | | |
| | 20% METHOD OF DISPOSITION | | | | | metery, crematory or | , | | ATION - (| | en Stata | |
| | 1 Buriel 2 Cremation 3 Remo | oval from State | Rose H | | | | | | | | Marylar | a l |
| | 21. SIGNATURE OF FUNERAL SERVICE LIC | ENSEE | ROSE II | | | | CILITY | | CISC | OWII | Har yrai | - |
| | SOX | 422 |) | 17 | | ND ADDRESS OF FA | | | | | | |
| | SCOU | 0000 | knne | ch | 415 | E. Wilson | Blvd. | , Ha | gers | town | , Md. 21 | L740 |
| | 23. PART I. Enter the diseases, or cahock, or heart feliure. | | | Do not a | inter the mo | de of dying, sucl | h aa cardlac | or respir | atory arr | est, | Approxima | |
| | IMMEDIATE CAUSE (Finel | | | | | | | | | | Onset and | |
| | disease or condition resulting in death) | | | Anz | De A | Pren | Mary. | | | | 1 de | 2 |
| - 1 | resulting in deatily | DUE TO (OR | AS A CONSEDUEN | CE OF): | 7,0 | m Pren | | | | | | |
| z | | b. | | | | | | | | | | |
| 일 | Sequentially list conditions, if any, leading to immediate | DUE TO (OR | AS A CONSEQUEN | CE OF): | | | | | | | | |
| ა | CAUSE (Disease or Injury | c | | | | | | | | | | |
| | that initiated events | DUE TO (OR | AS A CONSEDUEN | CE OF): | | | | | | | | |
| CERTIFICATION | resulting in death) LAST | d, | | | | | | | | | | - |
| - 1 | PART II. Other aignificent condition | s contributing to der | th but not regul | ting in th | e underivir | a ceuse alven in | Part I. 24e | . WAS AN | WTOPSY | 24b. | WERE AUTOPSY FIL | NDINGS |
| DICAL | | Kicson Day | | | | | | PERFORM | AED? | | AMILABLE PRIOR | TO |
| ה ה | | | -3000 | | | | - 10 | YES 2 | NO | | OF DEATH? | |
| Σ | | | | | | | — | | | | 1 YES 2 A | 10 |
| PHYSICIAN: ME | | | | | | | | _ | | | | |
| 3 | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | 01 | 26. P 'HER: | LACE OF DEATH (Ch | eck only one) | | | | | |
| S | 1 TYES 2 TO NO | 1 Inputient 2 ER | | OA 4 [| Nursing Hor | ne 5 🗆 Residence | | ** | | | | |
| E | 27. MANNER OF DEATH 1 Netural 5 Pending | 28a. DATE OF INJU | JRY 26t | INJURY | W | JURY AT DRK? | 28d. DESCRII | BE HOW IN | JURY OCC | CURED | | |
| B | 1 Natural 5 Pending 2 Accident Investigation | | | | | YES 2 NO | | | | | | |
| | 3 Buicide 6 Could not be | 28e. PLACE OF IN- building, etc. | JURY — At home, f (Specify) | erm, stree | t, factory, offi | :0 | 281. LOCATIO City or To | N (Street ar wn, State) | nd Number | or Runal F | loute Number, | |
| COMPLETED | 4 Homicide determined | | | | | | | | | | | |
| 2 | 29a. CERTIFIER 1 CERTIFYING PHYSI | CIAN: To the best of my | knowledge, death o | ccurred at | the time, dat | and place, and due | to the cause(a |) and man | ner aa stat | ted. | | |
| ∑ | one) 2 MEDICAL EXAMINE | R: On the basis of axami | nation and/or invest | igation, in | my opinion, | death occured at the | time, data and | place, and | dua to th | ne ceuse(a |) and manner ea si | tated, |
| | 29b. SIGNATURE AND TITLE OF CERTIFIER | 9 | | | | 29c. LICENSE NUI | MBER | | 29d. DAT | E SIGNED | (Month, Day, Year) | \dashv |
| BE | | Vartola | MS | | | D180 | 17 | | | 3.12 | | |
| 2 | 30. NAME AND ADDRESS OF PERSON WH | | | | | | | | | | | |
| | | | | | | C MAKI | ERSOW. | -, ~ | 0 | 217 | 4. | |
| | 31. DATE FILED (Month, Day, Year) MAR 1 3 191 | 32. REGISTRAR'S | SIGNATURE | | | | | , , | | - ' ' | | - |
| | MAR 1 3 '91 | Julia | Davidson-17 | indelle | 2 | | | | | | | - 1 |

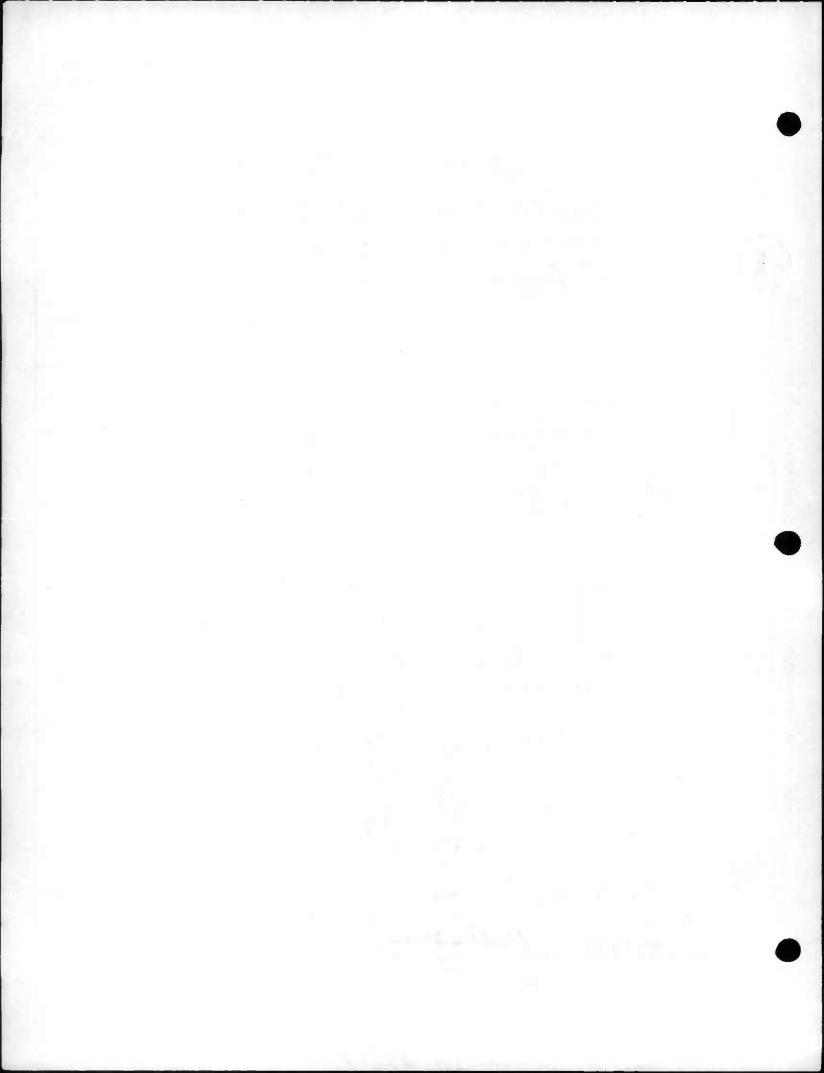


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| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | HYS | his with | ked, |
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| | TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phys | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremetion, or removal. | IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
| | P. O | | |

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| | 1 - STATE REGISTRAR | STATE OF MARY | | MENT OF H | | MENTAL HYGIEI | | 1 0//04 |
|---------------|--|--|--------------------------------------|-------------------------------------|--------------------------------|--|-----------------------------|---|
| , i | 1. OECEOENT'S NAME (First, Middle, Last) Mary | Isabell | OBIT | TS | | 2. DATE OF DEATH | | 3. TIME OF DEATH |
| | 4. SOCIAL SECURITY NUMBER 217-18-7147 | 1 M 2 X F | (In yrs. fast birthday) 37 YRS. | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) Dec. 12, 1 | 903 1 | BIRTHPLACE (State or Foreign Country) Varyland |
| 8 | 90. FACILITY NAME (If not institution, give str 117 W. Salisbury | | | | A LOCATION OF OI | | | Y OF DEATH |
| DIRECTOR | RESIDENCE OF DECEDENT | | 400 CITY | TOWN OR LOCAT | iamsport | | I WASH | INGTON 10d. INSIDE CITY |
| DIRE | Maryland Washir | | | liamspo | | | | LIMITS? |
| | 10e. STREET AND NUMBER | | | 101 | ZIP CODE | | 10g. CITIZE | N OF WHAT COUNTRY? |
| FUNERAL | 117 W.Salisbury | 12. WAS DECEDENT EVER | M II C ADMED | | 1795 | NIC ORIGIN? (Specify Y | USA | I. RACE — American Indian, |
| ВУ | 1 Never Married 2 Married 3 X Widowed 4 Divorced | FORCES? 1 YES | 2 X NO | If yes, sp | | n, Puerto Rican, etc.) | 14 or No. | Specify: White |
| COMPLETED | 15. OECEDENT'S EDUC (Specify only highest grade | CATION completed) | 16a. OECEDENT'S ((Give kind of w | ISUAL OCCUPATION ork done during mo | ON all of working | 16b. KIND OF B | USINESS/INOUS | STRY |
| PLE | Elementary/Secondary (0-12) | College (1-4 or 5 +) | Housewi | | | H | ome | |
| NOC | 17. FATHER'S NAME (First, Middle, Last) | | 4 | | 18. MOTHER'S NA | ME (First, Middle, Maide | n Surname) | |
| BE (| | mer | Shives | | Minni | | ay | Mills |
| 10 | 100. INFORMANT'S NAME (Type/Print) Betty Deardorf | | | | | Route Number, City or To t. Willia | | |
| | 20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remo | 2 State | 0b. PLACE OF OISPOSI | | | | | y or Town, State |
| | 4 Donation 5 Other (Specify) | 1 | Riverview | Cemete | ry | Wi | lliamsp | ort,MD 21795 |
| | 21. SIGNATURE OF FUNERAL SERVICE LIC | Slane | _ | | | AL HOMES Williams | ort.M | 21795 |
| CERTIFICATION | Sequentially list conditions, if any, leading to improve cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | DUE TO (OR AS | A CONSEQUENCE OF A CONSEQUENCE OF | Ascut | CVA | | | Interval Between Onset and Death |
| MEDICAL | PART II. Other significent conditions | 1 1 | but not resulting is | the underlying | g cause given in | | N AUTOPSY ORMEO? 2 NO | 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | 26. PI | ACE OF DEATH (C | neck only one) | | |
| HYSI | 1 YES 2 NO | 1 Inpetient 2 ER/Ou | | 4 - Nursing Horr | URY AT | 6 Other (Specify) 28d. DESCRIBE HOW | INJURY OCCU | BED |
| ВУ Р | 1 Netural 5 Pending | (Month, Day, Year | INJ | JRY WC | YES 2 NO | | | |
| ED | 2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) | | | | | | | Rural Route Number, |
| COMPLET | one) | CIAN: To the best of my kno | | | | | | l. cause(a) and manner ee stated. |
| w | 29b. SIGNATURE AND TITLE OF CERTIFIER | 1.00 0 | | 4 | 29c. LICENSE NU | MBER | 29d, DATE | SIGNEO (Month, Day, Year) |
| 10 B | Link | No de la constante de la const | DEATH WEEK TO | | 0.190 | 20 | 7- | 15-91 |
| | 30. NAME AND ADDRESS OF PERSON WA | ika: 193 | 13 Va 1 | Print) | HATERE | Touba Ma | 1 2/1 | 166 |
| | MAR 15 '91 | 32. REBISTRARY SI | dson-Randell | 4 | 7 | | , | |



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| | ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 fours after | HECTOR: After this certificate has been signed by the attending physician and completely filled in by the |
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| 2 | ATTEN | ETDR. |
| | OC. | R |

| | HEGISTRAN | OLITTI | TOTAL C | T DEATH | ned. N | · . | |
|---------------|--|----------------------|------------------|-------------------------------|--|---------------------|--|
| í | 1. DECEDENT'S NAME (First, Middle, Last) DAKS | mit+ | · h | T | 2. OATE OF DEATH | DAY | YEAR 3. TIME OF DEATH |
| | | s. last birthday) | IF UNDER 1 YE | AR IF UNDER 24 HRS. | 7. DATE OF BIRTN | 9 7 | B. BIRTHPLACE (State or Foreign |
| | | YRS. | MONTHS DA | | (Month, Day, Year) | | Country) |
| | 214-05-2582 ¹♥ ^{M2□F} 7/ | THO. | | | 8/8/ | 7 | Maryland |
| | Sa. FACILITY NAME (If not institution, give street and number) | | 9b. CITY, TOV | VN DR LOCATION OF D | EATH / | 9c. COUNT | TY OF DEATN |
| DIRECTOR | HNNE Hrundel GEN | , | HN | NAROLI | 5 | / | 911 |
| 5 | RESIDENCE OF DECEDENT | | | | | | |
| | 10a. STATE 10b. COUNTY | 10c. CIT | Y, TOWN OR LO | CATION | | | 10d. INSIDE CITY LIMITS? |
| <u></u> | Marvland Anne Arundel | A | nnapo | lis | | | 1X YES 2 NO |
| | 10e. STREET AND NUMBER | | | 10f. ZIP CODE | | 10g. CITIZE | EN OF WHAT COUNTRY? |
| FUNERAL | 1424 Catlyn Place | | | 21401 | | II. | S.A. |
| Ž | 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S | ADMED | 12 WAS | DECENDENT OF NISPA | | - | 14. RACE — American Indian, |
| 로 | 1 Never Married 2 N Married FORCES? 1 X YES 2 | NO | If yes | , specify Cuban, Mexico | an, Puerto Rican, atc.) | 1 01 110 | Black, White, atc. |
| À | 3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES | 3 | 1 - | YES 2 NO Specif | ly: | | Specify: White |
| | | . DECEDENT'S | HENNY COOK | ATION | 16b. KIND OF B | I CONTROL INITIAL | |
| COMPLETED | (Specify only highest grade completed) | (Give kind of a | work done durin | most of working | IOO. KIND OF B | DOINESS/INDO | SIRI |
| ا ۳ | Elementary/Secondary (0-12) College (1-4 or 5 +) | | | | Ann | Agen | |
| 울 | 12 | Servi | се ма | nager | | | icy |
| 8 | 17. FATHER'S NAME (First, Middle, Last) | | | | AME (First, Middle, Maide | | |
| BE | Alvin Eugene Oaksmith | | | Evelin | e French | 1 | |
| <u>" </u> | 19a. INFORMANT'S NAME (Type/Print) | 19b. MAILING | ADDRESS (Str | eet and Number or Rural | Route Number, City or To | wn, State, Zip C | Code) |
| 2 | Grace H. Oaksmith | 424 | Catl | yn Place | , Annapo | lis, | MD 21401 |
| | | | | f cemetery, crematory or | | | ity or Town, Stata |
| | 1 X Burial 2 Cremation 3 Removal from State | er place) | | | | am D. | arnie, MD |
| - 1 | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE | ппау | en ce | metery E AND ADDRESS OF FA | Kutta | en bu | Truite, MD |
| | 11/1 - 1 // / | // | | lor Fune | | ne] | 21401 |
| | Vonus A. Faye | or | | Glouces | | | |
| | 23. PART I. Enter the diseases, or complications that caused the | e death. Do i | not enter the | mode of dying, suc | ch as cardiec or res | piratory arre | st, Approximate |
| | shock, or heart failure. List only one cause on each | line. | | | | | Interval Between |
| | IMMEDIATE CAUSE (Final disease or condition | И. | | 1.1 | T.Can | -1- | , Onset and beauti |
| | resulting in death) a | /my | DURY | dial. | LIUSHY | C+10 | N |
| - 1 | 0.00017 | MUCUULHUE U | r): | | | | 1 |
| ᇊᅵ | Sequentially list conditions, | | | | | | |
| CERTIFICATION | if any, leading to immediate | NSEQUENCE O | F): | | | | |
| <u> </u> | CAUSE, Enter UNDERLYING CAUSE (Disease or Injury | | | | | | |
| <u> </u> | that initiated events DUE TO (OR AS A CO | NSEQUENCE O | F): | | | | |
| | resulting in death) LAST | | | | | | |
| | DARTH Cabon leadings and disease and the sam | I de la constation d | hi shaaaa isaa | | mile I all man | | T |
| EDICAL | PART II. Other significant conditions contributing to death but r | not resulting | in the under | iying cause given ir | | N AUTOPSY ORMED? | 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO |
| 읡 | | | | | 1 _ YES | 2 NO | COMPLETION OF CAUSE OF DEATH? |
| | | | | | | / | 1 TES 2 NO |
| ≥ | | | | | | | |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL | | | 6. PLACE OF DEATN (C | heck only one) | | |
| <u> </u> | EXAMINER? HOSPITAL: | nt 3 🗆 DOA | OTHER: | | | | |
| <u>¥</u> | 27. MANNER OF DEATH 28s. DATE OF INJURY | 28b. Tife | _ | Nome 5 Residence | 8 U Other (Specify) 28d. DESCRIBE NOV | / IN HIEV ACC | IRED |
| 4 | 1 Natural 5 Pending (Month, Day, Year) | IN. | JURY | WORK? | 28d. DESCRIBE NO | I INSURT OCCI | DHED |
| 8 | 2 Accident Investigation | | | YES 2 NO | | | |
| | 3 Suicide S Could not be 28e. PLACE DF INJURY — building, etc. (Specify) | At home, farm, | street, factory, | office | 28t. LOCATION (Street | | or Rural Route Number, |
| COMPLETED | 4 Homicide determined | | | | C-24 B. | | |
| ן ב | 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge | je, death occum | red at the time, | date and place, and du | e to the cause(a) and n | anner as state | d, |
| \$ | one) 2 MEDICAL EXAMINER: On the basis of examination an | nd/or investigation | on, in my opini | on, death occured at th | e time, data and place, | and due to the | cause(a) and manner as stated. |
| 8 | <u> </u> | | | | | | |
| 8E | 296 SIGNATURE AND TITLE OF CERDIFTER | D | | 29c. LICENSE NU | IMBER | 29d. DATE | SIQNED (Morith, Day, Year) |
| 2 | Millim P. Har 100 | de | pur | 1 206 | 059 | 1 3 | 110/9/ |
| Ĕ | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH | (ITEM 27) (Type | a, Print) | 1 | | | / |
| | WILLIAM P. TONES, M. | nD. | 69 | 5 Km | erica | 21 | 035 |
| | 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATU | IRE | | ~ , , , , , | | | |
| | MAR 1 3 1991 Julie Davidson-Rand | 682 | | | | | |
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BALTIMORE, MARKI

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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| STATE OF MARYLAN | D / DEPARTMENT | OF HEALTH | AND | MENTAL | HYGIENE |
|------------------|----------------|-----------|-----|--------|----------|
| | CERTIFICATE | OF DEAT | ГН | | REG. NO. |

| | 1 - FOR STATE REGISTRAR | STATE OF MARYL | AND / DEPARTM CERTIFIC | | | MENTAL HYGIEN |). | 01100 | | |
|--------------------|---|---|--|----------------------------|---|--|------------------------|--|--|--|
| | 1. DECEOENT'S NAME (First, Middle, Leet JEAN | PARKER JE | AN WATKINS | PARK | 310 | 2. DATE OF DEATH 3 | 3/11/91 | 3. TIME OF DEATH | | |
| 0.53 | 4. SOCIAL SECURITY NUMBER 579-38-1358 | 1 🗆 M 2 (36)F | 63 YRS. MO | UNDER 1 YEAR NTHS DAYS | M | ornplace (State or Foreign and) aryland | | | | |
| TOR | Shady Grove Advenge of Decement | | | | ckville | EATN | 9c. COUNTY OF Montg | | | |
| DIRECTOR | Maryland Me | ontgomery | 10c. CITY, To | Damasc | | | | 10d. INSIDE CITY LIMITS? 1 YES 2 NO | | |
| FUNERAL | 100. STREET AND NUMBER 27110 Ridge | Road | | 101. | 101. ZIP CODE 20872 | | | F WHAT COUNTRY? | | |
| BY FUN | 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR I | 2 NO | | cify Cuben, Mexico | NIC ORIGIN? (Specify Ye on, Puerto Rican, etc.) y: | 91 | ACE — American Indian, ack, While, atc. pacify: White | | |
| LETED | 15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12) | de completed) College (1-4 or 5+) | 16a, DECEDENT'S USI (Give kind of work life. Do NOT use re | done during mo- tired.) | N at of working | 2, | ISINESS/INDUSTRY | | | |
| COMPLETED | 17. FATHER'S NAME (First, Middle, Lest) Bates Ew. | 5+ ing Watkins | Branch M | lanager | | Bank ME (First, Middle, Meider Rebecca Wat | Surname) | nutt | | |
| TO BE | 19a. INFORMANT'S NAME (Type/Print) Charles C. Pay | | | | | Route Number, City or Tou | | | | |
| | 1 CBurial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Montgomery | | | | TION (Name of cemetery, cremetery or Y Meth Cemetery Damascus, Mc 22. NAME AND ADDRESS OF FACILITY | | | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Olin L. Molesworth, P.A. 26401 Ridge Rd., Damascus, Md. 20872 | | | | | | | | | |
| 7 | 23. PART I. Enter the diseases, o shock, or heart failure IMMEDIATE CAUSE (Finei disease or condition resulting in deeth) | a. Due to (or As | A CONSTOUENCE OF): | | , | Braw | piratory arrest, | Approximate interval Batween Onset and Death | | |
| CERTIFICATION | Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d. | | | | | | | | | |
| PHYSICIAN: MEDICAL | Disbetes PERFORMED? 1 YES 2 NO | | | | | | | 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 25 NO | | |
| SICIAL | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | | | | | | | | | |
| BY PHY | 27. MANNER OF DEATN 1 Value 5 Pending | 28a. DATE OF INJURY (Month, Day, Year) | 28b. TIME C | F 28c, INJ | | 28d. DESCRIBE HOW | INJURY OCCURED |) | | |
| | 2 Accident Investigation 3 Suicide 8 Could not be determined 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) | | | | | | | ral Route Number, | | |
| COMPLETED | and and | YSICIAN: To the best of my kno NER: On the best of exeminat | | | | | | so(e) and manner as stated. | | |
| TO BE C | 29b. SIGNATURE AND LITTLE OF CHITTE | when | | | D 150 | | ≥ 3/ | NED (Month, Day, Year) | | |
| | Stephen Newman | n, M.D. 1926 | 1 Montgome | ry Vil | lage Ave | ., Gaither | sburg, | Md. | | |
| | MAR 1 4 1 | 991 Julia Davi | lson-Andell | | | | | | | |

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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | REG. NO. | | | | | | | | | |
|---------------|--|--|--|--|--|--|--|--|--|--|
| | 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH | | | | | | | | | |
| | JOSEPH EARL PAGUE MARCH 11, 1991 7:00 A | | | | | | | | | |
| | 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign | | | | | | | | | |
| | 214 07 4873 1 X M 2 G F 76 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) Country) | | | | | | | | | |
| | 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH | | | | | | | | | |
| TOR | SACRED HEART HOSPITAL CUMBERLAND ALLEGANY RESIDENCE OF DECEMENT | | | | | | | | | |
| DIRECTOR | 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? | | | | | | | | | |
| | MD Allegany Cumberland, XX YES 2 NO | | | | | | | | | |
| 3AL | 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? | | | | | | | | | |
| Ė | 244 Utah Avenue 21502 USA | | | | | | | | | |
| BY FUNERAL | 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 THO IF YES, GIVE WAR OR DATES 13. WILdowed 4 Divorced 14. RACE — American Indien, Black, White, arc. Specify: 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 16. RACE — American Indien, Black, White, arc. Specify: | | | | | | | | | |
| | 15. DECEDENT'S EDUCATION 180. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY | | | | | | | | | |
| ETE | (Specify only highest grade completed) (Give kind of work done during most of working Elementary/Secondery (0-12) College (1-4 or 5 +) | | | | | | | | | |
| PL | 12 ret. route salesman Potomac Farms Dairy | | | | | | | | | |
| COMPLETED | 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surreme) | | | | | | | | | |
| | iomes E. Domes | | | | | | | | | |
| BE | 196. INFORMANT'S NAME (Typer/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) | | | | | | | | | |
| 2 | | | | | | | | | | |
| | Mrs. Evelyn L. Paque 244 Utah Avenue Cumberland, MD 21502 200. METHOD OF DISPOSITION (Name of commetery, crematory or 200. LOCATION — City or Town, State | | | | | | | | | |
| | KTC Buriel 2 Cremetion 3 Removal from State other place) | | | | | | | | | |
| | 4 Donestion 5 Other (Specify) St. Marys Cemetery 3/13 Cumberland, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY | | | | | | | | | |
| | Scarpelli Funeral Home | | | | | | | | | |
| | Cumberland, MD 21502 | | | | | | | | | |
| | 23. PART I. Enter the diseases, or complications that caused this deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cluse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DUE TO (ON AS A CONSEQUENCE OF): | | | | | | | | | |
| CERTIFICATION | Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. PRCANCAS OF WING DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. | | | | | | | | | |
| DICAL | PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AVAILABLE PRIOR TO | | | | | | | | | |
| MEDIC | D STATE MONEY CONCENSOR 1 YES 2 NO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | | | | | | | | |
| | | | | | | | | | | |
| CIA | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? #QSPITAL: OTHER: | | | | | | | | | |
| S | 1 VES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) | | | | | | | | | |
| PHYSICIAN: | 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1/C Natural 5 Pending 28c. INJURY AT WORK? 1 YES 2 NO | | | | | | | | | |
| TED BY | 2 Accident Investigation 3 Suicide 8 Could not be determined 28. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28. PLACE OF INJURY — At home, ferm, street, fectory, office City or Town, State) 28. LOCATION (Street end Number or Rural Route Number, City or Town, State) | | | | | | | | | |
| COMPLETED | 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) end menner se stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner se stated. | | | | | | | | | |
| BE | 296. SIGNATURE AND TITLE OF CHITTEN 296. DATE SIGNED (Month, Day, Year) | | | | | | | | | |
| 2 | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) DR. ROBERT WELIK, M.D., 902 SETON DRIVE, CUMBERLAND, MD 21502 | | | | | | | | | |
| | | | | | | | | | | |
| | 31. DATE FILED MODE. DO. SON SON SON SURE STEED OF THE DEVISION - PANDELL | | | | | | | | | |

minding physician. 203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

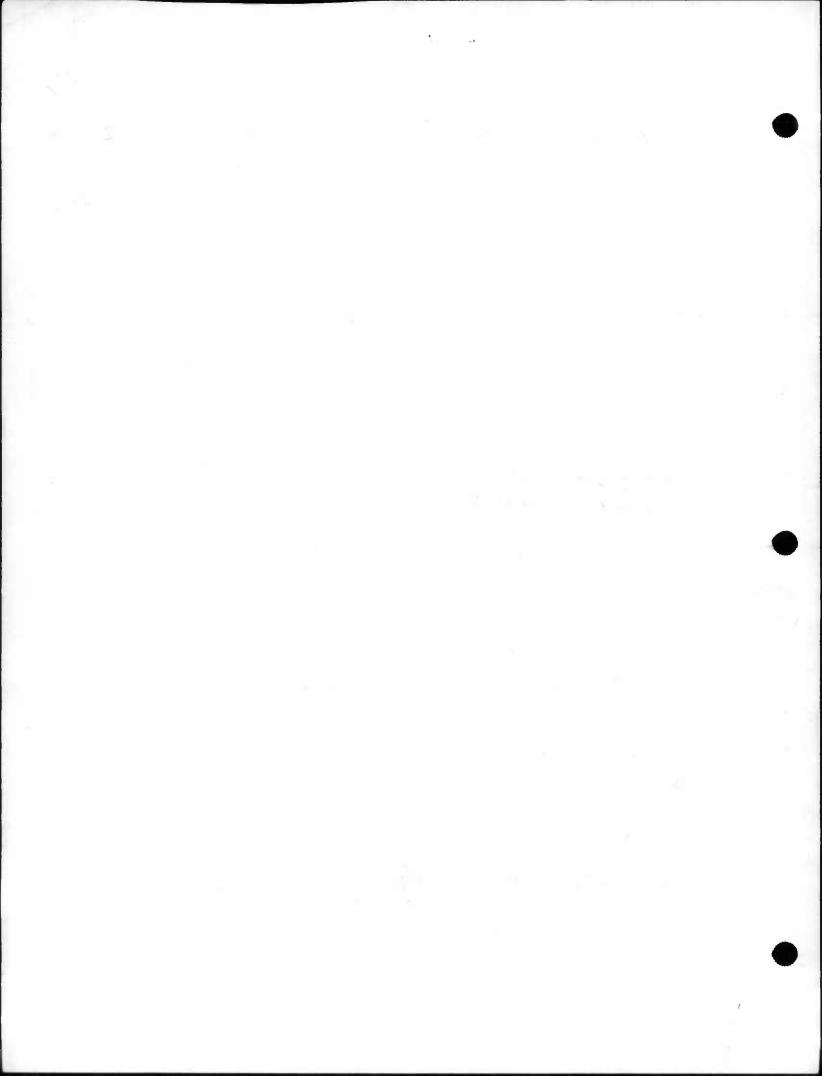
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mours after death. Page 6 may be minimed by 10 THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at BALTIMORE, MARYL

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

| | 1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. | | | | | | | | |
|--|--|--------------------------------------|-------------------------|--|---|---|---|--|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) HERSER 7 | HERBERT POWERS | | | Powers 2. Date of Death Month 02 - 2 | | 8 4 | 3. WINE OF DEATH | |
| OR | S. SEX 6. AGE (in yrs. lest birthd | | (In yrs. lest birthdey) | IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. | | 7. DATE OF BIRTH (Month, Day, Year) 12-3-03 | | BIRTHPLACE (State or Foreign Country) New York | |
| | 9a. FACILITY NAME (If not institution, give street and number) Greater Laurel Beltsville Hospital | | | 96. CITY, TOWN OR LOCATION OF DEATH Laurel | | | 9c. COUNTY OF OEATH Prince George | | |
| DIRECTOR | | | | 10c. CITY, TOWN OR LOCATION Cumberland | | | 10d. INSIDE CITY LIMITS? WX YES 2 □ NO | | |
| | 100. STREET AND NUMBER 36 Skilling Road | | | 101. ZIP CODE 04021 | | | 10g. CITIZEN OF WHAT COUNTRY? | | |
| COMPLETED BY FUNERAL | 11. MARITAL STATUS 1 Never Married 2 Married 3 Myldowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 X IN IF YES, GIVE WAR OR DATES | | | 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify V If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 XNO Specify: | | | | | |
| | (Specify only highest grade completed) (Give ld | | | kind of work done during most of working NOT use retired.) | | | o of Business/Industry neral Electric | | |
| BE CON | 17. FATHER'S NAME (First, Middle, Lest) Edward Powers | | | 16. MOTHER'S NAME (First, Middle, Meidel Hattie Clothier | | | n Surname) | | |
| TO B | | | | | | | | | |
| | 20th VETHOD OF DISPOSITION 20th Place OF DISPOSITION (Name of commetter), cremitary or other place) 1.0 Guriel 2.0 Cremetion 3.0 Removal from State Highland Fiemorial Gardens 20th PLACE OF DISPOSITION (Name of commetter), cremitary or other place) Highland Fiemorial Gardens S. Portland, Maine | | | | | | | | |
| - | 22. NAME AND ADDRESS OF FACILITY Fleck Funeral Home, In 7601 Sandy Spring Road Laurel, MD 2070 | | | | | | | | |
| | 23. PART/I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Approximate interval Between Onset and Death Due fo (or As A consequence of): | | | | | | | | |
| z | BILATERAL LOWER LOBE DNEUMONIA | | | | | | | | |
| CERTIFICATION | Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): A LZhEIMER'S DISEASE - LATE STAGE a. ALZhEIMER'S DISEASE - LATE STAGE | | | | | | | | |
| ERTIF | | | | | | | | 5 | |
| PHYSICIAN: MEDICAL O | PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. CONCESTIVE ITERRIT FAILLURE 24a. WAS AN AUTOPSY PINDINGS ANALIBLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | | | | | | | |
| CIAN | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: | | | | | | | | |
| PHYS | 1 Ves 2 Mo 1 Ves 2 Routentent 2 Routentent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Dey, Year) 1 No Netural 5 Pending 28s. DATE OF INJURY (Month, Dey, Year) 1 No Netural 5 Pending | | | | | | RED | | |
| LED BY | 2 | | | | actory, office 281. LOCATION (Street and Number or Rural Floute Number, City or Town, State) | | | | |
| COMPLETED | 29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check one) 29a. CERTIFIER (Check one) 29a. CERTIFIER (Check one) 29a. CERTIFIER (Check one) 29a. CERTIFIER (Check one) 29a. CERTIFIER (Check one) 29a. CERTIFIER (Check one) 29a. CERTIFIER (Check one) 29a. CERTIFIER (Check one) 29a. CERTIFI | | | | | | | | |
| 띪 | 296. SIGNATURE AND TITLE OF CERTIFIER 6. A. DE LA TORRE, MD. ZOWOLL DE LA TORRE, MD. ZOWOLL DE LA TORRE, MD. ZOWOLL DE LA TORRE, MD. ZOWOLL DE LA TORRE, MD. ZOWOLL DE LA TORRE, MD. ZOWOLL DE LA TORRE, MD. ZOWOLL DE LA TORRE DE LA TOR | | | | | | | | |
| ٩ | | 320 MONTEOMERY ST. LAUREL, Md. 20707 | | | | | | | |
| 31. DATE FILED (Morith, Day, Your) 32. REGISTRAR'S SIGNATURE Sulia Davidson-Rendelle | | | | | | | | | |

OHMH-16 Rev 1/89



91-1403-047 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

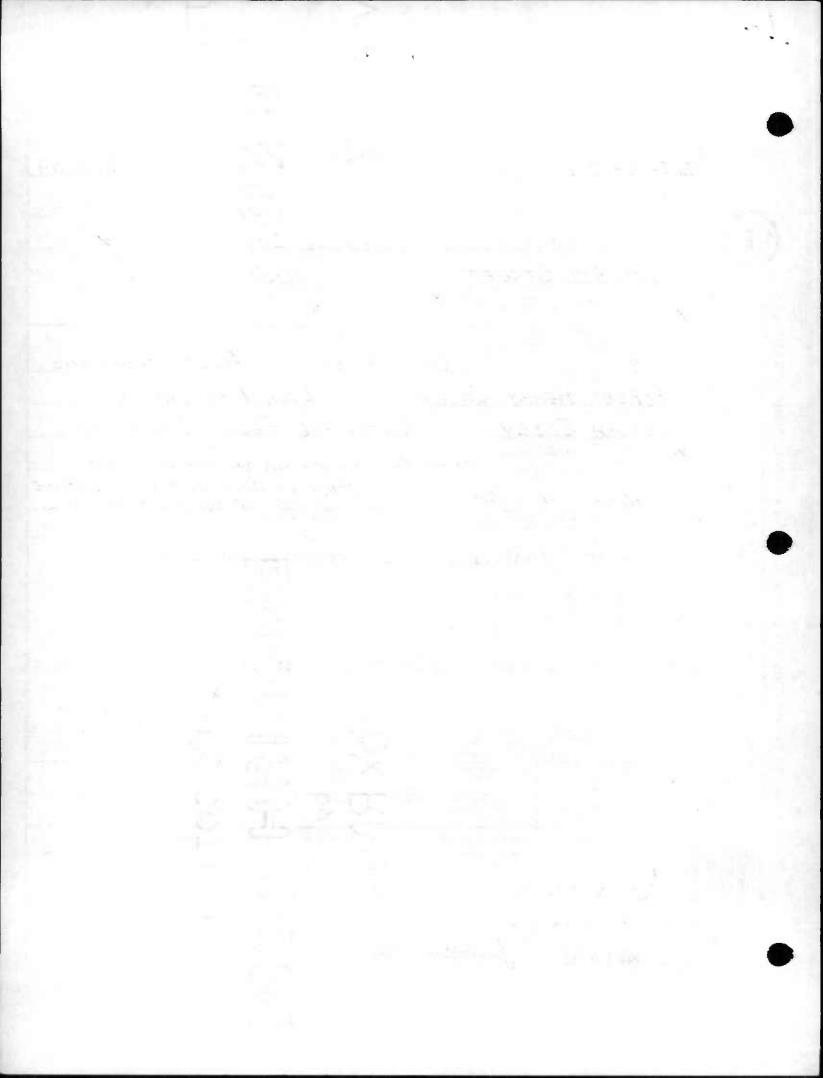
| - 7 | 1 - STATE REGISTRAR | CI | ERTIFICATE C | F DEATH | REG | . NO. | |
|---------------------------------------|--|--|--|--|--|--|--|
| - 1 | 1. DECEDENT'S NAME (First, Middle, Last) | | | The state of the s | 2. DATE OF DEA | TH DAY Y | 3. TIME OF DEATH |
| | Alice | | Powell | | MONTH 3 | | 991 10:31 A M |
| | 4. SOCIAL SECURITY NUMBER 5. S | EX 6. AGE (In yrs. les | st birthday) IF UNDER 1 YE | R IF UNDER 24 HRS. | 7. DATE OF BIRT | 'н 8. | BIRTHPLACE (State or Foreign |
| | 267-50-7296 | M 2 12 F 53 | YRS. MONTHS DA | S HOURS MIN. | 7-9-19 | 37 | Country) VIRGINIA |
| | 9a. FACILITY NAME (If not institution, give street as | | 96, CITY, TO | N OR LOCATION OF DE | | | Y OF DEATH |
| œ | Peninsula General Ho | · | | | | | |
| 6 | RESIDENCE OF DECEDENT | ospitai | Sall | sbury | - | Word | ester County |
| E C | 10a. STATE 10b. COUNTY | | 10c. CITY, TOWN OR LO | CATION | | | 10d. INSIDE CITY LIMITS? |
| DIRECTOR | Maryland Worceste | er County | Pocar | OKE CI | TV | | 1 VES 2 NO |
| 7 | 10e. STREET AND NUMBER | | | 10f. ZIP CODE | - | 10g. CITIZE | N OF WHAT COUNTRY? |
| FUNERAL | 709 8th S | TREET | | 218 | 51 | | U.S.A. |
| 5 | 11. MARITAL STATUS 12. V | WAS DECEDENT EVER IN U.S. AR | | DECENDENT OF HISPAN | | Ify Yea or No- | I. RACE — American Indian. |
| | I I Heater mention 5 I mention | FORCES? 1 YES 2 1 | | specify Cuban, Mexica YES 2 W NO Specify | | (c.) | Black, White, atc. |
| BY | 3 Widowed 4 Divorced | | | | | | Black |
| | 15. DECEDENT'S EDUCATION (Specify only highest grade complete) | leted) (G | ECEDENT'S USUAL OCCUI | | 16b. KIND (| F BUSINESS/INDUS | STRY |
| 9 | Elementary/Secondary (0-12) Col | flege (1-4 or 5+) | . Do NOT use retired.) | | 0 | | 2 |
| MP | 7 | 4 | NE WORK | ER | HOU | CTRY M | ROCESSING |
| COMPLETED | 17. FATHER'S NAME (First, Middle, Last) | an Pula | | 18. MOTHER'S NA | ME (First, Middle, A | felden Surname) | |
| BE | KOBERT HEN | IRY CHISL | M | LOLA | MIA | HAR | MON |
| 2 | 19a. INFORMANT'S NAME (Type/Print) | 19 | b. MAILING ADDRESS (Str | et and Number or Rural | Route Number, City | or Town, State, Zip Co | ode) |
| | LENORA ELZ | EY | P.U. BOX | 426 F | ELTON | , DE. | 19943 |
| | 20s METHOD OF DISPOSITION 1 DeBurial 2 Cremetion 3 Removal f | rom State 20b. PLACE | ANO OATE OF OISPOSIT , crematory or other place, | | | Oc. LOCATION — CH | 1 |
| | 4 Donation 5 Other (Specify) | DETHE | IL DAPTIST | CEMETER | | -RANKTO | BUN, VA. |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSE | Æ | 22. NAM | AND ADDRESS OF FA | MORR | 15 FUN | VERAL HOME |
| | alvin IM. | Mirri | PO | Box 175 | | | <. VA. 23413 |
| - | 23. PART I. Enter the diseases, or comp | lications that caused the de | eath. Do not antar the | mode of dying, suc | | | it, Approximate |
| | shock, or haart failure. List of IMMEDIATE CAUSE (Final | only one cause on each line | a. | | | | Interval Between Onset and Death |
| | disease or condition | Abobech | An Co | Daga | | D 70- | -R |
| | reaulting in death) a. | DUE TO (OR AS A CONSE | OUENCE OF): | 010000 | | 0 63400 | |
| z | | | | | | | |
| - | Sequentially list conditions, | DUE TO (OR AS A CONSE | OUENCE OF): | | | | |
| 은 | | | | | | | |
| CATIC | if any, leading to immediate cause. Enter UNDERLYING | | | | | | |
| IFICATIO | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | DUE TO (OR AS A CONSE | OUENCE OF): | | | | |
| ERTIFICATIO | if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury | DUE TO (OR AS A CONSE | OUENCE OF): | | | | |
| - CERTIFICATION | if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST | | | ving cause given in | Part I. 24e V | AS AN ALITOPSY | 24b. WERF AUTOPSY FINDINGS |
| | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | | | ying cause given in | P | AS AN AUTOPSY ERFORMED? | 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE |
| DICAL | if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST | | | ying cause given in | P | | AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| DICAL | if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST | | | ying cause given in | P | ERFORMED? | AVAILABLE PRIOR TO COMPLETION OF CAUSE |
| DICAL | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST PART II. Other aignificent conditions conditions conditions conditions. | | resulting in the under | | _ 1 | ERFORMED? | AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| DICAL | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST PART II. Other aignificent conditions c | ontributing to death but not | resulting in the under | 8. PLACE OF DEATH (C/ | teck only one) | FRES 2 NO | AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| DICAL | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST PART II. Other algnificent conditions c | ontributing to death but not ontributing to death but not ontributing to death but not ontributions to death but not ontributing to death but not ontributions to death but not ontribute to death but not death | resulting in the under | 8. PLACE OF DEATH (C): | 1 Arreck only one) 8 Other (Speci | FER 2 NO | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| PHYSICIAN: MEDICAL | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST PART II. Other aignificent conditions c | ontributing to death but not | resulting in the under | B. PLACE OF DEATH (C/F Home 5 Residence INJURY AT WORK? | 1 Arreck only one) 8 Other (Speci | FRES 2 NO | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| BY PHYSICIAN: MEDICAL | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST PART II. Other aignificent conditions c | DSPITAL: Inpetiant 2 ER/Outpetient (Month, Day, Year) | resulting in the under | 8. PLACE OF DEATH (CF Home 5 Residence INJURY AT WORK? YES 2 ND | a Other (Special 28d, DESCRIBE | FER 2 NO | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VYES 2 ND |
| BY PHYSICIAN: MEDICAL | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in daeth) LAST PART II. Other aignificent conditions c | ontributing to death but not ontributing to d | resulting in the under | 8. PLACE OF DEATH (CF Home 5 Residence INJURY AT WORK? YES 2 ND | a Other (Special 28d, DESCRIBE | FERFORMED? FES 2 NO NO NO NO NO NO NO NO NO NO | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| BY PHYSICIAN: MEDICAL | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST PART II. Other algnificent conditions c | OSPITAL: Inpatient 2 = ER/Outpatient 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY — At houlding, etc. (Specify) | resulting in the under 2 3 □ DOA | 8. PLACE OF DEATH (C/ Home 5 Residence INJURY AT WORK? YES 2 ND | 8 Other (Special Location City or Town | FER 2 NO NO NO NO NO NO NO NO NO NO | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND IRED IRED IRED Number: |
| BY PHYSICIAN: MEDICAL | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST PART II. Other algnificent conditions c | OSPITAL: Inpatient 2 ER/Outpatient: 28e. DATE OF INJURY — At houlding, etc. (Specify) To the best of my knowledge, d | resulting in the under OTHER: OTHER: Nursing 28b. TIME OF INJURY M 1 ome, farm, street, factory, | 8. PLACE OF DEATH (C/F Home 5 Residence INJURY AT WORK? YES 2 ND office | a Cother (Special Country or Town) | FERFORMED? FES 2 NO FY) HOW INJURY OCCU Street and Number of Street, State) | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND IRED F Pural Route Number. |
| BY PHYSICIAN: MEDICAL | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST PART II. Other algnificent conditions c | OSPITAL: Inpatient 2 = ER/Outpatient 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY — At houlding, etc. (Specify) | resulting in the under OTHER: OTHER: Nursing 28b. TIME OF INJURY M 1 ome, farm, street, factory, | 8. PLACE OF DEATH (C/F Home 5 Residence INJURY AT WORK? YES 2 ND office | a Cother (Special Country or Town) | FERFORMED? FES 2 NO FY) HOW INJURY OCCU Street and Number of Street, State) | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND IRED F Pural Route Number. |
| COMPLETED BY PHYSICIAN: MEDICAL | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST PART II. Other algnificent conditions c | OSPITAL: Inpatient 2 ER/Outpatient: 28e. DATE OF INJURY — At houlding, etc. (Specify) To the best of my knowledge, d | resulting in the under OTHER: OTHER: Nursing 28b. TIME OF INJURY M 1 ome, farm, street, factory, | 8. PLACE OF DEATH (C/F Home 5 Residence INJURY AT WORK? YES 2 ND office | a Other (Special Section of Special Section of Special Securities of Special Section of S | FERFORMED? FES 2 NO NO NO NO NO NO NO NO NO NO | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND IRED F Pural Route Number. |
| BE COMPLETED BY PHYSICIAN: MEDICAL | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST PART II. Other algnificent conditions c | DSPITAL: Inpatient 2 ER/Outpatient 28e. DATE OF INJURY (Month, Day, Vear) 28e. PLACE OF INJURY — At houlding, etc. (Specify) To the best of my knowledge, do not the besis of examination end/or | resulting in the under OTHER: OTHER: OTHER: Nursing 28b. TiME OF INJURY M 1 ome, farm, street, factory, leath occurred at the time, investigation, in my opini | B. PLACE DF DEATH (C) Home 5 Residence INJURY AT WORK? YES 2 ND office date and place, and due on, death occured at the | 8 Other (Special Section 1) 1 Section 1 Sectio | FERFORMED? YES 2 NO NO NO NO NO NO NO NO NO NO | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND IRED Representation of Cause of Death of Death o |
| COMPLETED BY PHYSICIAN: MEDICAL | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST PART II. Other algnificent conditions c | DSPITAL: Inpatient 2 = ER/Outpatient 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — At houlding, etc. (Specify) To the best of my knowledge, don the besie of examination end/or | resulting in the under 23 DOA 4 Nursing 28b. TIME OF INJURY M 1 ome, farm, street, factory, wheeth occurred at the time, investigation, in my opinion of the control of | B. PLACE OF DEATH (C/F Home 5 Residence INJURY AT WORK? YES 2 ND office date and place, and due on, death occured at the 29c. LICENSE NU O.C.M. | a to the cause(e) e to the cause (e) the cau | FEFORMED? FES 2 NO FINAL NAME OF THE PROPERTY OF THE PROPERT | AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND NRED Red Red Red Month, Day, Year) 12-1991 |
| TO BE COMPLETED BY PHYSICIAN: MEDICAL | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST PART II. Other algnificent conditions c | DSPITAL: Impatiant 2 = ER/Outpatient : 28s. DATE OF INJURY (Morth, Day, Year) 28e. PLACE OF INJURY — At houlding, etc. (Specify) : To the best of my knowledge, den the besis of examination end/or | resulting in the under 23 DOA 4 Nursing 28b. TIME OF INJURY M 1 ome, farm, street, factory, wheeth occurred at the time, investigation, in my opinion of the control of | B. PLACE OF DEATH (C/F Home 5 Residence INJURY AT WORK? YES 2 ND office date and place, and due on, death occured at the | a to the cause(e) e to the cause (e) the cau | FEFORMED? FES 2 NO FINAL NAME OF THE PROPERTY OF THE PROPERT | AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND NRED Red Red Red Month, Day, Year) 12-1991 |
| BE COMPLETED BY PHYSICIAN: MEDICAL | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST PART II. Other algnificent conditions c | DSPITAL: Inpatient 2 = ER/Outpatient 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — At houlding, etc. (Specify) To the best of my knowledge, don the besie of examination end/or | resulting in the under 23 DOA 4 Nursing 28b. TIME OF INJURY M 1 ome, farm, street, factory, rinvestigation, in my opinion of the time, rinvestigation, r | B. PLACE OF DEATH (C/F Home 5 Residence INJURY AT WORK? YES 2 ND office date and place, and due on, death occured at the 29c. LICENSE NU O.C.M. | a to the cause(e) e to the cause (e) the cau | FEFORMED? FES 2 NO FINAL NAME OF THE PROPERTY OF THE PROPERT | AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND NRED Red Real Route Number, 1. csuse(a) and menner as stated. SIGNEO (Month, Day, Year) —12—1991 |

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flows after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-18 Rev 1/89



THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death of THE FUNERAL DIRECTOR. After this certificate has been signed by the attent be fied within 72 hours after death with the State Dept. of Health and Mental HIMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or

BE COMPLETED BY

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| prysician. | nding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit | | |
| attending | use as the | | |
| I CERTIFICATE DE EXECUTED WITHIN 24 HOURS AFTER DEATH. PAGE O MAY DE FEMINED DY UNE MOSPITAL OF ATTENDING PRYSICIAIN. | detached for t | | |
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| | 1 - FOR STATE REGISTRAR | | STATE OF N | | / DEPAI | | | | | MENTA | L HYGIEN REG. NO | | | | |
| | 1. DECEDENT'S NAME (F Randolph | First, Middle, Last) | | | | | | , JR | | 2. DATE | OF DEATH | | 1991 | | of DEATH |
| | 4. SOCIAL SECURITY NU. 579 76 09 | | 5. SEX 1 K M 2 F | 8. AGE (In yrs. | lest birthday) YRS. | MONTHS | DAYS | IF UNDE | R 24 HRS. MIN. | (Mont | of BIRTH h, Day, Year) e 29,1 | .957 | Counti | | itate or Foreign |
| OR | | n Maryl | alreet and number) and Hospi | ital | | 1 | Clin | | ION OF DE | EATH | | | NTY OF D | | aes |
| DIRECTOR | Maryland | 10b. COUNT | e Georges | 3 | n. | TY, TOWN | | | | | | | | 10d. INS | HDE CITY |
| | 10e. STREET AND NUMB | IER . | | | <u> </u> | ORES | _ | r. ZIP COD | | | | | TED | WHAT COL | JNTRY? |
| BY FUNERAL | 2709 IOR 11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 A. | ☐ Married | 12. WAS DECEDEN FORCES? 1 IF YES, GIVE W | TEVER ÎN U.S. | | | If yes, sp | ecify Cub | OF HISPAN | in, Puerto | N? (Specify Yes Rican, atc.) | | | E Amer k, White, | icen Indien, etc. |
| COMPLETED | (Specify Elementary/Seconder | DECEDENT'S EDI only highest grad | | +) | Give kind of life. Do NOT | work done use retired.) | during mo | at of work | | | . KIND OF BU | | | | - 5 |
| COMP | 12 17. FATHER'S NAME (First | | CD CD | M | ainte | nance | Sup | 18. MOT | THER'S NA | ME (First, | Middle, Maiden | Sumame) | nagen | nent | Privat |
| TO BE CON | RANDOLPH F 190. INFORMANT'S NAM Maudine W. | E (Type/Print) | | r) | | | | and Numbe | or or Rural | Route Nurr | ILLIAM: ber, City or Tow W. Wa: | n, State, Zi | | | |
| unst per | 20a. METHOD OF DISPO | SITION | | 20b. PL/ | ACE AND DATE tary, cremator | TE OF DISE | POSITION | (Name | | DAT | E 20c. LO | cation - | City or To | own, State | |
| CASHINET | 21. SIGNATURE OF FUNE | | | 7. | M85 | 22. A | LEXA | NDEF | ESS OF FA | POPE | FUNER Avenu | RAT. H | OME | | |
| year, are medical | 23. PART I. Enter the shock, o IMMEDIATE CAUSE disease or condition reaulting in deeth) | r heart fellure (Final | s. List pnly pne ceu | t caused the | ilne. | not ente | | | | | | | | A | pproximate terval Betweer nset and Deatl |
| CERTIFICATION | Sequentially list con if any, leading to im cause. Enter UNDER CAUSE (Disease or that initiated events | mediete RLYING Injury | C | (OR AS A CON | | | | | | | | | | | |
| Marked, of Item 23 shows any injury, or BY PHYSICIAN: MEDICAL CER | PART II. Other signi | - | d | death but n | ot resulting | In the u | nderlyin | g cause | given in | Part I. | 24a. WAS AN PERFOI 1 DYES | RMED? | 241 | OF DEAT | UTOPSY FINDINGS LE PRIOR TO ETION OF CAUSE TH? |
| SICIAN: | 25. WAS CASE REFERRE EXAMINER? | D TO MEDICAL | HOSPITAL: | .ER/Outnation | nt 3 □ DO≜ | OTHE A No | R: | | DEATH (C/ | | er (Specify) | | | | |
| BY PHYS | 27. MANNER OF DEATH 1 Natural 6 2 Accident | Pending Investigation | 28a. DATE OF (Month, E | injury Day, Year) | 28b. Ti | IME OF NJURY | 28c. IN. W | JURY AT ORK? YES 2 | NO X | 28d. DE | oject | shot | | | |
| 0 2 | 3 Suicide 6 | Could not be | 28e. PLACE C | of INJURY A | it home, farm | , street, fac | ctory, offic | Ce | | 281. LO | CATION (Street | and Number | or Rural | Floute Nur | nber, O. A |

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

296. SIGNATURE AND TITLE OR CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

81,

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

PENN

BATTIMORE

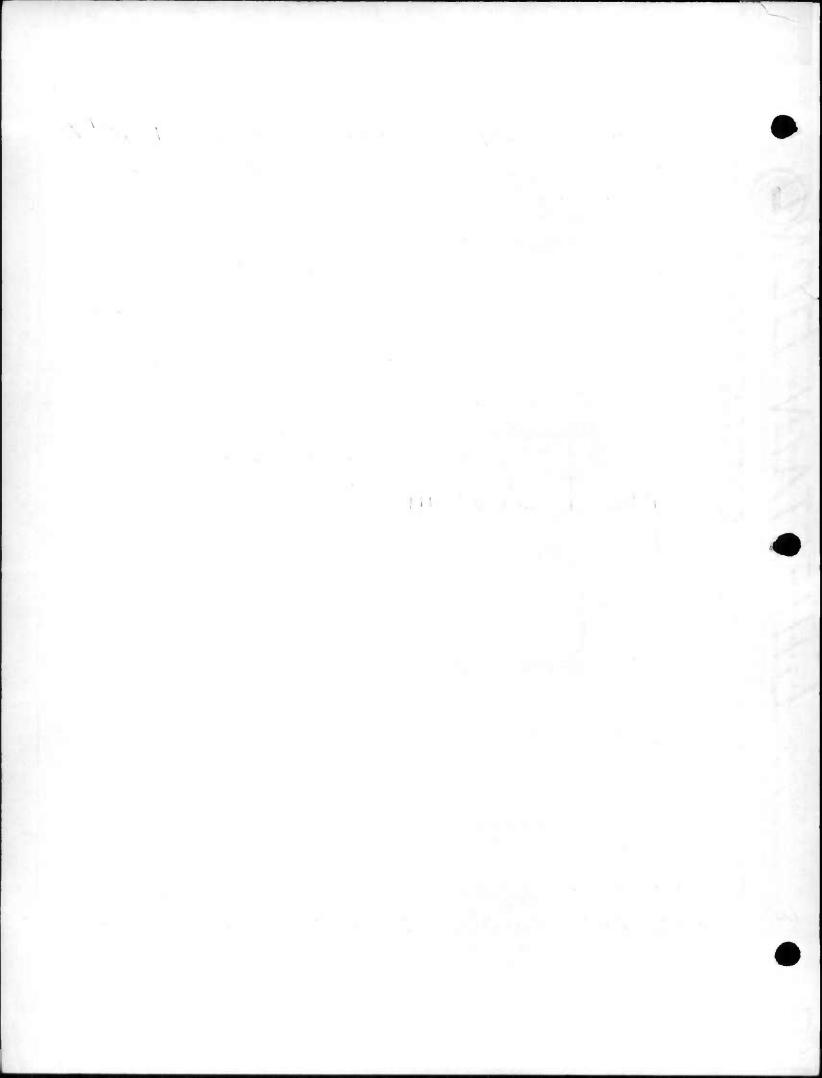
281. LOCATION (Street and Number or Rural Route Number, City or Rown, State) STW(V HIII

FEB 26 '91 32. REGISTRAR'S SIGNATURE



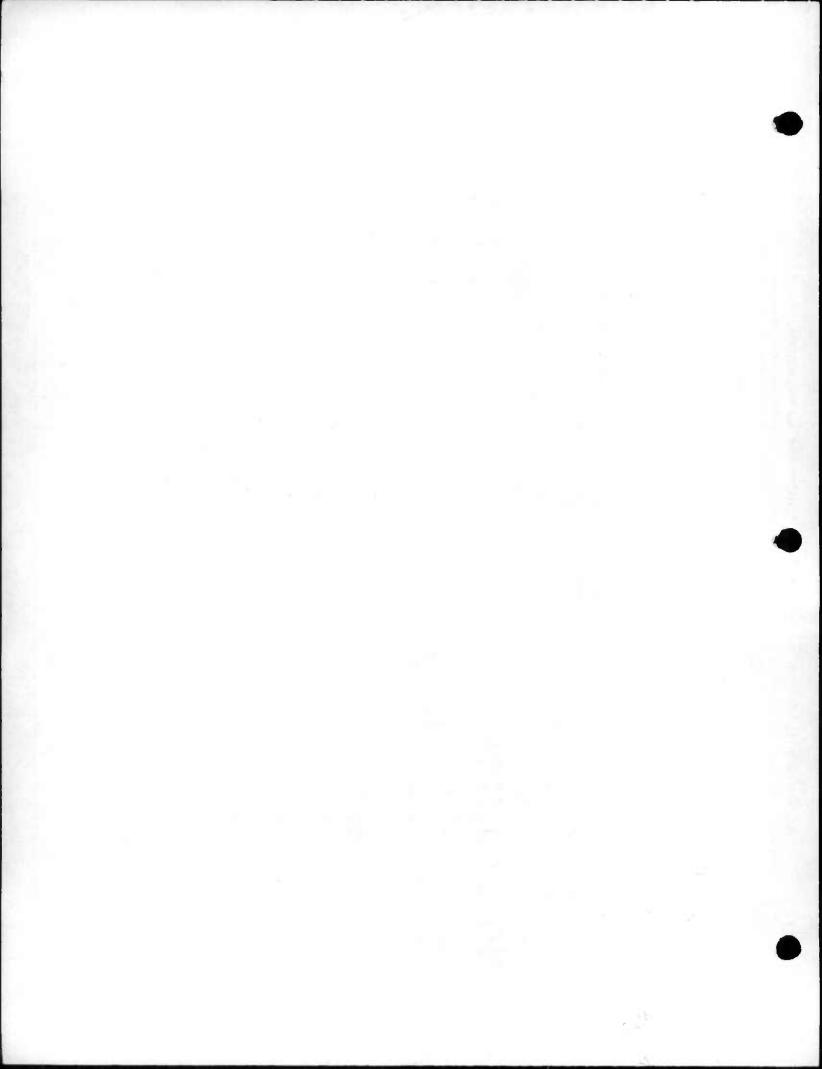
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| ECC | requires |
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| M | The |
| DIVISION OF VITAL RECORDS, P.O. BOX 1314 | AL DR ATTENDING PRYSICIAN; The law requires that the death certificate be execute |
| VISION | ATTENDING |
| 0 | DR |
| _ | 7 |

| _ | REGISTRAN | | 01 | -111111 | IVAIL | . 01 | DLA | | HEG. NO. | | | |
|---------------|---|-----------------------|------------------------|--------------|--------------|-----------|-----------------|---------------|---|--------------|--------------|---|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | irainia | F | arh | an | 1 | | 2. DATE OF DEATH | 2-9 | YEAR 3. | TIME OF SEATHO |
| | 4. SOCIAL SECURITY NUMBER | 5, SEX | 6. AGE (In yrs. les | at hirthday) | IF UNDER | 1 VEAR | IF UNDER | 24 HRS | 7. DATE OF BIRTH | - | A BIRTHPI | ACE (State or Foreign |
| | 242 44 8420 | 1 M 2 7 F | | | MONTHE | DAYS | HOURS | MIN. | (Month, Day, Year) | | Country) | |
| | 243-44-2438 | I M 2 X F | 59 | YRS. | | | | | 9/8/1931 | | Nort | h Carolina |
| | 9a. FACILITY NAME (If not institution, give | street and number) | | | 9b. CITY, | TOWN (| OR LOCATI | ON OF DEA | TH | 9c. COUN | TY OF DEAT | TH |
| œ | 4419 19th Ave | 20110 | | | m. | omn | 1. 1 | Hills | | Desi | | Coomeole |
| DIRECTOR | RESIDENCE OF DECEDENT | enue | | | 1 | emb | те і | 11112 | 5 | PII | nce | George's |
| 0 | 10a. STATE 10b. COUNT | TV . | | 100 00 | Y, TOWN O | B I OCAT | ION | | | | | d. INSIDE CITY |
| 2 | | | | 100. 013 | | | | | | | 10 | LIMITS? |
| | Maryland Prin | nce Geor | ge's | 1 | Tem | ple | Hi | lls | | | 1 | ☐ YES 2 NO |
| 7 | 10e. STREET AND NUMBER | | | | | 101 | . ZIP COD | E | | 10g. CITIZ | ZEN OF WHA | AT COUNTRY? |
| FUNERAL | 4410 10+b 3 | | | | | | 20. | 7.4.0 | | 77 / | | |
| 焸 | 4419 19th Ave | | | | | | 20 | | | | | States |
| 5 | 11. MARITAL STATUS | 12. WAS DECEDEN | T EVER IN U.S. AF | MED | | | | | C ORIGIN? (Specify Yea Puerto Rican, etc.) | or No- | 14. RACE - | - American Indian, Vhita, etc. |
| | 1 Never Married 2 Married | IF YES, GIVE | MAR OR DATES | | | | | Specify: | ruello Hicell, etc.) | | | |
| BY | 3 Widowed 4 Divorced | | | | | | N. | | | | 'B1 | ack |
| | 15. DECEDENT'S EDI | UCATION | 16a, DE | CEDENT'S | USUAL O | CUPATIO | DN | | 16b. KIND OF BUS | INESS/IND | USTRY | |
| E | (Specify only highest grad | | (6 | | work done o | | | ng | 30 30 300 | | | |
| 3 | Elementary/Secondary (0-12) | College (1-4 or 5 | +) | | , | | | | | | | |
| 8 | 12th Grade | | | Ket: | red | | | | Gover | nmen | t | |
| COMPLETED | 17. FATHER'S NAME (First, Middle, Last) | | | | | | 18. MOT | HER'S NAM | E (First, Middle, Maiden | Surname) | | |
| | Will Walker | | | | | | | Mam | ie Tee | | | |
| BE | | | | | | _ | | | | | | |
| 2 | 19a. INFORMANT'S NAME (Type/Print) | | | | | | | | oute Number, City or Town | | | |
| - | Saundra J. Boy | d, R.N. | | 4419 | 19 | th | Ave. | . , Te | emple Hi | lls, | Mar | yland |
| | 20a. METHOD OF DISPOSITION | | 20b. PLACE | | | | | | | | City or Town | |
| | IX Buriel 2 ☐ Cremation 3 ☐ Rer 4 ☐ Donation 5 ☐ Other (Specify) | noval from State | other p | Ince) | | | | | netery . | | | |
| | | | WITT | ngce | | | | | | WITI | ngto | n, vA. |
| | 21. SIGNATURE OF FUNERAL SERVICE L | CENSEE) | 1 | | | | | SS OF FACI | eral Hom | _ | | |
| 0.71 | > Vnhm. | AT. | | | | | | | | _ | | |
| | 23. PART / Enter the diseases, or | - (04) | man, | | | | | | Road, | | | h. D.C. |
| CERTIFICATION | IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate | b | O (OR AS A CONSE | OUENCE C | OF): | m | n l | mil | h metal | asi | 0 | Onset and Death |
| 8 | cause. Enter UNDERLYING | | | | | | | | | | | |
| 正 | CAUSE (Disease or Injury that initiated events | DUE TO | (OR AS A CONSE | OUENCE C | F): | | | | | | | |
| 눈 | resulting in death) LAST | a: | | | | | | | | | | |
| | | d | | | | | | | 111 | | | + |
| | PART II. Other aignificant condition | na contributing to | death but not | reaulting | in the un | darlyin | g cause | given in P | | | | ERE AUTOPSY FINDINGS |
| EDICAL | | | | | | | | | PERFOR | | | MAILABLE PRIOR TO OMPLETION OF CAUSE |
| ă | | | | | | | | | 1 YES 2 | NO | | F DEATH? |
| ME | | | | | | | | | | | 1 | YES 2 NO |
| | | | | | | | | | | | | |
| A | 25. WAS CASE REFERRED TO MEDICAL | | | | | 26 P | ACE OF I | DEATH (Chec | or only one) | | | |
| ට | EXAMINET? | HOSPITAL: | | | OTHER | | LACE OF E | EATH (One | ok drily driej | | | |
| YS | 1 FES 2 NO | 1 Inpetient 2 | ☐ ER/Oulpetient : | 3 DOA | 4 🗆 Nur | sing Hon | ne 5 🖺 R | sidenca 6 | □ Other (Specify) | | | |
| PHYSICIAN: | 27. MANNER OF DEATH | 26a. DATE O | F INJURY Day, Year) | 26b. Til | WE OF | | JURY AT | | 26d, DEŞCRIBE HOW I | NJURY OCC | CURED | |
| | 1 Natural 5 Pending | | Jay, Ibai j | 1 | M | | ORK? YES 2 [| NO | | | | |
| ВУ | 2 Accident Investigation | | OF INJURY — At h | ome form | eterat foot | | | \rightarrow | 004 I OCATION (C | and Marshar | 0 1 0 | do Munda a |
| E | 3 Suicide 6 Could not be 4 Homicide determined | building | , etc. (Specify) | ome, ram, | street, ract | ory, orne | | | 281, LOCATION (Street & City or Town, State) | ina Number | or Hurai Hou | re Number, |
| E | - Horricos Gerarinines | | | | | | | | | | | |
| 7 | 29a. CERTIFIER 1 CERTIFYING PHY | SICIAN: To the heat o | f my knowledge d | enth occur | red at the I | lme dete | and place | and due t | o the cause(a) and mar | anne no etel | ad | |
| 불 | (Oncon only) | | | | | | | | | | | |
| COMPLET | MEDICAL EXAMIN | IEN. On the basis of | examination and/or | investigati | on, in my c | pinion, i | seath occu | red at the t | lme, data and place, an | d due to th | e cause(a) a | ind manner as stated. |
| ш О | 296. SIGNATURE AND TITLE OF CERTAFI | 59 | (all bearing) | | | | 29c. LIC | ENSE NUMI | BER | 29d. DAT | E SIGNED (N | fonth, Day, Year) |
| 8 | Helensli +1 | Codrokus | CMM | | | | 10 | 2/1 | 20 | | 2 - 2 | 7-01 |
| 2 | 20 NAME AND/ADDRESS OF RESOLUTION | NO COMPLETE L | CE OF DELICA | TAL O.T | 0.4.0 | _ | 1/O | 07/ | 00 | - | ~ ~ | - 71 |
| | 30. NAME AND ADDRESS OF PERSON W | TO COMPLETED CAL | SE OF DEATH (ITE | EW 27) (Typ | e, Print | 1 | | 11 | 1 6. | 2 1 | - | 6 |
| | Muleust J. Rod | 1/alega | -/V/K/, | 500 | IKa | 40 | um | Cr.1 | CADAN.D | ne | 200 | 148 |
| | 31. DATE FILED (Month, Day, Year) | 32. SEGISTR | AR'S SIGNATURE | | | / | | | 1 11 | | - | 7 |
| | FFB 0 1 '91 | Sulians | Davidson-R | marle | - 6 | 7 | | | V | | | |
| | 1 FD. O T 01 | 1 | | | | | | | | | | |



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| DIVISION OF VITAL RECORDS, P.O. BO | 9 | fter |
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| | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physical within 72 hours after death with the State Debt, of Health and Mental Hydiene p |
| | | |

| | j | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | | | | 2. DATE OF D | EATH DAY | | YEAR 3. T | IME OF DE | HTA |
|--|---------------|--|------------------------------------|-----------------------|---------------------|--------------------|------------|-----------------|--------------------|-------------------------------|-------------|----------------|-----------------------|---------------|----------------------|
| | | PHILLIP WALTER | PAYNE | | | | | | | | | 991 | | :40 | PM M |
| | | 4. SOCIAL SECURITY NUMBER | 5. SEX | 8. AGE (In yrs. le | nst birthday) | IF UNDER 1 | | IF UNDER 24 | HRS. | 7. DATE OF BI (Month, Day) | | 1 | Country) | CE (State or | Foreign |
| 1 | | 579 05 8500 | 1 → M 2 □ F | 73 | YRS. | MONTHS | DAYS | HOURS | ALLA. | JULY | | 1917 | | RGIN | JIA |
| | | 9e. FACILITY NAME (If not institution, give at | reet and number) | | | | | A LOCATION | OF DE | ATH | | | Y OF DEATH | | |
| | S S | 2600 FORT DR. | | | | SUIT | LAN | ID, MD | | | | PRI | NCE | GEOF | RGES |
| | 5 | RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY | , | | 10c CIT | Y, TOWN OF | LOCAT | ION | | | | | I 104 | . INSIDE CI | TV |
| | DIRECTOR | | | | | | | I,D.C | | | | | | LIMITS? | |
| | | D.C. N/A | 4 | | WAS | 11110 | | ZIP CODE | <u> </u> | | | 10a, CITIZI | EN OF WHAT | | |
| | RA | 4384 DUBOIS PI | S.E. | | | | 2 | 20020 | | | | USA | | | |
| | FUNERAL | 11. MARITAL STATUS | 12. WAS DECEDER | IT EVER IN U.S. A | AMED | 13. W | AS DEC | ENDENT OF I | HISPAN | IIC ORIGIN? (Sp | ecify Yes | | 4. RACE - | American In | idlan, |
| | | 1 Never Merried 2 Merried | FORCES? | YES 2 AAR OR DATES | NO | | | | Mexical Specify | n, Puerto Rican. | , atc.) | | Black, Wh Specify: | ite, atc. | |
| | BY | 3 Widowed 4 Divorced | | 4-5/3/ | | | | XX | | | | | | BLAG | CK |
| | ETED | 15. DECEDENT'S EDUC (Specify only highest grade | | | Give kind of | | | | | 16b. KINI | D OF BUSI | NESS/INDU | STRY | | |
| | | Elementary/Secondary (0-12) | College (1-4 or 5 | | fe. Do NOT u | se retired.) | | | | | | . D. T. 1. 1. | | | |
| 65 | COMPL | 1.2t.h | | b | arbe | r | | | | | | ERING | j | | |
| 8 | 8 | 17. FATHER'S NAME (First, Middle, Last) | | | | | | 4.0 2.0.0 14.0 | | ME (First, Middle | | | | | |
| 9 | BE | THOMAS PAYNE | | | | | | | | A LAR | | | | | |
| E | 2 | 19a. INFORMANT'S NAME (Type/Print) | | | | | | | | Route Number, C | | , State, Zip C | Code) | | |
| be notified at once | | CT. ARENCE T. PAY | VE | | | | | R . SU | | LAND, | | | ity or Town, | 4325 | |
| | | 1 Deurial 2 Cremation 3 Rem | oval from State | other j | piece) | | | netery, cremati | ory or | | | | OD, MI | | |
| - E | | 4 Donation 5 Other (Specify) | ENSEE A | = TFORT | LIN | 22 N | AME AN | ID ADDRESS | OF FA | CILITY | | | | | |
| E | | 1 01 | 2 / | 10 | | R.F | LP | H WII | LI | AMS F | | | svc. | | |
| ex ex | | 23. PART I. Enter the diseases, or o | 6/1 | ulla | ~ | | | | | STRE | | | | | |
| traumatic event, the medical examiner must | 42 | shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) | List only one ca | use on each lir | na. Ge | Co | , | All Co. | | ân (| | | 1 | | Between and Death |
| atic ev | NO | Sequentially list conditions, | b. | O (OR AS A CONS | EQUENCE O | im. | | | - | | | | | | |
| r traum | CATI | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury | с | | | | | | | | | | | | |
| or other | CERTIFICATION | that initiated events resulting in death) LAST | d | O (OR AS A CONS | EGUENCE O | PF): | | | | | | | | | |
| Injury, | - 1 | PART II. Other significant condition | a contributing to | desth but not | resulting | In the unc | derivino | a cause alv | an In | Part 1, 24e | . WAS AN | AUTOPSY | 24b. WE | RE AUTOPS | Y FINDINGS |
| amy in | MEDICAL | | naiv | | | | | | | | PERFOR | MED? | | MPLETION C | |
| 23 | EDI | | | | | | | | | _ '' | YES 2 | X NO | | DEATH? | 7.00 |
| Z. | - | | | | | | | | | _ | | | '' | J VES 2 | _ NO |
| 2 | AN | 25. WAS CASE REFERRED TO MEDICAL | | | | | 28. PL | ACE OF DEA | TH (Ch | neck only one) | | | | | |
| or Item | SICIAN: | EXAMINER? 1 YES 2 NO | HOSPITAL: | ☐ ER/Outpetient | 3 DOA | OTHER | : | 70 | | 8 Other (Sp | ecify) | | | | |
| - 5 I | РНУ | 27. MANNER OF OEATH | 28e. DATE O | | 28b, TI | - | 28c. INJ | | | 28d. DESCRI | - " | JURY OCC | URED | | |
| marked, | ВУР | 1 Natural 5 Pending 2 Accident Investigation | (MONI), | Dey, rear; | | M | 1 🔲 | 100 | NO | | | | | | |
| 90 | 0 | 3 Suicide 8 Could not be | 28e. PLACE | OF INJURY — At | home, farm, | street, fecto | ory, offic | • | | 28t. LOCATIO | N (Street e | nd Number | or Rural Route | Number, | |
| 28 | ETE | 4 Homicide determined | | | | | | | | | | | | | |
| H item | | 290. CERTIFIER 1 CERTIFYING PHYS | CIAN: To the heat | of my knowledge. | death occur | red at the ti | me, date | end place, e | | to the cause(a | | ner aa state | d. | | |
| 22 | 41 | (Check only one) 2 MEDICAL EXAMINE | | | or Investigati | ion, in my o | pinion, d | leath occured | at the | time, date end | place, and | d due to the | ceuse(e) an | d manner s | n stated. |
| TANT | COMPL | COOL OTHY | ER: On the basis of | | or Investigati | ion, in my o | pinion, d | | | | place, and | | | | |
| RPORTANT: | BE COMPL | one) 2 MEDICAL EXAMINE | R: On the beats of | | or Investigati | ion, In my o | pinion, d | 29c. LICEN | | | place, and | 29d. DATE | SIGNED (Mo | onth, Day, Ye | |
| IMPORTANT: If Item | E COMPL | one) 2 MEDICAL EXAMINE | ER: On the basis of | examination and/o | | | pinion, d | | | | place, and | 29d. DATE | | onth, Day, Ye | |
| IMPORTANT: | BE COMPL | 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE | R COMPLETED CAL | examination and/o | TEM 27) (Typ | e, Print) | | 29c. LICEN | SE NUI | MBER 214 | | 29d. DATE | SIGNED (Mo | onth, Day, Ye | |
| IMPORTANT: | BE COMPL | 20b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WH DR. FATEMI 31. DATE FILED (Month, Day, Year) | R O COMPLETED CA 1001 32. REGISTR | use of Death (ITE STR | тем 27) (Тур ЕЕТ | e, Print) S, E. | | 29c. LICEN | SE NUI | | | 29d. DATE | SIGNED (Mo | onth, Day, Ye | |
| IMPORTANT: | BE COMPL | 29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WH DR. FATEMI | R O COMPLETED CA 1001 32. REGISTR | use of DEATH (IT | TEM 27) (Typ EET | e, Print) S, E. | | 29c. LICEN | SE NUI | MBER 214 | | 29d. DATE | SIGNED (Mo | onth, Day, Ye | |

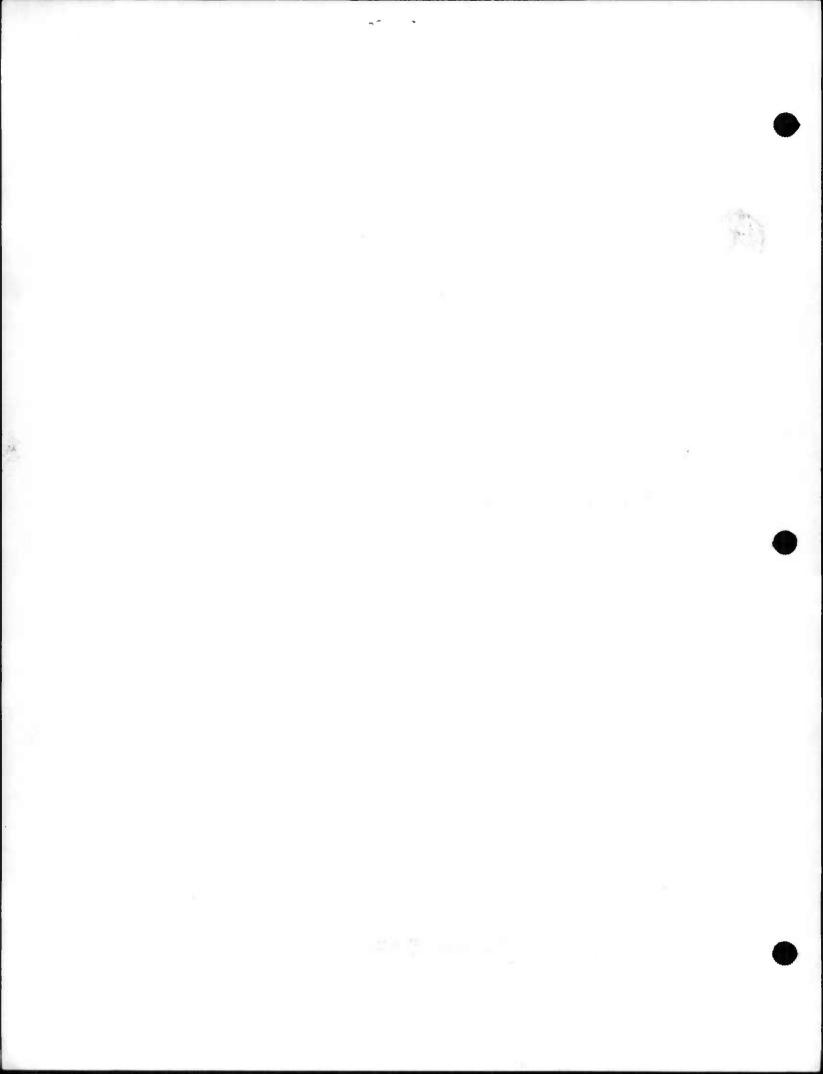


| | | | 1 - STATE REGISTRAR | | CERTIFIC | ATE OF | DEATH | REG. | NO. | | |
|--|--|---------------|--|---|------------------------------------|------------------------------|---|-------------------------------------|----------------------------------|-----------------------------------|--------------------------------------|
| | | | 1. DECEDENT'S NAME (First, Middle, Last) | 11 | 0 100 | 1270 | | 2. DATE OF OEAT | TH DAY YEA | | IME OF DEATH |
| | | | | TOPKINS | | VDER | | 2 | 27 91 | | 1.15 M |
| 1 | 2 | | 4. SOCIAL SECURITY NUMBER 214 28 3149 | 5, SEX 6. AGE | | FUNDER 1 YEAR ONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTI (Month, Day, Ye | ar) C | Country) | E (State or Foreign |
| ((| 10 | 1 | 9a. FACILITY NAME (If not institution, give str | | , | b. CITY, TOWN C | OR LOCATION OF DE | Sept 2 | 9c. COUNTY | OF DEATH | 1-10 |
| / | ٢ | P OT | WAVERLY RT | 2 Box 710 | A | CHEST | ERTUNI | 7 | KEN | VT | , 6 |
| | r. Pages | DIRECTO | MD 106. COUNTY | ENT | | TOWN OR LOCAT | RTOW | N | | 1 | INSIDE CITY LIMITS? YES 2 NO |
| | mait permi | ERAL | 100. STREET AND NUMBER R+ Q Box | 710 A | | 101 | 2167 | 201 | 10g. CITIZEN | OF WHAT | COUNTRY? |
| 21203-3146 bit or attending physician | the burlat-tra | BY FUN | 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I | 2 NO | If yes, sp | ENDENT OF HISPAN ecify Cuban, Mexica 2 NO Specify | n, Puarto Rican, ate | C-) | RACE — A Black, Wh Specify: | American Indian, life, etc. |
| 03-3 | N S | ETED I | 15. OECEDENT'S EOUC (Specify only highest grade | ATION COMPANY | 16a. DECEDENT'S US | BUAL OCCUPATION And American | ON and undring | 16b. KIND O | F BUSINESS/INDUST | RY | • |
| 212 phi 9: | d for us | PLET | Elementary/Secondary (0-12) | College (1-4 or 5+) | ille. Do NOT use | retired.) | te Court | KE | INT COU | | |
| AND 2 | detache once. | COMPL | 17. FATHER'S NAME (First, Middle, Last) | | CLEKK | 01-11 | T T | ME (First, Middle, M | | 136 | |
| 7 3 | 8 % | BE C | THOMAS FRA | +NKLIN 1 | INDER | | MAI | RY EI | MILY E | -MC | 14 |
| MARY | 5 should netified | 0 | 19n. INFORMANT'S NAME (Type/Print) | | 19b. MAILING A | DORESS (Street a | A Number or Rural I | 01 1 | or Town, State, Zip Cod | (0) | 2 - 6: |
| 2 | 906 | | 20a, METHOO OF DISPOSITION | ER 20 | Db. PLACE OF DISPOSIT | ION (Name of cer | meters, cremetors or | | C-LOCATION City | or Town. | State |
| IMORE Page 6 may | must | | 1 Buriel 2 Cremation 3 Remo | oval from State | other place) | ALS. | ,, | 10 | HESTERT | | |
| | the funeral director, wal, al examiner must | | 21. SIGNATURE OF FUNERAL SERVICE LIC | ENSEE | | 22. NAME AI | NO ADDRESS OF FA | CILITY | 4L HOME | | |
| BALT after death. | al. exam | | > / power V. U | welling. | | | | | 2162 | ۵. | |
| 4 | remo | | 23. PART i. Enter the diseases, or o shock, or heart fellure. | | | t enter the mo | ede of dying, suc | h es cerdiec or | respiratory arrest, | , [| Approximate interval Between |
| 24 hours | | | IMMEDIATE CAUSE (Finel disease or condition | (| | , | -40 | | | | Onset and Death |
| | completely fills ial, cremation, cevent, the | | resulting in death) | a. DUE TO (OR AS | A CONSEQUENCE OF: | Lau | cq | | | | 3 mout |
| 13146, executed within | O 7 5 | 2 | | | | | | | | į | |
| | " O E | CERTIFICATION | Sequentially list conditions, if any, leading to immediate | DUE TO (OR AS | A CONSEQUENCE OF): | | | | | | |
| BOX ficate be | e p | FIG | cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | C. DUE TO (OR AS | A CONSEQUENCE OF: | | | | | | |
| O. Senti | B T P | E | resulting in death) LAST | d. | I I | | | | | | |
| S, P. | d Mental | . 1 | PART il. Other aignificant condition | s contributing to death | but not resulting in | the undertyin | a cause given in | Part I. 24s. W | AS AN AUTOPSY | 24b WFI | RE AUTOPSY FINDINGS |
| ORDS is that the | and and in | DICAL | Pueumo | - 4 | out not resulting in | and andonym | g cause given in | PE | ERFORMED? | CON | RLABLE PRIOR TO MPLETION OF CAUSE |
| CO | Sign Heal | MED | | | | | | '''' | LS 2 NO | l . | DEATH? |
| RECO | as been Dept. of 23 sho | | | | | | | | | | |
| Z E | certificate has the State Deg , or item 23 | SICIAN | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | 26. P | LACE OF DEATH (CH | neck only one) | | | |
| | the Si | l¥ S | 1 YES 2 NO 27. MANNER OF DEATH | 1 Inpatient 2 ER/Ou 26a, DATE OF INJURY | rtpatient 3 DOA | I ☐ Nursing Hon | ne 5 🗷 Residence | | y) HOW INJURY OCCUR | ED | |
| | with | Y PHY | 1 Natural 5 Pending | (Month, Day, Year) | INJU | RY WO | YES 2 NO | 200. 020011102 | 1011 1110 111 000011 | | |
| /ISION ATTENDING | A D W | D BY | 3 Suicide 6 Could not be | 28e. PLACE OF INJUF building, etc. (Sp | RY — At home, farm, str | eet, factory, offic | >0 | 281. LOCATION (S City or Town, | Street and Number or F State) | Rural Route | Number, |
| | DIRECTOR: hours after Item 28 Is | | 4 Homicide detarmined | | | | | | , | | |
| DIV AL OR | AL DIREC 72 hours 11 item | COMPL | omal . | CIAN: To the bast of my kno | | | | | | | |
| THE HOSPITAL | FUNERAL within 72 I | 00 | 2 MEDICAL EXAMINE | R: On the basis of axaminat | ion and/or investigation | , in my opinion, o | | | | | |
| 星 | 포함 | H | 296. SIGNATURE AND TITLE OF CERTIFIES | mun | 7 | | 29c. LICENSE NU | SK4 | 29d. DATE SI | GNED (Mo | nm, Day, Year) |
| 2 | P 2 X | 2 | 30. NAME AND ADDRESS OF PERSON WH | | | | 0000 | | | / | - / |
| | | | CG BAUN | AUN 1 | 1EDICA | BCDG | CH | CSYON | 1 James | ud | 21640 |
| | | | 31. DATE FILED (Month MAR hear) 5 '9 | 32. REGISTRANG SIG | AEDICA BHATURE La Davidson R | ndell | | | | | |

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| IN THE HOSTIAL OF ALLIANIST THE PARTY THE PARTY OF COUNTY OF CONTROL OF THE PARTY O | TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as | 2 | 2 |
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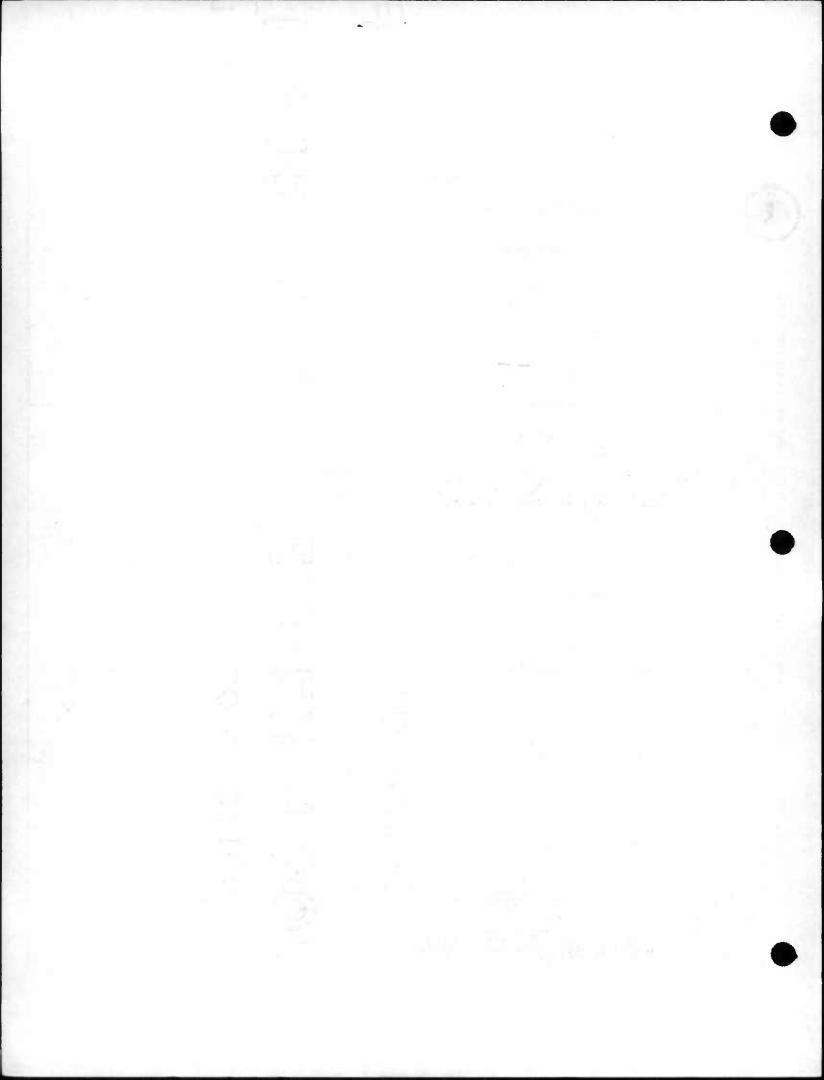
| | REGISTRAR | | CERTIF | ICALE | PF DEATH | RI | EG. NO. | | | |
|---------------|---|--|----------------------------------|-----------------------------------|--|---------------------|---------------------------|------------------|------------|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) |) attauson C | N | | | 2. DATE OF D | DA | | /EAR | TIME OF DEATH |
| | Walter Ezra F | atterson S | | IF UNDER 1 YE | AR IF UNDER 24 HRS. | Feb. | 18 | | 91 | 3:22 M ACE (State or Foreign |
| | 212-12-2758 | 1 M 2 🗆 F | 76 YAS. | MONTHS DA | N HOURS MIN. | 9-12- | | V | irgi | nia |
| _ | 9a. FACILITY NAME (If not institution, give str | , | | | VN OR LOCATION OF | | | 9c. COUNTY | Y OF DEAT | ГН |
| TOR | The Kent & Oueen A | Anne's Hosp | ital Inc. | Chest | ertown, N | 1D | | Kent | , | |
| A | 10a. STATE 10b. COUNTY | | | Y, TOWN OR LO | | | | | 10 | od. INSIDE CITY LIMITS? |
| | | en Anne | P. | O. Box | 214, Crum | npton, N | 1D | | | X YES 2 NO |
| FUNERA | P.O.Box # 2 | 214 | | | 21628 | | | 10g. CITIZE | USA | AT COUNTRY? |
| E | 11. MARITAL STATUS Married 1 Never Married 2 Merried | 12. WAS DECEDENT EVE FORCES? 1 TY | ES 2 NO | | DECENDENT OF HISPA , specify Cuban, Mexic | | | or No- 14 | | - American Indian, Yhite, etc. |
| BY | 3 Wildowed 4 Divorced | IF YES, GIVE WAR O | no no | 10 | YES 2V NO Spec | elfy: no | | | Specify: | White |
| E | 15. DECEDENT'S EDUC (Specify only highest grade | | 16a. DECEDENT'S | work done durin | ATION most of working | 16b. KINI | OF BUS | SINESS/INDUS | STRY | |
| COMPLETED | Elementary/Secondary (0-12) | College (1-4 or 5+) | IHe. Do NOT u | _{ee retired.)} Barber | • | Barl | oer | Shop | | |
| OM | 17. FATHER'S NAME (First, Middle, Last) | | | | 16. MOTHER'S N | IAME (First, Middle | , Maiden | Surname) | | |
| BE C | Walter | Elmer Patt | erson | | Bes | ssie Br | aith | nwaite | | |
| 10 | 19a. INFORMANT'S NAME (Type/Print) Betty Patterson | (Wife) | 19b. MAILING P. O | AOORESS (St | eet and Number or Rurs F 214 | l Route Number, C | ity or Town | n, State, Zip Co | ode) | |
| | | | 20b. PLACE OF DISPO | | Uri | umpton, | MG. | CATION — CIT |) | Ctato |
| | 20e, METHOO OF DISPOSITION B1 1 Buriel 2 Cremation 3 Remo | oval from State | Wesley Ch | | | | | k Hall | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LIC | ENSEE | $\Omega \Lambda$ | 22. NAN | E AND ADDRESS OF F | ACILITY | | .O. Bo | | |
| | Jullie | 100 | lls | | Willis We | | | rtown | | |
| | 23. PART VEntar the diseases, or can shock, or heart fallure. | omplications that cau List only ona cause o | n aach lina. | not enter the | mode of dying, eu | ich ee cerdiec | or respi | retory arres | st, | Approximate interval Between Onset and Death |
| | IMMEDIATE CAUSE (Final disease or condition resulting in deeth) | · Chnonic C | DC Dicoa | co /D | .1 | | | | | Olisot and Death |
| | resulting in destiny | - Chronic C | AS A CONSEQUENCE O | SE (P | IIIIIONary) | | | _ | | |
| ON | Sequentially list conditions, | Coronary OUE TO (OR) | Heart Dis | ease F): | | | | | | |
| CERTIFICATION | If any, lasding to immediata cause. Entar UNDERLYING CAUSE (Disease or injury | C | | | | | | | | |
| TIF | that initiated events | OUE TO (OR / | AS A CONSEQUENCE O | F): | | | | | | |
| H H | C. | d | | | | | | | | |
| | PART II. Other significant condition | s contributing to deat | h but not resulting | In the under | lying cause given i | n Part I, 24a | . WAS AN | AUTOPSY | | PERE AUTOPSY FINDINGS |
| EDICAL | | | | 15 | | 10 | YES 2 | | 0 | OMPLETION OF CAUSE OF DEATH? |
| Σ | | | | _ | | | | | 1 | ☐ YES 2 ☐ NO |
| AN | 25. WAS CASE REFERRED TO MEDICAL | 7 | | | 6. PLACE OF OEATH (| Sheet anti-part | · | | | |
| PHYSICIAN: | EXAMINER? 1 | HOSPITAL: | Outpatient 3 VI DOA | OTHER: | Home 5 Residence | | ec/h/) | | | |
| H | 27. MANNER OF DEATH | 28a. DATE OF INJU (Month, Day, Ye | RY 28b. TII | | INJURY AT WORK? | 28d. OESCRIE | | NJURY OCCU | REO | |
| ВУ Р | 1 Natural 5 Pending 2 Accident Investigation | (MOIIII, Day, 16 | or) IN | | YES 2 NO | | | | | |
| | 3 Suicide 6 Could not be 4 Homicide determined | 28e. PLACE OF INJ building, etc. (| URY — At home, farm, Specify) | street, factory, | offica | | N (Street a wn, State) | and Number or | Rural Rou | te Number, |
| ,E | 29a. CERTIFIER (Check only 1 CERTIFYING PHYSI | CIAN: To the best of my k | nowledge, death occur | red at the time, | data end place, and d | us to the cause(s |) and mar | ner as stated | 1. | |
| COMPLETED | onel | R: On the basis of axamir | nation and/or investigati | on, in my opini | on, death occured at the | he time, data and | plece, an | d due to the | cause(a) a | nd manner as stated. |
| BEC | 296. SIGNATURE AND TITLE OF CERTIFIER | ar n | 1 1 | | 29c. LICENSE N | UMBER | | | | fonth, Day, Year) |
| 70 | 30. NAME AND ADDRESS OF PERSON WH | | DEATH (ITFM 27) /5m | e. Print) | D01250 | | | ▶ Fel | υ. | 18, 1991 |
| | Robert W. Farr M | | | | Chesterto | wn, MD | 21 | 620 | | |
| | 31. DATE FILED (Month, Day, Year) | 32. REGISTRAR'S | ashington Blowdson-Ren | 4.00 | | | | | | |
| | FEB 20 '91 | guna | hunason-Nau | WEDGE ! | | | | | | |



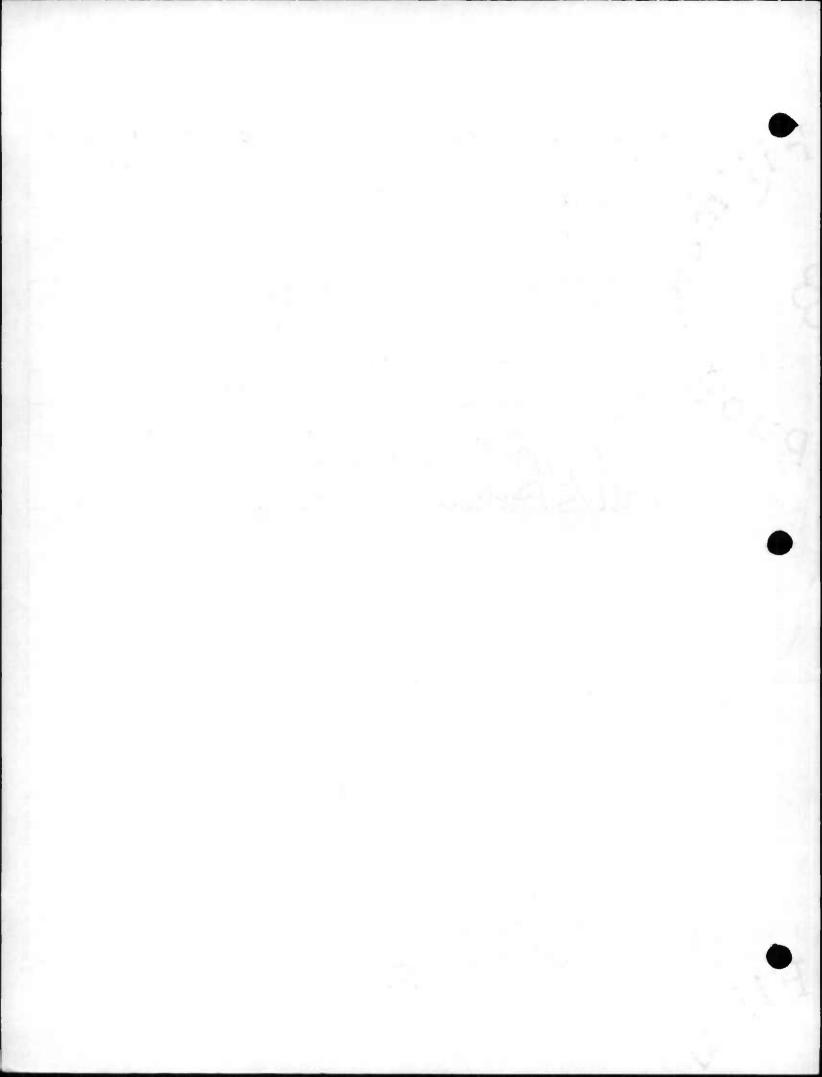
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

| DIOE | TO BE COMMITTED BY BLIVELOIAN, MEDICAL CENTIFICATION | 1 |
|------|--|---|
| | IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. | = |
| 7 | be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. | × |
| 1 | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. | H |
| - | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. | H |
| | | |

| REGISTRAR | | ARYLAND / DEPART CERTIFIC | CATE OF DEATH | REG. NO. | - | |
|--|--|--|--|---|---|---|
| 1. DECEDENT'S NAME (First, Middle, La Anna IDEL) | | PRE | SSMAN | 2. DATE OF OEATH MONTH DAY March 6, | 1991 YEAR | 3. TIME OF OEATH 2:30 A |
| 4. SOCIAL SECURITY NUMBER | | 8. AGE (In yrs. lest birthday) | IF UNDER 1 YEAR IF UNDER 24 HRS. | 7. DATE OF BIRTH (Month, Day, Year) | 6. BIF | THPLACE (State or Foreign intry) |
| 215-10-1261 90. FACILITY NAME (If not institution, g | 1 M 2 KF | 90 YRS. | ONTHS DAYS HOURS MIN. | 5-27-189 | | arvland |
| Memorial Hospit | tal | | Cumberland | A-AIII | Alleg | |
| RESIDENCE OF DECEDENT 10e. STATE 10b. COU | UNTY | | TOWN DR LOCATION | | | 10d. INSIDE CITY LIMITS? |
| Maryland A 10e. STREET AND NUMBER | llegany | Mot | ınt Savage | | 10g. CITIZEN O | 1 TYES 2 NO F WHAT COUNTRY? |
| P.O. Box 6 | | | | 21545 | US | |
| 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced | 12. WAS DECEDENT FORCES? 1 IF YES, GIVE W | FEVER IN U.S. ARMED YES 2 MNO AR OR DATES | 13. WAS OECENDENT OF HISP/ If yes, specify Cuben, Mexic 1 YES 2 NO Specify N | can, Puerto Rican, atc.) | B | ACE — American Indian, ack, White, atc. ecefy: White |
| 15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) | | Illin Do NOT uso | ork done during most of working | 16b, KINO OF BUS | INESS/INOUSTRY | |
| 3 | | secre | | bric | | |
| 17. FATHER'S NAME (First, Middle, Lest, Conrad Wei | | | | AME (First, Middle, Melden : stina Kni | | |
| 190, INFORMANT'S NAME (Type/Print) | Semborn | 19b, MAILING | ADDRESS (Street and Number or Rura | | | |
| Carl H. Pres | ssman | - 5.0 | Vale Court, L | - A THE STREET | | |
| 20e. METHOD OF OISPOSITION 1 | | of cemetary, crematory of | DFDISPOSITION (Name or other place) Mem. Park | | CATION — City or | |
| SU SIGNATURE OF FUNERAL BERVICE | , / V | 1A | Hafer Chap | el of the | Hills | Mortuary |
| | ure. List only one caus | se on each line. | ot enter the mode of dying, su | ch as cerdiec or respi | ratory srrest, | Interval Between |
| IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, | DUE TO | (OR AS A CONSEQUENCE OF) | ascul | ich as cerdiec or respi | ILN | Interval Between |
| IMMEDIATE CAUSE (Finel disease or condition resulting in death) | DUE TO | who v | ascul | ich as cerdiec or respi | len | Interval Between |
| IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events | b. OUE TO d. | (OR AS A CONSEQUENCE OF) | ascul | aca | AUTOPSY : | Onset and Deat |
| IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent cond | b. OUE TO d. Bitiona contributing to | (OR AS A CONSEQUENCE OF) (OR AS A CONSEQUENCE OF) (DR AS A CONSEQUENCE DF) death but not resulting in | the underlying ceuse given in the un | n Part I. 24a. WAS AN PERFOR | AUTOPSY : | 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other aignificent cond | b. OUE TO d. DUE TO d. HIGSPITAL: | (OR AS A CONSEQUENCE OF) (OR AS A CONSEQUENCE OF) (DR AS A CONSEQUENCE DF) death but not resulting in | the underlying ceuse given in | n Part I. 24a. WAS AN PERFOR YES 2 | AUTOPSY : | 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
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| | | 1 - FOR STATE REGISTRAR | STATE OF MARYL | TATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. | | | | | | | | | |
|---|------------------------|---|---|--|-----------------------------|------------------|---|---|---|--|--|--|--|
| | | 1. DECEDENT'S NAME (First, Middle, Las Katherine | E Por | were | | F UNDER 24 HRS. | 2. DATE OF DEATH MONTH DATE OF BIRTH | 9 | AR | IME OF DEATH | | | |
| Should | 1 | 578-03-8470 Be, FACILITY NAME (II not institution, give | 1 M 2 F | 82 YRS. MON | THS DAYS H | OURS MIN. | (Magrit, Day, Your) | 08 V | Country) /irqit OF DEATH | nia | | | |
| 100 | DIRECTOR | RESIDENCE OF DECEDENT 100, STATE 100, COUNTY | GUTTST HOSE | | AKOMA WIN OR LOCATION | MARK | | MONT | | INSIDE CITY | | | |
| permit. Pages | | 271111 | nce George's | | rdale | IP CODE | | 10g. CITIZEN | ١X | LIMITS? YES 2 NO | | | |
|) Sit | FUNERAL | 6411 49th Avenu | e | | | 0737 | | | U.S.A. | | | | |
| 03-3146 attending physician. se as the burial-transit | B¥ | 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced | FORCES? 1 YES | | | | C ORIGIN? (Specify Yes , Puerto Rican, etc.) | s or No- 14. | RACE — A Black, Whi Specify: White | | | | |
| 212 fital or | once. COMPLETED | 15, DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 12th | | 16a. DECEDENT'S USU (Give kind of work of life. Do NOT use reti Office ma | done during most o red.) | of working | Kea - S | siness/industry haw-Grimm& Creight Architects | | | | | |
| YLAND 2 by the hospital | ا س ا | 17. FATHER'S NAME (First, Middle, Last) Jacob Lohr | | | 1 | | rginia Ke | , | | | | | |
| BALTIMORE, MARYLAND er death. Page 6 may be retained by the hosp the funeral director, page 5 should be detache val. I examiner must be notified at once. | 2 | 190. INFORMANT'S HAME (Type/Print) Dorothy Hellmuth | | 7212 Wi | llow Av | e., Tak | oute Number, City or Tow Coma Park | , Md. | 2091 | | | | |
| | or must b | 29 METHOD OF IMPOSITION ACT Burlet 2 Creenwish 3 The 4 Donation 5 Cother/Southy | morel tempitate 201 | o. PLACE OF DISPOSITION Other place) Cedar Hill | Cemete | | Suit | land, | | | | | |
| BALTII after death. P y the funeral noval. | examiner | ·/ Telle | Ducha | | FRANCI 4739 Ba | IS GASO | CH'S SON | ville. | Md. | | | | |
| y filled in the | I, the medical | 23. PART I. Enter the diseases, or book, or heart failur IMMEDIATE/CAUSE (Final disease or condition resulting in death) | a. DUE TO (OR AS A | each lins. | | | ss cardiac or resp | biratory arrest | | Approximate Interval Between Onset and Desth | | | |
| 4 8 2 3 | tic event, | | - RUPTU | RE ARDO | AUNA | LANE | \$ RYSM (3 | SUPRA | PEN | AL) | | | |
| OX siclan | y, or other traumatic | Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | |
| h certi | ERTIFIC | that initiated events resulting in death) LAST | d. STATUS | | DOMIN | AL ANT | EURYSAU | ECTOR | y | | | | |
| ECORI equires that en signed b of Health ar | MEDICAL | PART II. Other significant conditions are conditional conditions. | | | ne underlying o | cause given in | Part I. 24a. WAS APPERFO | RMED? | CON OF | RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO | | | |
| - VITAL R SICIAN: The law r certificate has be the State Dept. | SICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO | HOSPITAL: | | THER: | CE OF OEATH (Che | 8 Other (Specify) | | | | | | |
| | PHY | 27. MANNER OF DEATH 1 Natural 5 Pending Investigation | 28e. DATE OF INJURY (Month, Day, Year) | 28b. TIME OF | 28c. INJUR | TA YE | 28d. DESCRIBE HOW | INJURY OCCUP | RED | | | | |
| DIVISION OR ATTENDING F ORECTOR: After hours after death | 28 is TED | 2 Accident Investigation 3 Suicide 8 Could not 4 Homicide determined | 28e. PLACE OF INJURY building, etc. (Spe | Y — At home, farm, stree coffy) | t, factory, office | | | | | Number, | | | |
| - K E 3 | ANT: If Item COMPLE | const oray | YSICIAN: To the best of my know | | | | | | | d manner as stated. | | | |
| TO THE HOSPITAL OF THE FUNERAL OF THE WITHIN 72 ho | B B | 29b. SIGNATURE AND TITLE OF CERTIF | reta M | D | 1 | 29c. LICENSE NUM | IBER | 29d. DATE S | IGNED (Mod | nth, Day, Year) | | | |
| | ₹ 2 | LUIS A. MUSPI | | EATH (ITEM 27) (Type, Pri | | shire A | rue NiW | WASH | . Dc | 20009 | | | |
| | | MAR 08 91 | Julia Davidson-Ran | nature rdell | | | n | | | | | | |

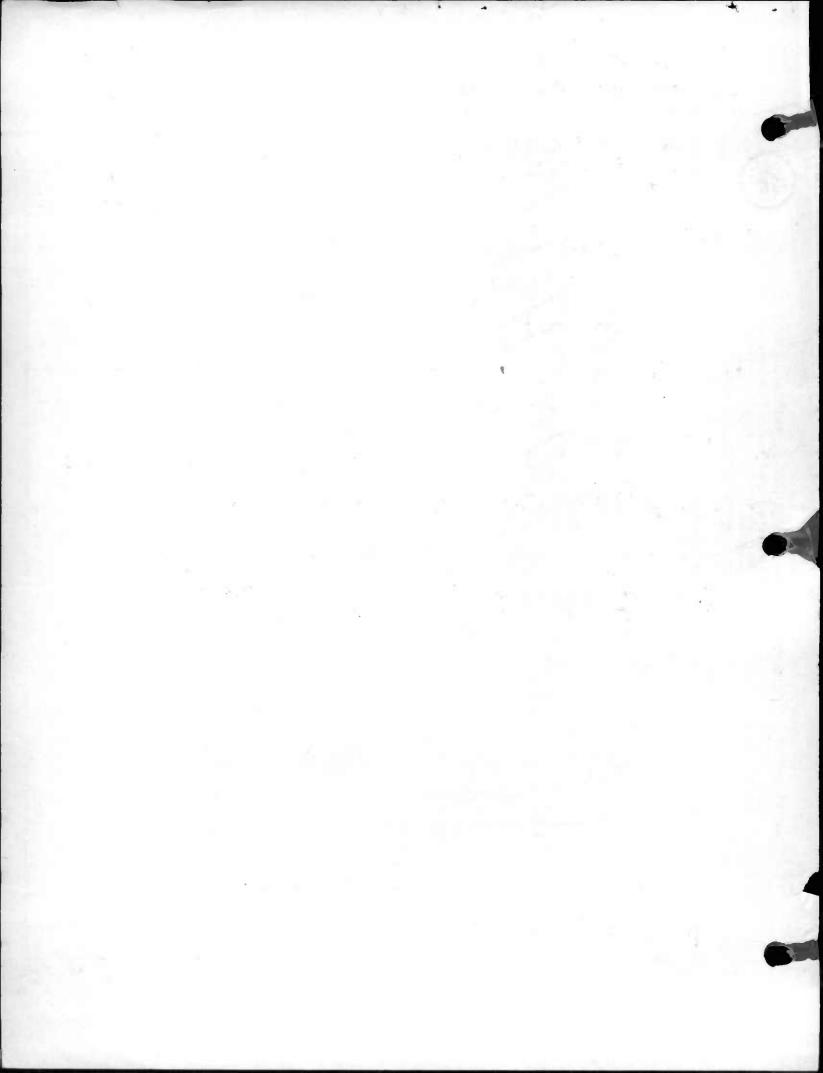


| 13146 |
|----------|
| BOX |
| P.O. |
| RECORDS, |
| VITAL |
| N OF |

| | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the death. Page 6 may be retained by the hospital or attending physician. | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Is | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. | |
|---|--|---|--|--|---|
| 1 | THE I | THE I | be filed | MPOR | I |

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 28. WAS CASE REFERRED TO MEDICAL EXAMINER? VES 2 NO 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH VES 2 NO 28. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH No Person To Completion of Cause of Open The Completion of Cause of Open The Cause of | REGISTRAR | | CE | RTIFIC | CATE O | FDEATH | | REG. NO. | | |
|--|---|--|--|---------------|------------------|---|--------------------------------|-----------------------------|-----------------|---|
| RUSSELL T. PRYTON SOCIAL SECURITY MARKET DE ALLEY AND A CARRET OF THE ALLEY AND A CARRET DE ALLEY AND A CARRET | 1. DECEDENT'S NAME (First, Middle, Last, |) | | | | | | F DEATH | ME | |
| 4. SOCIAL SECURITY MANUEL SET 1 YOUR SECURITY SET 1 YOUR SECURITY SET 1 YOUR | Puggo | 11 | T | Dorre | | | | | | |
| St. PACTY MARKE (From institution, pro institution, pro institution, pro institution, pro institution, pro institution, pro institution, provided instit | | | | | | IF UNDER 24 HRS. | | | | |
| 120/4 Parker Avenue | | 373 | | M | | | (Month, | Day, Year) | C | ountry) |
| 12.04 Parket Avenue THERDINGER OF DECERPISE THE STORE | 0 | | 31 | | | | | 21,19 | | |
| TRESCRICE OF DECEDENT IND. PTINCE GEORGE IND | 9a. FACILITY NAME (If not institution, give | street and number) | | 8 | b. CITY, TOW | OR LOCATION OF | DEATN | | 9c. COUNTY (| OF DEATH |
| TRESCRICE OF DECEDENT IND. PTINCE GEORGE IND | 1204 Parker Aven | ue | | I. | Ivatts | ville | | | Prince | Georges |
| M. D. Prince Georges Hyattsville 12.04 Parker Avenue 12.05 2 Merce June 12.06 Secretary Style of Landous States 11. Marker Avenue 12.06 Parker Avenue 12.0782 United or wash country 12.0782 United States 13. Was december 12.0782 1 June 14. Was december 12.0782 1 June 15. Was december 12.0782 1 June 16. Was states and the states of the states | | | | | | | | | | |
| M. D. Prince Georges Hyattsville Styles No. 1976 | 10e, STATE 10b. COUN | TY | | 10c. CITY, | TOWN OR LOC | ATION | | | | 10d. INSIDE CITY |
| 12.04 Parker Avenue 12.06 Parker Avenue 12.0782 United States 13. Med Occopy Type in U.S. Annoted the Control Parker Avenue 13. Med Occopy Type in U.S. Annoted the Control Parker Avenue 14. Med Control Parker Avenue 15. Med Control Parker Avenue 16. Med Value of Med Parker Avenue 17. Med Value of Med Parker Avenue 18. Med Control Parker Avenue 19. Med Value of Med Parker Avenue 19. Med Value of Med Parker Avenue 19. Med Value of Med Parker Avenue 19. Med Value of Med Parker Avenue 19. Med Value of Med Valu | M.D. Pri | nce George | S | Hyat | tsvil | 10 | | | | |
| 1. MADE CECEDIARY NOT SET AND COMPAND OF THE 12 MADE CECEDIARY NOT AND DECEMBENT OF INSTANCE OF THE SET 2 MADE OF THE | | The state of the s | | 11,000 | | | | | 10g. CITIZEN | OF WHAT COUNTRY? |
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| Molecular Mole | | | | | | | | | | |
| Molecular Mole | | FORCES? 1 X | YES 2 NO | D | 13. WAS D | ECENDENT OF NISPA specify Cuban, Mexic | ANIC ORIGIN? can, Puerto Ri | (Specify Year can, etc.) | or No — 14. I | RACE — American Indian, Black, White, atc. |
| 15. DECEDENT'S EQUATION SERVING CONTROL (P.12) 15. DECEDENT'S EQUATION College (14 or 8 s) 15. DECEDENT'S USUAL COCCUPATION SERVING CONTROL (P.12) 17. PATHERYS NAME (PRI, Moder, Last) 18. NATION NAME (PRI, Moder, Last) 19. NATION'S NAME (PRI, Moder, Last) 19. NATION'S NAME (PRI, Moder, Last) 19. NATION'S NAME (PRI, Moder, Malore of Principles Control (P.12) 19. NATION'S NAME (PRI, Moder, Malore of Principles Control (P.12) 19. NAMEN TR NAME (PRI) 19. NAMEN (Principles) | | | | | 1 🗆 Y | ES 2 XNO Spec | offy: | | | Specify: |
| (Security on Nephral pages completed generating states and page and a content of security generating (Security Contract Officer 12th Contract Officer In Mother's NAME (Past, Modes, Last) James Peyton 18s. Informatif NAME (Past, Modes, Last) James Peyton 18s. Informatif NAME (Past, Modes, Last) James Peyton 18s. Informatif NAME (Past, Modes, Last) James Peyton 18s. Informatif NAME (Past, Modes, Last) James Peyton 18s. Informatif NAME (Past, Modes, Assiste Summer) 18s. Informatif NAME (Past, Modes, Assiste Summer) 18s. Informatif NAME (Past, Modes, Assiste Summer) 18s. Informatif NAME (Past, Modes, Assiste Summer) 18s. Informatif NAME (Past, Modes, Assiste Summer) 18s. Informatif Name (Past, Modes, Assisted Summer) 18s. Informatif Name (Past, Modes, Assisted Summer) 18s. Informatif Name (Past, Modes, Assisted Summer) 18s. Informatif Name (Past, Modes, Assisted Summer) 18s. Informatif Name (Past, Modes, Assisted Summer) | 3 William 4 WM Moresa | | | | 1 | | | | | Black |
| Elementary Recordery (9-13) College (1-t or 5-1) Contract Officer U.S. Gov'T Employee | 15. DECEDENT'S ED | UCATION | | | | | 16b. 1 | KIND OF BUSI | NESS/INOUSTI | RY |
| 12th 17. Patters Name (Prist, Moss, Lati) 12mms Peyton 18e. INFORMANT'S NAME (Prist, Moss, Lati) 12mms Peyton 18e. INFORMANT'S NAME (Prist, Moss, Lati) 12mms Peyton 18e. INFORMANT'S NAME (Prist, Moss, Lati) 17e. Burlet 12 Chemister of State And Nambur or State And | | | life. I | Do NOT use | retired.) | most of working | | | | |
| 15. RATHERS NAME (Pist, Modes, Lati) James Peyton Same as 10e. 20b. Part Hood or Desposition Charles Huntley 20b. Part Hood or Desposition Charles Huntley 20b. Part Hood or Desposition Same as 10e. 20b. Part Hood or Desposition Charles Huntley 20b. Part Hood or Desposition Part Hood or Desposition The Denstan a Coher (Sport) 21b. MALEND ADDRESS (Steele and Number or Reval Revalue Revalue). City or Town, State. Landover, Maryland 21c. Location — City or Town, S | | 33,0 | Con | treat | Offi. | cor | TT | c Con | in Fmr | 107700 |
| James Peyton 198. MALING ADDRESS (Since and Number of Part Rocks Number City or Rom, State, Zip Code) 298. METHOD OF DISPOSITION 298. METHOD OF DISPOSITION To Present from State 198. MALING ADDRESS (Since and Number of Part Rocks Number City or Rom, State, Zip Code) 298. METHOD OF DISPOSITION To Present from State 198. MALING ADDRESS (Since and Number of Part Rocks Number City or Rom, State) 298. PLACE OF DISPOSITION (Parts of Commency or Rock Number of Part II. ADDRESS OF ROCKLY) Frazier's Funeral Home 389 Rhode Island Avenue, N. V. 22. PART I. Enter the diseases, or complications that abused the death. Do not anter the mode of dying, such as cardiac or respiratory street. Interval Avenue, N. V. 299. PLACE OF DEATH (Parts of Commency) 109. Parts II. State the diseases, or complications that abused the death. Do not anter the mode of dying, such as cardiac or respiratory street. Interval Avenue, N. V. 299. PART II. Enter the diseases, or complications that abused the death. Do not anter the mode of dying, such as cardiac or respiratory street. IMMEDIATE CAUSE (Princit Methods or respiratory street.) 299. PART II. State the diseases, or complications and sech line. 299. PART II. State the diseases, or complications and sech line. 299. PART II. State the diseases, or complications and sech line. 299. PART II. State the diseases, or complications and sech line. 299. PART II. State the diseases, or complications and sech line. 299. PART II. State the diseases, or complications and sech line. 299. PART II. State the diseases, or complications and sech line. 299. PART II. State the diseases, or complications and sech line. 299. PART II. State the diseases, or complications and sech line. 299. PART II. State the diseases, or complications and sech line. 299. PART II. State the diseases, or complications and sech line. 299. PART II. State the diseases, or complications and sech line. 299. PART II. State the diseases, or complications and sech line. 299. PART II. State the diseases, or comp | | | 1 001 | LIGUE | VIII. | | | | | Tokee |
| 198. MALINA ADDRESS (Street and Number or Rural Rocus Number, City or Rom, State, 2g Code) Charles Huntley 289. MALINA ADDRESS (Street and Number or Rural Rocus Number, City or Rom, State, 2g Code) 280. LOCATION — City or Town, State 4 Densition a Charles of Other (Specify) 290. LOCATION — City or Town, State 4 Densition a Charles (Specific Number) 291. SIGNATURE OF FUNDAL RETWICE LICENSEE 292. PART I. Either this diseases, or complications that density the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inches, or heart failure, List only one clausewhin such line. 292. PART I. Either this diseases, or complications that density has death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inches, so the state of the clause of the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inches, so the state of the control of the state of the clause of the state of the clause of the state of the clause of the stat | | | | | | - | | | | |
| Charles Huntley Same as 10e. | | | | | | | | | | |
| See METHOD OF DISPOSITION Towns and provided control of the co | 19e. INFORMANT'S NAME (Type/Print) | | 19b. | MAILING A | DDRESS (Street | and Number or Run | il Route Numbe | ir, City or Town, | State, Zip Code | n) |
| See METHOD OF DISPOSITION Towns and provided control of the co | Charles Huntley | | | Same | as 10 | 9 | | | | |
| 21. SIGNATURE OF PUREAU APRIVED LICENSEE 12. HAVE AND ADDRESS OF FACILITY Frazier's Funeral Home 38.9 Rhode Toland Avenue, N. W. 22. PART I. Enter the diseases, or complications that equated the death. Do not enter the mode of dying, such as cardiac or respiratory strest, shock, or heart failure. List only one cause here each line. MIMEDIATE CAUSE (Finel Microsoft Constitution) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury) that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): Cy to Manage of Constitution of the const | 20s. METHOD OF DISPOSITION | | 20b. PLACE O | F DISPOSIT | | | , | 20c. LOC | ATION - City | or Town, State |
| 22. PART I. Enter the diseases, or complications that quest the death. Do not anter the mode of dying, such as cardisc or respiratory streat, shock, or heart failure. List only one cause when each line. MIMEDIATE CAUSE (Finel diseases, condition resulting in death) Sequentially list conditions, if say, leading to immediate cause. Enter NDEENING CAUSE (Disease or Injury that Influence devents resulting in death) DUE TO (OR AS A CONSCOURNCE OF): CONTROL OF AS A CONSCOURNCE OF): CONTROL OF AS A CONSCOURNCE OF): CONTROL OF AS A CONSCOURNCE OF): CONTROL OF AS A CONSCOURNCE OF): CONTROL OF AS A CONSCOURNCE OF): CONTROL OF AS A CONSCOURNCE OF): CONTROL OF CONT | | moval from State | | | D | 1 | | Tand | | (a11 |
| Sequentially list conditions Sequentially list conditions on the susset of security in the initiated events | | CENSEE / | I Harmo | MY ME | | | EACH ITY | Land | over, | laryland |
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| 22. PART I. Enter the diseases, or complications that abused the death. Do not anter the mode of dying, such se cardiec or respiratory strest, infarral Batween Onset and Deat disease or condition resulting in death) Aud I manufal & CLION CY & Y M M Part II. Other significant conditions. If any, leading to immediate conditions are usually list conditions on the property of the highland events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part II. Other significant conditions contributing to death but not r | . W . | 124 | Alex | ~ | 1 | | | | NT TT | |
| PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS ANAUTOPSY PRIPRIOR ARLIABLE PRIOR TO CHIEFLY PRIPRIOR TO CHIEFLY TO CHIEFLY PRIPRIOR TO CHIEFLY PRIPRIOR TO CHIEFLY PRIPRIOR TO CHIEFLY PRIPRIOR TO CHIEFLY PRIPRIOR TO CHIEFLY PRIPRIOR TO CHIEFLY PRIPRIOR TO CHIEFLY PRIPRIOR TO CHIEFLY PRIPRIOR TO CHIEFLY T | Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | s. HWTO 10 DUE TO 10 DUE TO 10 C. C. C. DUE TO 10 | PR AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQU | UENCE OF): | TOUS | syskun esop | to) | xupla tis | SMO | SIC |
| 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 | | ons contributing to d | eath but not re | sulting in | tha underly | ing ceuse given | In Part I. | | | |
| 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO | | | | | | | _ | 1 YES 2 | XNO. | OF OEATH? |
| EXAMINER? 1 VES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 1. Neutural 8 Pending Investigation 3 Suicide 8 Could not be detarmined 28e. DATE OF INJURY At North, Day, Vesar) 28e. DATE OF INJURY At North, Day, Vesar) 28e. DATE OF INJURY At North, Day, Vesar) 28e. DATE OF INJURY At North, Day, Vesar) 28e. DATE OF INJURY At North, Day, Vesar) 28e. DATE OF INJURY At home, farm, street, fectory, office 28e. DATE OF INJURY At North, Day, Vesar) 28e. DATE OF INJURY At home, farm, street, fectory, office 28e. DATE OF INJURY At home, farm, street, fectory, office 28e. DATE OF INJURY At home, farm, street, fectory, office 28e. DATE OF INJURY At home, farm, street, fectory, office 28e. DATE OF INJURY At home, farm, street, fectory, office 28e. DATE OF INJURY At home, farm, street, fectory, office 28e. DATE OF INJURY AT WORK? 1 YES 2 NO 28e. DATE OF INJURY AT WORK? 1 YES 2 NO 28e. DATE OF INJURY AT WORK? 1 YES 2 NO 28e. DATE OF INJURY AT NURBER (North Number or Rural Route Number, City or Rown, State) 28e. DATE OF INJURY AT WORK? 1 YES 2 NO 28e. DATE OF INJURY AT WORK? 1 YES 2 NO 28e. DATE OF INJURY AT WORK? 1 YES 2 NO 28e. DATE OF INJURY AT WORK? 1 YES 2 NO 28e. DATE OF INJURY AT NUMBER (North, Day, Wear) 29e. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and piace, and due to the cause(a) and manner as stated. 29e. LICENSE NUMBER 29e. | | | | | | | | | | 1 YES 2 NO |
| EXAMINER? 1 VES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 1. Neutural 8 Pending Investigation 3 Suicide 8 Could not be detarmined 28e. DATE OF INJURY At North, Day, Vesar) 28e. DATE OF INJURY At North, Day, Vesar) 28e. DATE OF INJURY At North, Day, Vesar) 28e. DATE OF INJURY At North, Day, Vesar) 28e. DATE OF INJURY At North, Day, Vesar) 28e. DATE OF INJURY At home, farm, street, fectory, office 28e. DATE OF INJURY At North, Day, Vesar) 28e. DATE OF INJURY At home, farm, street, fectory, office 28e. DATE OF INJURY At home, farm, street, fectory, office 28e. DATE OF INJURY At home, farm, street, fectory, office 28e. DATE OF INJURY At home, farm, street, fectory, office 28e. DATE OF INJURY At home, farm, street, fectory, office 28e. DATE OF INJURY At home, farm, street, fectory, office 28e. DATE OF INJURY AT WORK? 1 YES 2 NO 28e. DATE OF INJURY AT WORK? 1 YES 2 NO 28e. DATE OF INJURY AT WORK? 1 YES 2 NO 28e. DATE OF INJURY AT NURBER (North Number or Rural Route Number, City or Rown, State) 28e. DATE OF INJURY AT WORK? 1 YES 2 NO 28e. DATE OF INJURY AT WORK? 1 YES 2 NO 28e. DATE OF INJURY AT WORK? 1 YES 2 NO 28e. DATE OF INJURY AT WORK? 1 YES 2 NO 28e. DATE OF INJURY AT NUMBER (North, Day, Wear) 29e. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and piace, and due to the cause(a) and manner as stated. 29e. LICENSE NUMBER 29e. | | | | | | | | | | |
| 1 VES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Readence a Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28a. DATE OF INJURY 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28a. PLACE OF INJURY — At home, farm, street, fectory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29a. CERTIFFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TIME OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) YOUT YOU | | | | | | PLACE OF DEATH | Check only one |) | | |
| 27. MANNER OF DEATH 1. Netural 2 Accident 3 Sulcide 4 Homicide 2 Accident 3 Accident 3 Sulcide 4 Homicide 2 Accident 3 Sulcide 4 Homicide 2 Accident 3 Cartificial Number or Rural Route Number City or Town, State) 2 Accident 3 Accident 3 Accident 3 Accident 3 Accident 3 Accident 3 Accident 3 Accident 3 Accident 3 Accident 3 Accident 3 Accident 3 Accident 3 Accident 3 Accident 3 Accident 3 Accident 3 Accident 4 Accident 5 Accident 5 Accident 6 Accident 7 Accident 8 | | | ER/Outpatient 3 | | | ome 5 Realdens | e 8 🗆 Other | (Specify) | | |
| 1. Natural 2 Accident 3 Sulcide 4 Homicide 2 Accident 3 Sulcide 4 Homicide 2 Accident 3 Sulcide 4 Homicide 4 Homicide 5 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29a. CERTIFYING Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. Signature and title of Certifier 29b. Signature and title of Certifier 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, War) 2 So Penn Ave Now Wash DC 20037 31. Date Fire of Month, Day, Vear) 32. Registrar's Signature | | 28e. DATE OF II | NJURY | 28b. TIME | OF 28c. | INJURY AT | _ | | JURY OCCUR | ED |
| 29a. CERTIFFIER (Check only one) 29b. SIGNATURE AND THE CERTIFFIER 29b. SIGNATURE AND THE CERTIFFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 31. DATE FIRED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE | 1, Netural 8 Pending | (Month, Day | (Year) | INJU | RY | WORK? | | | | |
| 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND THE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2 50 Pe M. Ave Now Address SIGNATURE 31. DATE FIRED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE | 2 Deliving | 28g. PLACE OF | INJURY — At hor | ne, farm, str | reet, fectory, o | ffice | | | nd Number or R | tural Route Number, |
| (Check only 2 DETIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and piace, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND THE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Vear) 2 50 PERON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 2 50 PERON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 31. DATE FIRED (Month, Day, Vear) 32. REGISTRAR'S SIGNATURE | - O Godia Hot b | building, at | tc. (Specify) | | | | City o | or Town, State) | | |
| (Check only one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND THE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 2 50 Pe M.A. AVE N.W. WASH DC 20037 31. DATE FIREO (Month, Dey, Year) 32. REGISTRAR'S SIGNATURE | I A A | | | | | | | | | |
| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 2 50 Penn. Ave NW. WASH DC 20037 31. DATE FIRED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE | (Check only CERTIFYING PN | | | | | | | | | use(s) and manner se stated. |
| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 2 50 Penn. Ave NW. WASH DC 20037 31. DATE FIRED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE | 29b. SIGNATURE AND THE OF CERTIF | IER | | | | 29c, LICENSE N | UMBER | | 29d DATE SH | GNED (Month, Day Year) |
| 2150 PENN. AVE NW. WASH DC 20037 31. MATERIAGO (MONTE), Day, Year) 32. REGISTRAR'S SIGNATURE | M-Tevi | ne MD | > | | | 140 | 10 | | 17 | 22/91 |
| 31. DAT FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE | 30. NAME AND ADDRESS OF PERSON V | NHO COMPLETED CAUSE | | | | . 200 | 37 | | | |
| | | | | <u></u> | | | 0/ | | | |
| Julia Davidson Bandall | 31. DATE FILEO (Month Day, Year) | 13 | | 2 | | | | | | |



| ir death. Page 6 may be retained by the hospital or attending physician. | he funeral director, page 5 should be detached for use as the burial-transit permit. Pages | | examiner must be notined at once. |
|---|--|---|--|
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- nours after death. Page 6 may be retained by the hospital or attending physician. | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending phycician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-trainsit permit. Pages | be filed within 72 hours after death with the State Dept. of Hearth and Merital Hyglene prior to burial, cremation, or removal. | IMPORTANT: It flem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |

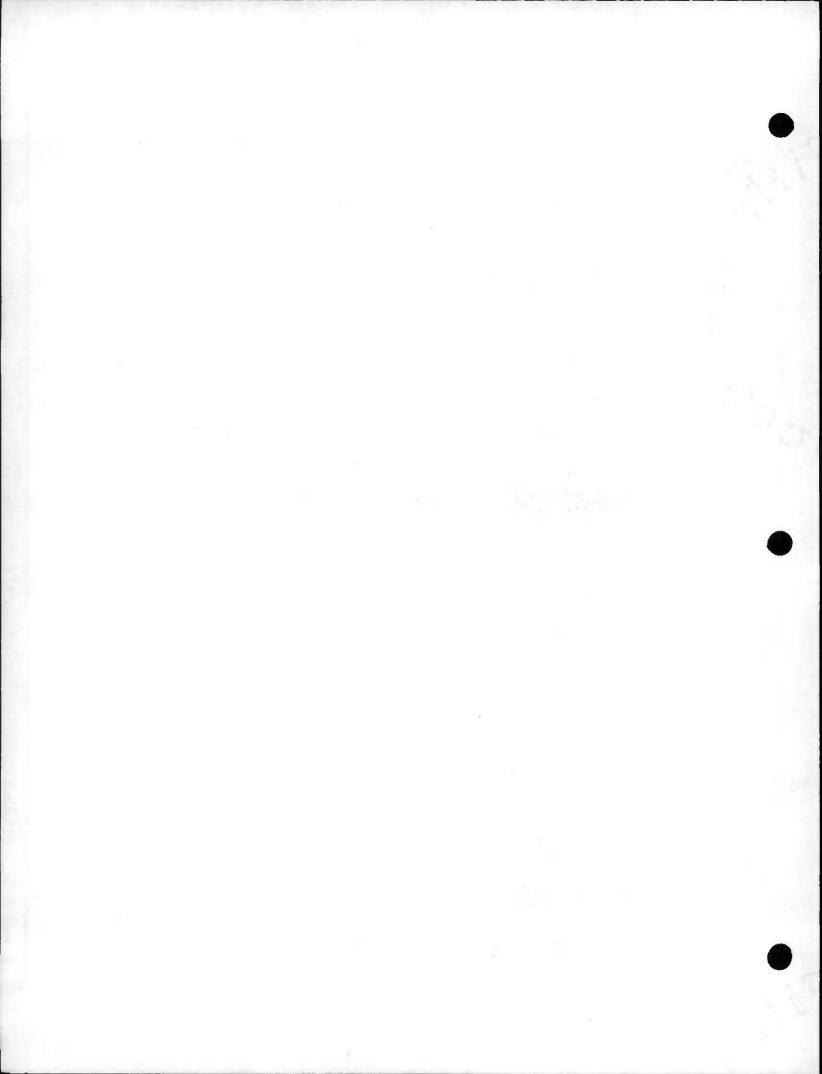
| | FOR | | STATE OF | MARYLAND | / DEPAR | TMENT | OF H | EALTH AND I | MENTA | L HYGIEN | e 9 | 1 (| 7798 |
|--------------------|--|--------------------------|-----------------------|------------------|---------------------------------|----------------|-------------|----------------------|-----------|----------------|---------------|--------------|--------------------------------|
| | 1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, | Middle, Lest) | 1 | Louise | POWL | | OF | DEATH | 2. DATE | REG. NO. | AV | YEAR 3. | TIME OF DEATN |
| , | Mary | h 1 | Jowl | 55 | | | | | 2 | | 8 - | 37 | 0450 MI |
| | 4. SOCIAL SECURITY NUMBI | ER | 5. SEX | 6. AGE (In yrs. | last birthday) | IF UNDER 1 | YEAR | IF UNDER 24 HRS. | | OF BIRTH | 1 | | CE (State or Foreign |
| | 214-09-364 | | 1 🗌 M 2 💯 F | 83 | YRS. | | DAYS | HOURS MIN. | /Mon | ch 13, | 1908 | Mary | land |
| | 9a, FACILITY NAME (If not ins | stitution, give atr | reet and number) | | | 9b. CITY, | TOWN O | R LOCATION OF DE | ATN | | 9c. COUNT | Y OF DEAT | N |
| <u>۳</u> | Washington | Count | y Hospital Hagerstown | | | | | | | | Was | hing | ton |
| ĔΙ | RESIDENCE OF DEC | _ | | | | | | | | | | | |
| Ä | 10a. STATE | 10b. COUNTY | | | 10c. CIT | Y, TOWN OF | LOCAT | ION | | | | 104 | d. INSIDE CITY LIMITS? |
| DIRECTOR | Maryland | Wash | ington | | J | villie | msp | ort | | | | 1 (| YES 2 NO |
| | 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? | | | | | | | | | | | | |
| FUNERAL | 2750 Virginia Ave., Apt. 202 21795 USA | | | | | | | | | | | | |
| z I | 11. MARITAL STATUS | | 12, WAS DECEDE | | ARMED | 13. W | MS DEC | ENDENT OF HISPAI | NIC ORIGI | N? (Specify Ye | or No — 1 | 4. RACE — | American Indian, hita, atc. |
| | 1 Never Married 2 | Married | FORCES? | 1 YES 2. | | 11 | yes, spe | city Cuban, Mexica | n, Puarto | Rican, atc.) | | | hita, atc. |
| B | 3 DC Widowed 4 Divor | rced | IF YES, GIVE | WAR OR DATES | | _ ' | ☐ YES | 2 NO Specif | y: | | | Specify: | to |
| | 15 DECI | EDENT'S EDUC | ATION | 160 | DECEDENT'S | USUAL OC | CUPATIO | N. | 16 | b. KIND OF BU | SINESS/INDU | | |
| 2 | (Specify only | highest grade | completed) | - | (Give kind of life, Do NOT u | work done do | uring mo | st of working | 1.7 | | | | |
| ا ت | Elementary/Secondary (0- | -12) | College (1-4 or 5 | i+) | | tory | laho | mon | | | | | |
| E I | | | U | | Juc | org . | , and | | | | | | |
| COMPLETED | 17. FATHER'S NAME (First, MI | | | | | | 1 | 16. MOTNER'S NA | | | | . 41 | 7.1 |
| ш | Benjamin F | . Moss | | | | | | | | h Mont | | | LT |
| 8 | 19a. INFORMANT'S NAME (7) | | | | | | | nd Number or Rural | | | | | |
| 은 | Marvin Mos | S | | | 166 | 1 Cres | scer | rt Place | N.W | .,Apt. | 201,W | ish., | D.C.20009 |
| | 20a. METHOD OF DISPOSITI | | | 20b. PL | CE OF DISPO | SITION (Nan | ne of cen | netary, crematory or | | 20c. LC | CATION - C | ity or Town, | State |
| | 1 CBurial 2 Crematio 4 Donation 5 Other | | oval from Stata | _ Ro | se Hi | ll Cer | nete | ery | | На | gersto | wn. | Maryland |
| - 13 | 1 CBurlel 2 Cremetton 3 Removal from State of Parker Place Rose Hill Cemetery Hagerstown, Maryland 21. SIGNATURE OF EUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME | | | | | | | | | | | | |
| | | 1 ml | m | | / | | | | | | | | |
| | 20 | 40 | 10/10 | nne | 1 | 1 4: | 15 E | . Wilson | n Bl | vd., H | agersi | own, | Md. 21740 |
| | 23. PART I. Enter the di | | | | | not enter | the mo | de of dying, suc | ch ss ce | rdiac or reap | iratory arre | st, | Approximats |
| | | | List Dniy Dne Ci | suse on each | | | 4 | | | | | | Onset and Death |
| . 1 | IMMEDIATE CAUSE (Findiseese or condition | nsi | CE | REBR | 11 | IACC | 11/1 | AR II | SEA | DIT | | | |
| | resulting in death) | → | . (6) | (6)/ | 7 6 | 11150 | 411 | 716 11 | <u> </u> | 4CCV | | | |
| | | | CE | 1701 | NSECUENCE (| 150 | 00 | ED | | | | | |
| Z | Sequentially list conditi | ions | b.) E | 1,0010 | EL | 1120 | ICU | EIC | | | | | |
| ᆵ | if eny, leading to imme | diate | DUE T | O OR AS A CO | O / I/O | DF): ' / | DI | 211- | | | | | |
| 3 | CAUSE (Disease or Inju | | a 10 | 111/01 | VIHU | | 10/ | 20515 | | | | | - |
| E | that initiated events | | DUE T | O (OR AS A CO | NSEOUENCE | op: IL | GA | RT FG | 11/1 | 105 | | | i |
| CERTIFICATION | resulting in death) LAS | " | d(_(| 1461 | 1106 | 17 | 11/ | (1 16 | 410 | //CE. | | | |
| _ | PART II. Other significe | and annulities | | n death but a | | in the sec | d o els des | | Dort I | 24a, WAS A | u attronev | 7.0h W | ERE AUTOPSY FINDINGS |
| A | PART II. Other significe | ondition | s contributing i | in nawitt not t | ior resoluting | in the on | deriyiri | g cause given ii | FOIL I. | | RMED? | A | MILABLE PRIOR TO |
| 00 | | | | | | | | | | 1 TYES | 2 NO | | OMPLETION OF CAUSE F DEATH? |
| AE! | | | | | | | | | | 1 | | 1 | YES 2 NO |
| PHYSICIAN: MEDICAL | | | | | | | | | | | | | |
| AN | 25. WAS CASE REFERRED T | O MEDICAL | | | | | 26. PI | LACE OF DEATH (C | heck only | one) | | | |
| 2 | EXAMINER? | | HOSPITAL: | □ EB/Outpatio | 4 2 DOM | OTHER | | ne 5 🗆 Rasidence | i o | has (Passifis) | | | |
| 7 | 27. MANNER OF DEATH | | 28a, DATE O | | 28b. T | | | JURY AT | | ESCRIBE HOW | INJURY OCC | URED | |
| | | Pending | | Day, Year) | | UURY M | WC | DRK? | 2000.0 | | | | |
| В | 2 Accident Investigation | | | | | | | | | | | | |
| ED | | auturing, etc. (specify) | | | | | | | | | | | |
| 11 | 4 Homicide | datemined | | | | | | | | | | | |
| 7 | 294. CENTIFIER 1 DEER | TIFYINO PNYS | ICIAN: To the best | of my knowledg | e, death occu | rred at the ti | lme, date | and place, and du | e to the | cause(a) and m | anner as stat | ed. | |
| COMPLET | death to 1 | HCAL EXAMINE | ER: On the basis of | f examination an | d/or investige | llon, in my o | pinion, | death occured at th | e time, d | ate and place, | end due to th | cause(e) | and manner as stated. |
| | 29b, SHEMATURE AND TITE | OF CERTIFIE | 2 | | | | | 29c. LICENSE NO | IMBER | | 29d DATE | SIGNED / | fonth, Day, Year) |
| BE | | 1/1/ | 11-16 | mr |) | | | - | L O | 11.2 | DATE DATE | . SIGNED (N | norms, way, rowy |
| 5 | 30, NAME AND ADDRESS O | E DEBGUN AV | O COMPLETED O | NISE OF DEATH | (ITEM 27) /*- | na (Deleat) | | 46 | | TJ_ | | _ | |
| | | | | | | | | | | | | | |

HOWELL

HAGER STO

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

WOOSTER 1799 HOW



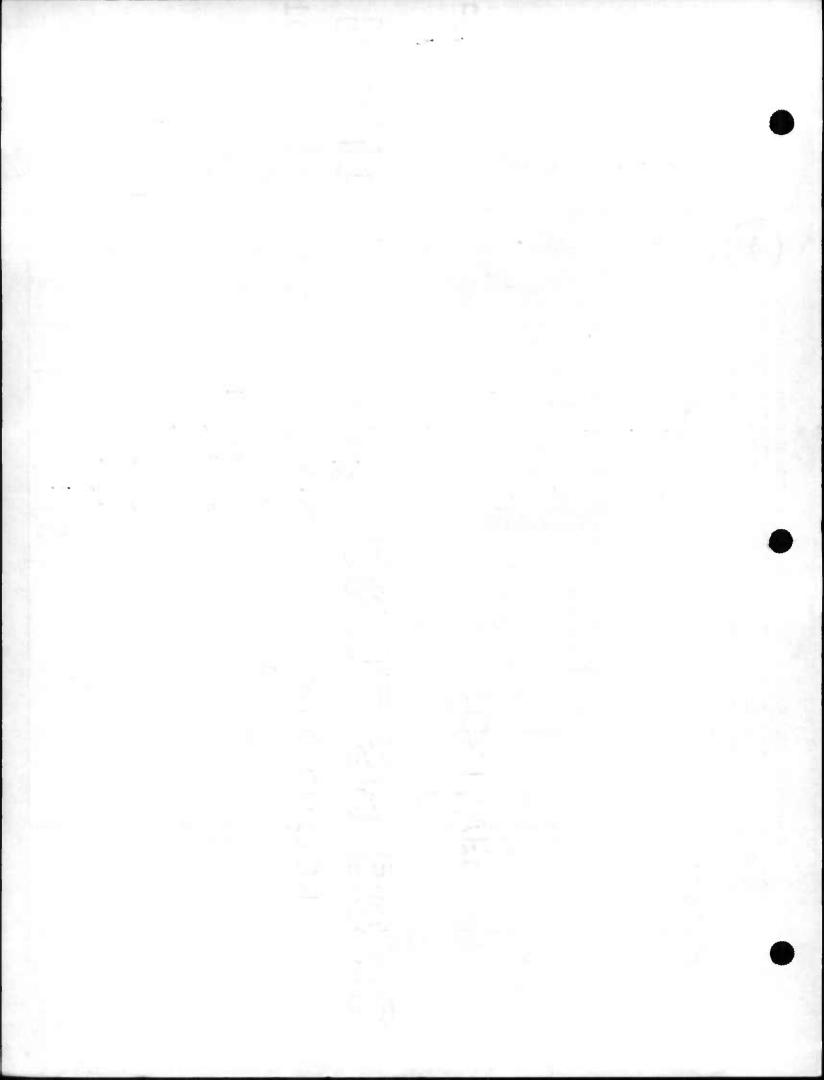
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| 3 | ĕ | |
| 'Il Sichilit. His law requires that the treat continue to executed minim 27 hours are count. I age o may | this certificate has been signed by the attending physician and completely filled in by the funeral director, pa | |
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| BLANCHE PI | Blanche RESTON | | | eston | DEATH | 2. DATE | OF DEATH | V-13-9 | ylan 3 | TIME OF DEATH |
|---|--|--|---|---|---|---------------|--|-------------------|--------------------------------|--|
| 4. SOCIAL SECURITY NUMBER | 5. SEX 6. / | AGE (In yrs. last i | VRS. IF UNI | DER 1 YEAR B DAYS | IF UNDER 24 HRS HOURS MIN. | 7. DATE | of BIRTH | 14 | 8. BIRTHPL Country) Mary | ACE (State or Foreign |
| 9a. FACILITY NAME (If not institution, give stre UNION MEMORIAL HORESIDENCE OF DECEMENT | | | | | MORE CI | DEATH | | _ | TY OF DEA | |
| 10e. STATE 10b. COUNTY Maryland Ba | ilto. | | Baltin | | ION | | | | | Od. INSIDE CITY LIMITS? YES 2 NO |
| 100. STREET AND NUMBER 5505 Bowleys Lane | <u> </u> | | | 101 | 21206 | | | | EN OF WH | AT COUNTRY? |
| (Specify only highest grade completed) | | | | | ecify Cuben, Mex | ican, Puerto | ORIGIN? (Specify Yes or No— 14. RACE — American Steen, stc.) 14. RACE — American Black, White, st Specify: Black | | | |
| | | | EDENT'S USUAL OCCUPATION In Item of working working working working working working working working by MOT use retred.) | | | | KIND OF BU | siness/indi | JSTRY | |
| 17. FATHER'S NAME (First, Middle, Lest) Jerry Alexander | Gilbert | | | | 18. MOTHER'S OSS | | | Sumama) Ohnson | n | |
| 190. INFORMANT'S NAME (Type/Print) Annie L. Harris | | | | | nd Number or Au 1. Road, | | | | | |
| 20a. METHOD OF DISPOSITION 1\(\bigcirc \) Burlet 2 Cremation 3 Remove 4 Donation 8 Other (Specify) \text{Total Policy} \text{Total Policy} \q | /al from State | | NO DATE OF OF | | (Name Cemete | ery 3- | | Jop | pa, N | |
| 21. SIGNATURE OF FUNERAL SERVICE LICE HOUSE KU | Manua | PANI | | Howar 1317 | Cokesb | cComas | pad, Al | oingd | on, N | me, P.A. id. 21009 |
| 23. PART I. Enter the diseases, or contained the sease of condition resulting in death) | Renal DUE TO (OR | on each lins. | | ter the mo | de of dying, a | uch ss car | dlac or reap | iretory srn | est, | Approximate interval Betwee Onset and Dec |
| | | lating | | 7 | | | | | | |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | Preune | - 71 | | | | | | | | |
| If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events | Preume OUE TO (OR | MIA CONSEO | UENCE OF): | underlyin | g csuse given | in Part I. | 24a. WAS AN PERFO 1 YES : | RMED? | | VERE AUTOPSY FINDING MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? U YES 2 NO |
| If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions ### PART II. Other significant conditions ################################### | Preume OUE TO (OR | AS A CONSECUENT OF THE PROPERTY OF THE PROPERT | Seulting in the | 28. P | LACE OF DEATH | (Check only o | PERFO | RMED? | | MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions Demintia 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending | OUE TO (OR | ath but not re | Seulting in the | 28. Pi IER: Nursing Hon 28c. IN. | | (Check only o | PERFO | RMED? ≥ IENO | | MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions BERNINTIA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending | OUE TO (OR OUE TO (OR CONTributing to de CONTributing to de CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONT | R AS A CONSCIONAL PROPERTY STATES AND A CONSCIONAL PROPERTY STATES | DOA OTHER STREET | 28. PIER: Nursing Hon 28c. IN. W | LACE OF DEATH 10 8 Resident 10RY AT 7RK? YES 2 NO | (Check only o | PERFOI 1 YES : | RMED? | CURED | MALEABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |

WHO COMPLETED CAUSE OF GEATH (ITEM 27, GIPO, PHIN)
CONTE COMPT ONNOS MILLS

32. REGISTRANIE SIGNATURE PANDALL

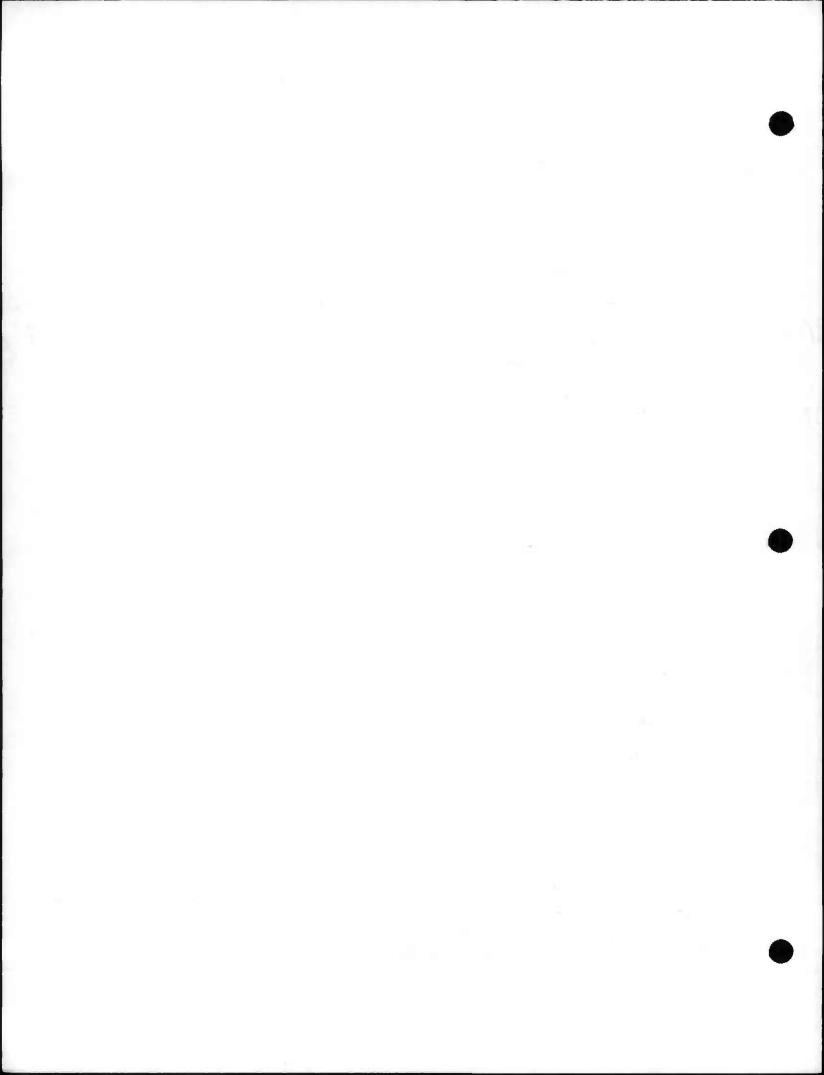
31. DATE FILED (Months Day, War)



DHMH-16 Rev 1/89

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| añe | | pe | l |
| ector, p | | must | |
| TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compressly lined in by the funeral unecon, page 3 s | | IMPORTANT: If liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be not | |
| III Dy III | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunda, cremation, or removal. | nedical | |
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| | 1. DECEDENT'S NAME (First, Middle, Last) | | | 0/ | | , | | | 2. DATE OF DEATH | | 7/23 | 3. TIME OF DEATN | |
|---|--|------------------------|--|-------------|--------------|------------|-----------------|----------------------|--|--------------------|-------------|---|--|
| 1 | Timmy | | | -PV | 21/4 | PS | , | | HADAUARY S | 23 1 | YEAR 991 | | |
| - 1 | 4. SOCIAL SECURITY NUMBER | 5. SEX | 6. AGE (In yrs. last | t birthday) | IF UNDER | 1 YEAR | IF UNDER | 24 HRS. | 7. DATE OF BIRTH | | | IPLACE (State or Foreign | |
| - 1 | 121-57-0115 | 1 X M 2 F | 46 | YRS. | MONTHS | DAYB | HOURS | MIN. | 2-18-4 | 5 | Count | | |
| | 9a. FACILITY NAME (If not institution, give at | met and number) | FU | | Oh CITY | TOWN C | ID I OCATI | ON OF DE | | | NTY OF D | SEATN | |
| œ | | | | | CALTONIDA | | | | | | | | |
| 5 | PENINSUAL GENERAL HSOPITAL RESIDENCE OF DECEDENT | | | | | DAI | 11000 | JKI | | WI | COM | LCO | |
| <u>ن</u> | 10a. STATE 10b. COUNTY | , | | 10c. CIT | Y, TOWN O | R LOCAT | ION | | | | | 10d. INSIDE CITY | |
| DIRECTOR | mo Wicomico Salisbury | | | | | | | | 1 YES 2 NO | | | | |
| | 100. STREET AND NUMBER 100. CITIZEN OF WHAT COUNTRY? | | | | | | | | | | | | |
| FUNERAL | K+ 10 Fox 160 L+ CADIN Pd (215-01 USA | | | | | | | | | | | | |
| × I | 11. MARITAL STATUS 12. WAS DECEDENT EVER OULS. ARMED 13. WAS DECEMBENT OF NISPANIC ORIGIN? (Specify Yea or No. 14. RACE - American Indian. | | | | | | | | | | | | |
| | 1 Never Married 2 Married | FORCES? | YES 2 TUN | | 1 | f yes, sp | 2 NO | an, Maxica | n, Puarto Rican, atc.) | | Blac | k, While, alc. | |
| B | 3 Widowed 4 Divorced | 11 123, 3172 | WIT ON DATES | | - ' | , [] 169 | - 72,110 | аресп | y. | | Open | BLACK | |
| 8 | 15. DECEDENT'S EDUC (Specify only highest grade | CATION | | | USUAL OC | | | in a | 16b. KIND OF BUS | SINESS/INC | OUSTRY | | |
| ᄪ | Elementary/Secondary (0-12) | College (1-4 or 5 | Ma | Do NOT | se retired.) | / | 1 | - 1 | | | | | |
| P. | | 4. | | FA | LM | di | 160 | R | | | | | |
| COMPLETED | 17. FATHERS HAME (First, Middle, Last) | | 111 //1 | | | | 16. MOT | NER'S NA | ME (First, Middle, Meiden | Sumame) | 5 | 1111 | |
| BE | Volottui | 5 7 | Hillip | 5 | | | | ZU | ul MA | - 5 | 7/ | 4:1405 | |
| 10 | 19a. INFORMANT & NAME Type/Print) | 50 | 11/1 198 | b. MAILING | ADDRESS | Street 4 | nd Numbe | r gr Rural | Route Number, City or Tow | n, State, Zip | Code) | 10 | |
| F | Ado CAHUS | 7 | 11/1950 | 205 | CA | bil | VXC | 1. | SALISOU | Ry | 111 | 9/801 | |
| | 28a/ METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem | oval from State | 20b. PLACE other pic | OF DISPO | SITION (Na | me of cei | netery, cre | metory or | 20c. LO | CATION - | City or To | own, State | |
| | 4 Donation 5 Other (Specify) | | _ | | | | | | | | | , mi) | |
| | 21, SIGNATURE OF FUNERAL SERVICE LIC | CENSEE 0 | ` | | | | | SS OF FA | W. Ext. | | | | |
| | 1 /2 | Fred | | | 10 | | | | D 21801 | | | | |
| | 23. PART I. Enter the diseases, or o | complications the | at caused the de | ath. Do | not enter | | - | | | iratory an | reat, | Approximate | |
| | ahock, or heert fellure. | List only one ca | use on each line | | | | | | | | | Interval Between Onset and Death | |
| IMMEDIATE CAUSE (Final disease or condition | | | | | | | . Ann | 1 3 | | 0.000, 0.00 000.00 | | | |
| | resulting in death) | DUE TO | (OR AS A CONSE | OVENCE O | r): | | | | 7 1311 | | | | |
| _ | disease or condition resulting in death) a. Car dia pulmonery Arrest DUE TO (OR AS A CONDICIONER DIP: Cardioving pa flux | | | | | | | | | | | | |
| 2 | Sequentially list conditions, If any, leading to immediate | | | | | | | | | | | | |
| S | cause. Enter UNDERLYING | c. | | 0 | | | | | | | | | |
| Ē | CAUSE (Disease or Injury that Initiated events | DUE TO | (OR AS A CONSE | OUENCE O | IF): | | | | | | | | |
| CERTIFICATION | resulting in death) LAST | d | | | | | | | | | | | |
| | PART II. Other algnificant condition | ne contributing to | death but not | reeviting. | In the ur | ado elulo | 0.001100 | alven la | Part I. 24s. WAS AN | AUTOREY | 1 24 | b. WERE AUTOPSY FINDINGS | |
| AEDICAL | And it other aignificant condition | 10 Contributing to | e Ar C | 1 | in the ur | derlyni | g cause | Stanti III | PERFO | | 1" | AMAILABLE PRIOR TO COMPLETION OF CAUSE | |
| ă | 71 | 1 | | | 7 | - | - | / | 1 yes | ON [] | | OF DEATH? | |
| Z. | Hepau | - e | ree | pr | M | 0 | 7/C | a f | ay | | | 1 TES 2 MO | |
| ä | Alleon | oles | in/ | 9 | | | 0 | | 0 | | | | |
| C | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | _ | OTHE | | LACE OF | DEATH (C) | hack only one) | | | | |
| YSI | 1 TYES 2 THO | | ☐ ER/Outpetlent 3 | DOA | | | ne 5 🗆 E | Realdence | a Other (Specify) | | | | |
| PHYSICIAN: | 27. MANNER OF DEATH | 28a. DATE O (Month, | F INJURY Day, Year) | 28b. TIN | JURY | W | JURY AT ORK? | | 28d. DESCRIBE HOW | INJURY OC | CUREO | | |
| BY | 1 Natural 5 Pending 2 Accident Investigation | | | | М | | YES 2 | □ NO | | | | | |
| | 3 Suicide 6 Could not be 4 Nomicide datermined | 28e. PLACE building | OF INJURY — At he i, etc. (Specify) | ome, farm, | street, fact | tory, offi | 00 | | 26f. LOCATION (Street City or Town, State | | er or Rumil | Route Number, | |
| COMPLETED | 4 Nomiciae alement | | | | | | | | | | | | |
| PL | 29a. CERTIFIER 1 CERTIFYING PNYS | ICIAN: To the best | if my knowledge, de | eath occur | red at the t | lime, dat | and plac | e, and du | e to the cause(a) and ma | nner aa str | nted. | | |
| OM | one) 2 MEDICAL EXAMINI | ER: On the besia of | examination and/or | investigati | on, in my | opinion, | death occ | ured at the | e time, data and piece, a | nd due to I | lhe cause | (a) and manner as stated. | |
| 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) | | | | | | | | D (Month, Day, Year) | | | | | |
| | | | | | | | | 13/41 | | | | | |
| 5 | 30. NAME AND ADDRESS OF PERSON WI | 10 COMPLETED CA | USE OF OEATH (ITE | M 27) (Typ | e, Print) | | 10 | 5 1 | 11:00 D | 11. | 11 | Dd 41 | |
| | Mr. L. M. E | Evan | Me. | 1,°c | ta | _ { | 31 | 0,4 | white of | 1 mg | the | Dura | |
| 3 | 31. DATE FILED (Month, Day, Year) | 32, REGISTE | AR'S SIGNATURE | | | | 74 | | T | 7 | - (| 1 31 40 | |
| | MAR 06'91 | Ciclia D | undson-Par | rdell | | | | | | V | | | |



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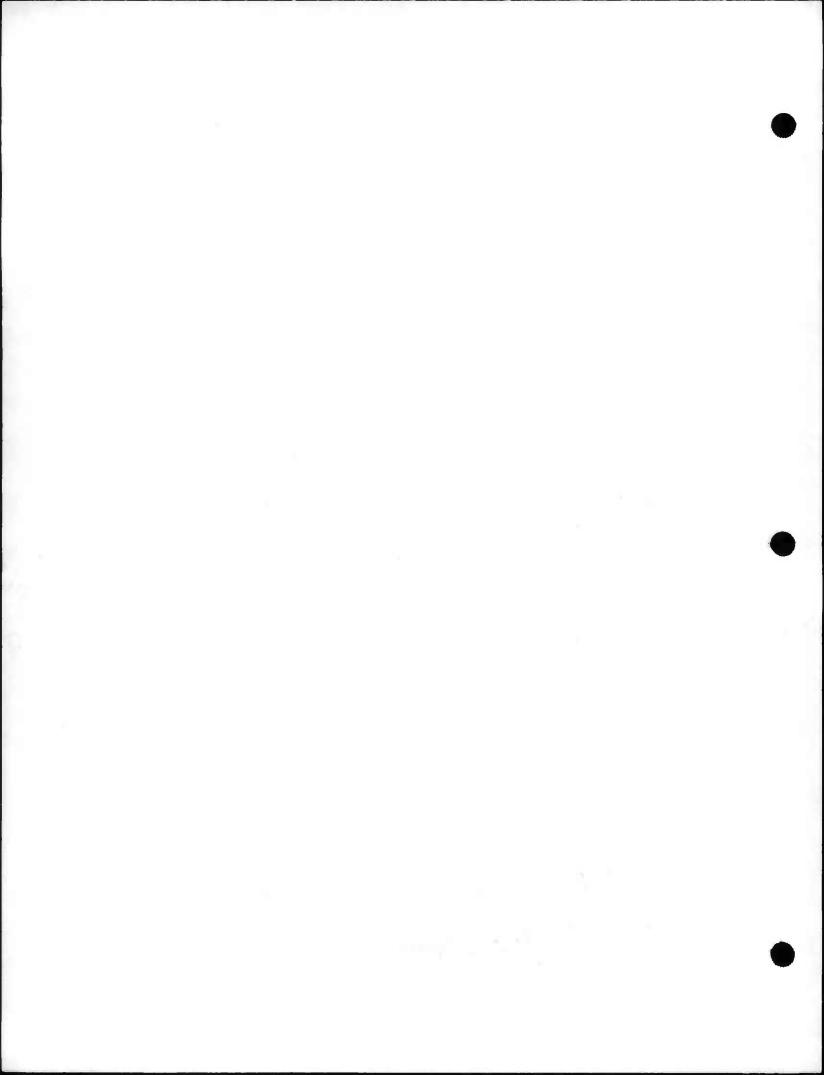
30. NAME AND ADORESS OF PERSON

32 REGISTRAN'S SIGNATURE
Filia Davidson-R

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| | THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after | THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo | PORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medica |
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH DAY t. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF OEATH PLATTER PARKER 13 1991 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. OATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 15E(M 2 | F 79 5-26-0373 15 191 MARYLAND 9b. CITY, TOWN OR LOCATION OF DEATH 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH ANNAPOLIS CONVALESCENT CENTER ANNAPOLIS ANNE ARUNDEL RESIDENCE OF DECEDENT DIRECT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND PRINCE GEORGE CAPITOL HEIGHTS 1 YES 2 NO FUNERAL 10a STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 814 CLOVIS AVENUE 20743 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 AND tt. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, stc. f yes, specify Cuban, Maxican, Puarto Rican, stc.) 1 Never Married 2 Marrie 3 Willowed 4 Divorced t YES IF YES, GIVE WAR OR DATES 1 TYES 2 X XVO Specify Specify ВҰ BLACK COMPLETED tes. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5 +) FARMER 17 FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumarne) SAMUEL PARKER SUSIE YOUNG BE 19a, INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BETTY ANDERSON 814 CLOVIS AVE. CAPITOL HEIGHTS, 20743 MD. 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Burlal 2 Cremation 3 4 Donation 6 Other (Specify) 2 Cremation 3 Removal from State ADAMS CHURCH CEMETERY LOTHIAN, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 821 WEST ANNAPOLIS REESE & SONS NORTUARY 23. PART I. Enter the diseases or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximete shock, or heart failure. Liet only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Fine) disease or condition primau 6 hus resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions. QUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause Enter UNDERLYING CAUSE (Diseese or injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** OTHER: t YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. OATE OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 28b. TIME OF INJURY t 🔲 Natural 5 Pending м 1 YES 2 NO BY Investigation 2 Accident 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and placa, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occursd at the time, date and place, and due to the cause(a) and manner as stated 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE WHO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)



hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the ion, or removal. notified at must be injury, or other traumatic event, the medical examiner cremation, ysician and completely prior to burial, crematic HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within signed by the attending physician Health and Mental Hygiene prior to s certificate has been signed by the State Dept. of Health and ed, or item 23 shows any in DIRECTOR: After this certificate ha hours after death with the State D Item 28 is marked, or Item 3 this c TO THE HOSPITAL OF THE FUNERAL DE FIED WITHIN 72 M

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO OECEDENT'S NAME (First, Middle 2. DATE OF DEATH MONTH DAY Q YEAR 0 7. DATE OF BIRTH (Month, Day, Mar) 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. Michigan 9c. COUNTY OF DEATH TOWN OR LOCATION OF DEATH 9b. CITY. Arende RESIDENCE OF DECEDENT 10e STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Anne Arundel Mayo 1 TES 2 NO 10e, STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f ZIP COOF 3908 Callawassee Road 21106 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? /ES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuben, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie IF YES, GIVE WAR OR DATES 1 TES ATTNO Specify: Specify: B 3 Widowed 4 Divorced NO White COMPLETED 18a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only high 8 Supervisor of Travel US Naval 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Charles August Peterson Alma Caroline BE Peterson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lois P. Flowers 3908 Callawassee Road MD 21106 Mayo 20a. METHOD OF DISPOSITION
1 💢 Buriel 2 🗆 Cremation 3 🗆 R 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State DATE Woodfield Cemetery 4 Donation 5 Other (Specify) Galesville 21. SIGNATURE OF JAMESTAL SE 22. NAME AND ADDRESS OF FACILITY
Hardesty Funeral Home P.A. ald 905 Galesville Road Galesville MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Finel disesse or condition resulting in death) CERTIFICATION Sequentielly list conditions, DUE TO (OR A if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s, WAS AN AUTOPSY PHYSICIAN: MEDICAL 1 YES 2/ NO Recan DNeumania 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 TUNG 4 Nursing Home 8 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piace, and due to the cause(a) and me 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 3 9 65 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) en 20

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

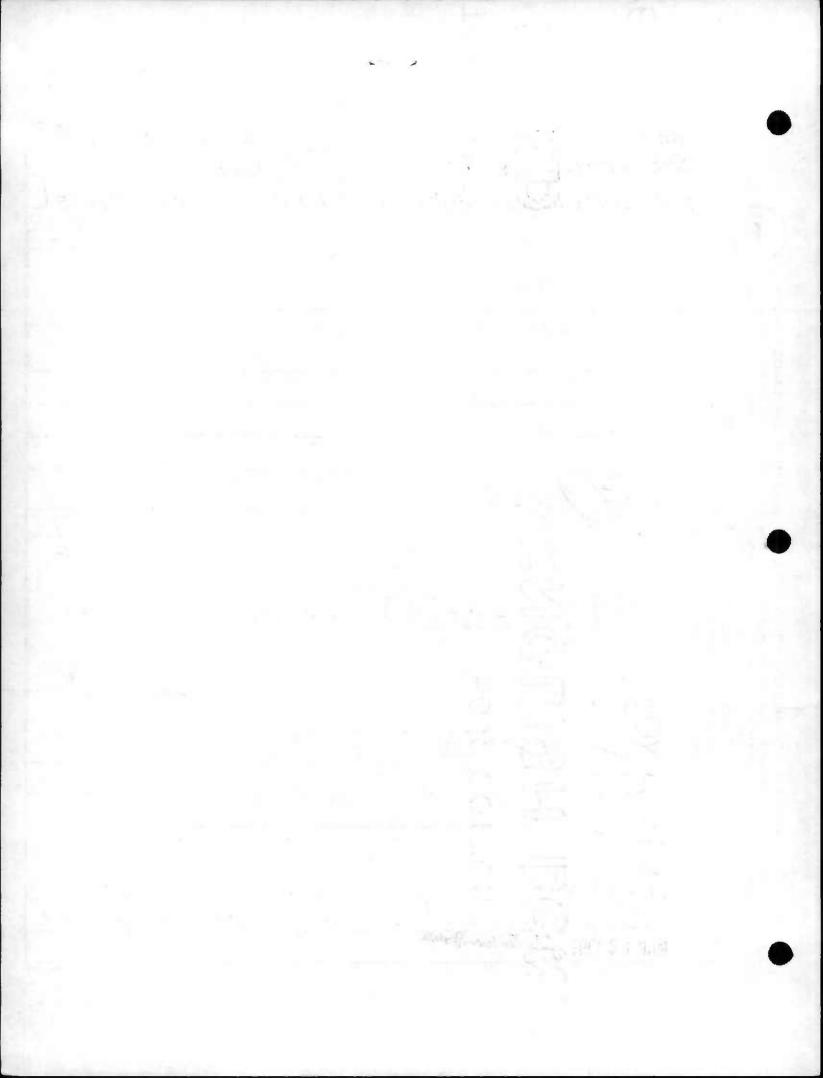
28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

1 YES 2 NO

MAR 1

8 Could not be

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

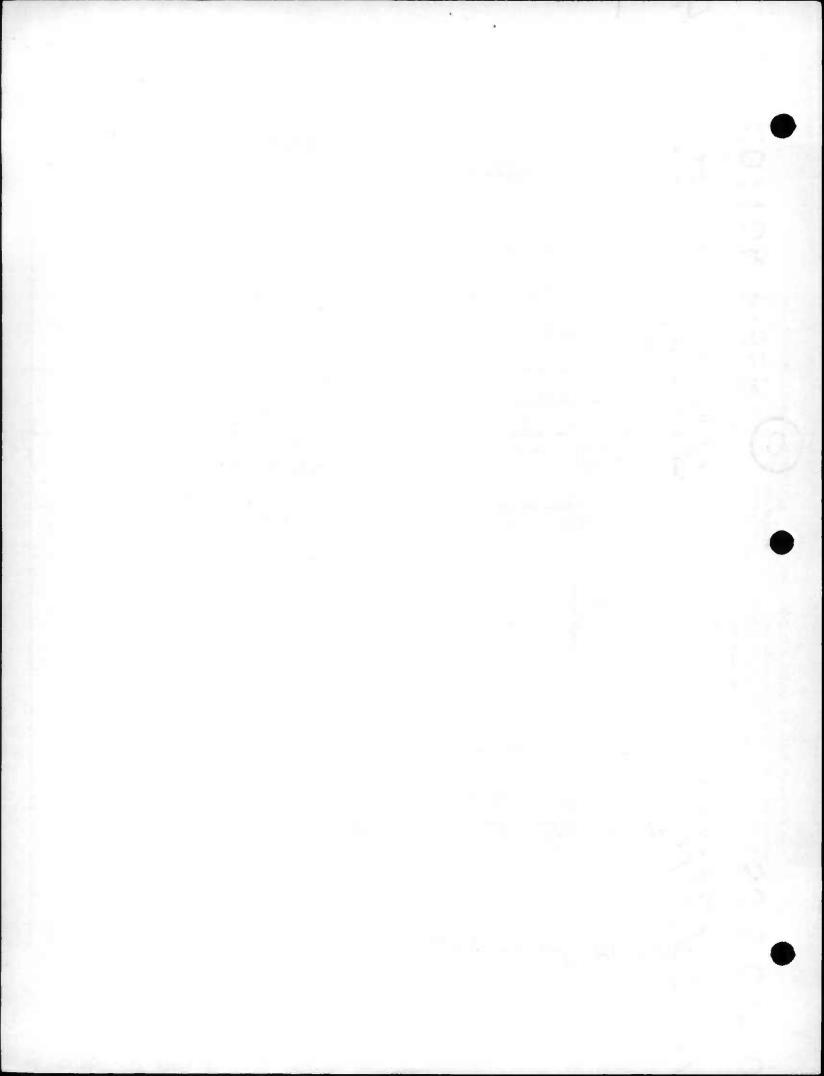


ned by the hospital or attending physician.

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| DIVISION OF VIEW RECORDS, T.O. BOX 13140 | OR All | DIREC |
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| | HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flower | FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complexity fished in ta within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burine, committed, or me |

| Barbara Ann Rinehart 4. Social Security Number 2. Social Security Number 2. Social Security Number 3. Social Security Num | I. INSIDE CITY LIMITS? YES 2 NO COUNTRY? A | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| 4. SOCIAL SECURITY NUMBER 2 2 - 72 - 746 1 M 2 F 3 VRS. 8. AGE (In yrz. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. T. DATE OF BIRTH (Morth, Day, Year) S. BIRTHPLAK Country) 9a. FACILITY NAME (II not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 59 Shewood Drive Walkersville Frederick 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10b. STREET AND NUMBER 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10c. STREET AND NUMBER 10b. COUNTY 10c. CITY, TOWN OR LOCATION 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 10b. STREET AND NUMBER 10b. COUNTY 10c. STREET AND NUMBER 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. STREET AND NUMBER 10b. COUNTY 10d. STREET AND NUMBER 10b. COUNTY 10d. STREET AND NUMBER 10b. COUNTY 10d. STREET AND NUMBER 10b. COUNTY 10d. STREET AND NUMBER 10b. COUNTY 10d. STREET AND NUMBER 10b. COUNTY 10d. STREET AND NUMBER 10b. COUNTY 10d. STREET AND NUMBER 10b. COUNTY 10d. STREET AND NUMBER 10b. COUNTY 10d. STREET AND NUMBER 10b. COUNTY 10d. STREET AND NUMBER 10d. KIND OF BUSINESS/INDUSTRY 10d. DO NOT use retired.) 10d. KIND OF BUSINESS/INDUSTRY 10d. DO NOT use retired.) 10d. MOTHER'S NAME (First, Middle, Melden Surname) | CE (State or Foreign 2 I INSIDE CITY LIMITS? VES 2 NO COUNTRY? A. American Indian, site, etc. | | | | | | | |
| 212-72-7461 1 No 2 F 31 1 No 2 F 31 1 No 2 F 31 212-72-7461 1 No 2 F 31 212-72-7461 1 No 2 F 31 212-72-7461 1 No 2 F 31 212-72-7461 1 No 2 F 31 22-72-7461 1 No 2 F 31 23- 25- 25- 25- 25- 25- 25- 25- 25- 25- 25 | LINSIDE CTTY LIMITS? VES 2 NO COUNTRY? American Indian, site, etc. | | | | | | | |
| 9e. FACILITY NAME (If not institution, give street and number) 9e. FACILITY NAME (If not institution, give street and number) 9e. COUNTY OF DEATH 59 Shetwood Drive RESIDENCE OF DECEDENT 10e. STATE 10e. CTTY, TOWN OR LOCATION Frederick 10e. CTTY, TOWN OR LOCATION Frederick 10e. CTTY, TOWN OR LOCATION Frederick 10e. CTTY, TOWN OR LOCATION Frederick 10f. ZIP CODE 10g. CTTIZEN OF WHAT 10f. STREET AND NUMBER 10f. STREET AND NUMBER 10f. STREET AND NUMBER 10f. STREET AND NUMBER 10f. STREET AND NUMBER 10f. STREET AND NUMBER 10f. STREET AND NUMBER 10f. STREET AND NUMBER 10f. STREET AND NUMBER 10f. SIP CODE 10g. CTTIZEN OF WHAT 1 S. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If Yees, apacity Cuban, Mexican, Puarto Rican, etc.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 17. FATHER'S NAME (First, Middle, Meiden Surname) | I. INSIDE CITY LIMITS? YES 2 NO COUNTRY? A | | | | | | | |
| Solution of Drive Walkersville Frederick Solution Specify only highest grade completed) 16a. CTTY, TOWN OR LOCATION 10d. CTTY, TOWN OR LOCATION 10d. CTTY, TOWN OR LOCATION 10d. CTTY, TOWN OR LOCATION 10d. CTTY, TOWN OR LOCATION 10d. CTTY, TOWN OR LOCATION 10d. CTTY 10 | . INSIDE CITY LIMITS? YES 2 NO COUNTRY? A American Indian, life, etc. | | | | | | | |
| RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Frederick 10c. CITY, TOWN OR LOCATION Frederick 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. STREET AND NUMBER 10d. CITY, TOWN OR LOCATION Frederick 10d. CITY, TOWN OR LOCATION 10d. CITY, TOWN OR LOCATION 10d. CITY, TOWN OR LOCATION 10d. CITY, TOWN OR LOCATION 10d. CITY, TOWN OR LOCATION 10d. CITY, TOWN OR LOCATION 10d. CITY, TOWN OR LOCATION 10d. CITY, TOWN OR LOCATION 10d. CITY, TOWN OR LOCATION 10d. CITY, TOWN OR LOCATION 11d | LIMITS? YES 2 NO COUNTRY? American Indian, site, etc. | | | | | | | |
| 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d Maryland Frederick Frederick 10f. ZIP CODE 10g. CITIZEN OF WHAT 10893 Martingale Cowrt 21701 U.S. A 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- If YES 2 (No) 1 yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE - A 16. Midowed 16. Decedent Susual Occupation 16. Decedent Susual Occupation 16. Kind of working 16. Decedent Susual Occupation 16. Mother's NAME (First, Middle, Meiden Surname) 17. FATHER'S NAME (First, Middle, Meiden Surname) | LIMITS? YES 2 NO COUNTRY? American Indian, site, etc. | | | | | | | |
| 104. STREET AND NUMBER 10893 Martingale Cowrt 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puarto Rican, stc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puarto Rican, stc.) 15. DECEDENT'S EDUCATION (Give kind of work done during most of working life. Do NOT use retired.) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of working life. Do NOT use retired.) 17. FATHER'S NAME (First, Middle, Leet) 18. MAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Bleck, Wh. Specify: Specify: White of Not Specify: Not Specify: White of Not Specify: Not Specify: White of Not Specify: Not Spe | YES 2 NO COUNTRY? American Indian, site, etc. | | | | | | | |
| 104. STREET AND NUMBER 10893 Martingale Cowrt 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puarto Rican, stc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puarto Rican, stc.) 15. DECEDENT'S EDUCATION (Give kind of work done during most of working life. Do NOT use retired.) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of working life. Do NOT use retired.) 17. FATHER'S NAME (First, Middle, Leet) 18. MAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Bleck, Wh. Specify: Specify: White of Not Specify: Not Specify: White of Not Specify: Not Specify: White of Not Specify: Not Spe | COUNTRY? American Indian, life, etc. | | | | | | | |
| 11. MARITAL STATUS Never Married 2 Married 3 Married 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE - A Black, Who Specify: 15. DECEDENT'S EDUCATION 15. DECEDENT'S EDUCATION 16. DECEDENT'S USUAL OCCUPATION 16. KIND OF BUSINESS/INDUSTRY 16. Decedent of working 16. Decedent of working 16. Decedent of working 16. Decedent of working 16. Mother's NAME (First, Middle, Meiden Surname) 17. FATHER'S NAME (First, Middle, Meiden Surname) | American Indian, nite, etc. | | | | | | | |
| 11. MARITAL STATUS Never Married 2 Married 3 Married 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE - A Black, Who Specify: 15. DECEDENT'S EDUCATION 15. DECEDENT'S EDUCATION 16. DECEDENT'S USUAL OCCUPATION 16. KIND OF BUSINESS/INDUSTRY 16. Decedent of working 16. Decedent of working 16. Decedent of working 16. Decedent of working 16. Mother's NAME (First, Middle, Meiden Surname) 17. FATHER'S NAME (First, Middle, Meiden Surname) | American Indian, nite, etc. | | | | | | | |
| 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 | 2 | | | | | | | |
| Elementary/Secondary (0-12) College (1-4 or 5+) 12 years 2 years Dental Assistant Denistry 17. FATHER'S NAME (First, Middle, Leet) 18. MOTHER'S NAME (First, Middle, Melden Surname) | | | | | | | | |
| 12 years 2 years Dental Assistant Denistry 17. FATHER'S NAME (First, Middle, Leet) 18. MOTHER'S NAME (First, Middle, Melden Surremene) | | | | | | | | |
| 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) | | | | | | | | |
| Street out of the street of th | - | | | | | | | |
| Martin Carrere Lapera Annelies Frankl | | | | | | | | |
| 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) | | | | | | | | |
| Steven Bryan Rinehart 10893 Martingale Court, Frederick, Md. | 21701 | | | | | | | |
| 20s. METHOD OF DISPOSITION 1 © Burliel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetary, crematory or other place) | State | | | | | | | |
| 4 Donation 5 Other (Specify) St. Peters Catholic Church Cem. Libertytown, | Marulo | | | | | | | |
| AL CIGNISTIAN OF PUBLICAL APPRIOR LIGHTON | | | | | | | | |
| 22. NAME AND ADDRESS OF FACILITY Stauffer Funeral Home | | | | | | | | |
| 23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, | Approximate | | | | | | | |
| disease or condition resulting in death) a | | | | | | | | |
| resulting in deeth) LAST | | | | | | | | |
| | RE AUTOPSY FINDIN | | | | | | | |
| PERFORMED? | MPLETION OF CAUS DEATH? | | | | | | | |
| COI | | | | | | | | |
| 1 U YES 2 NO OF | YES 2 NO | | | | | | | |
| 1 U YES 2 NO OF | YES 2 NO | | | | | | | |
| 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) | YES 2 NO | | | | | | | |
| 1 TES 2 NO OF | YES 2 NO | | | | | | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Inpetiant 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28. DATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY (Month, Day, Year) | YES 2 NO | | | | | | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Inpetiant 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28. DATE OF INJURY (Month, Dey, Year) 28. DATE OF INJURY 28b. TIME OF INJURY WORK? 1 Netural 5 Pending | | | | | | | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO | o Number, | | | | | | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 I 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Netural 28. DATE OF INJURY 1 Netural 28. DATE OF INJURY 1 Netural 28. DATE OF INJURY 1 Netural 28. DATE OF INJURY 28. DATE OF INJURY 1 YES 2 NO 28. DATE OF INJURY 28. DATE OF INJURY 1 YES 2 NO 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 1 YES 2 NO 28. DATE OF INJURY 28. DA | o Number, d manner se state | | | | | | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Netural 28. DATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY At MORK? M 1 YES 2 NO 28. DESCRIBE HOW INJURY OCCURED 28. DESCRIBE HOW INJURY OCCURED 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office 28. DATE OF INJURY OCCURED (Month, Day, Year) 28. DATE OF INJURY — At home, farm, street, factory, office 28. DATE OF INJURY — At home, farm, street, factory, office 28. DATE OF INJURY — At home, farm, street, factory, office 28. DATE OF INJURY — At home, farm, street, factory, office 28. DATE OF INJURY — At home, farm, street, factory, office 28. DATE OF INJURY — At home, farm, street, factory, office 28. DATE OF INJURY — At home, farm, street, factory, office 29. DATE OF INJURY — At home, farm, street, factory, office 29. DATE OF INJURY — At home, farm, street, factory, office 29. DATE OF INJURY — At home, farm, street, factory, office 29. DATE OF INJURY — At home, farm, street, factory, office 29. DATE OF INJURY — At home, farm, street, factory, office 29. DATE OF INJURY — At home, farm, street, factory, office 29. DATE OF INJURY — At home, farm, street, factory, office 29. DATE OF INJURY — At home, farm, street, factory, office 29. DATE OF INJURY — At home, farm, street, factory, office 29. DATE OF INJURY — At home, farm, street, factory, office 29. DATE OF INJURY — At home, farm, street, factory, office 29. DATE OF INJURY — At home, farm, street, factory, office 29. DATE OF INJURY — At home, farm, street, factory, office 29. DATE OF INJURY — At home, farm, street, factory, offic | o Number, d manner se states | | | | | | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO | o Number, d manner se state enth, Day, Year) | | | | | | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO | o Number, d manner se state onth, Day, Year) | | | | | | | |



at be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after 10 THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removed my timem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical

K.

Dr.

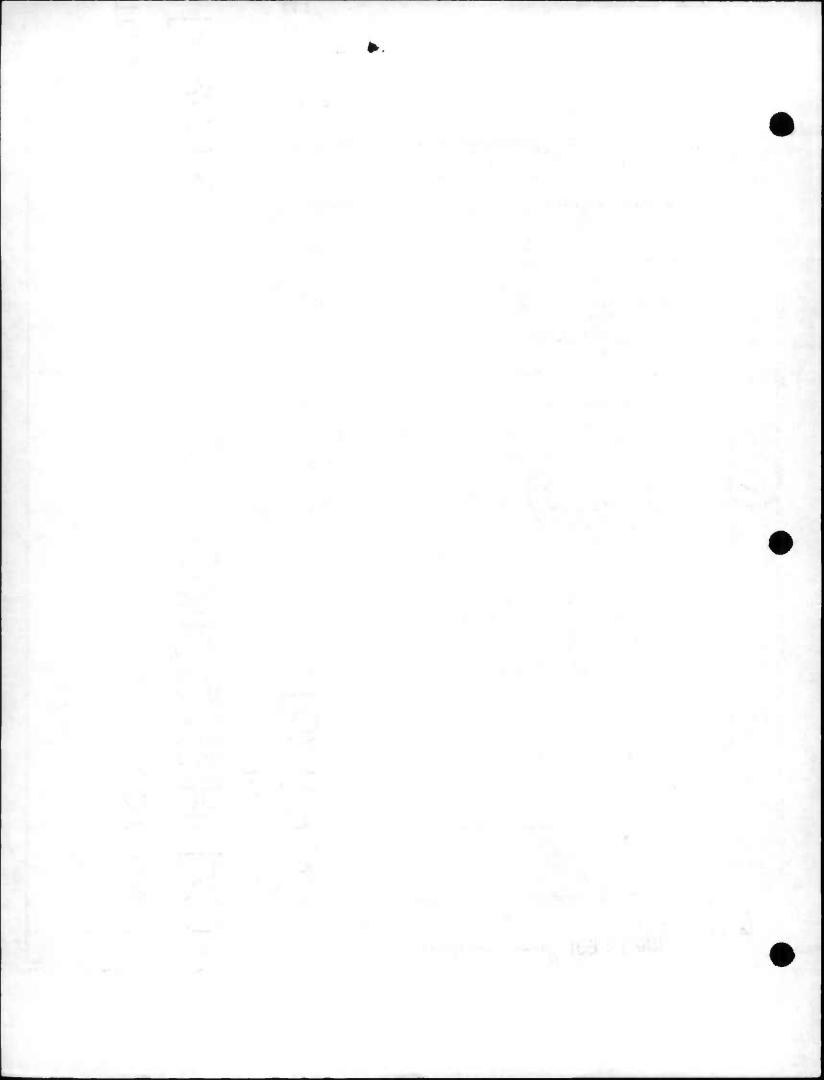
Suresh

1991

Memorial Hospital

| | 1 - STATE REGISTRAR | STATE OF MARY | | | F HEALTH AND I | MENTAL HYGIENE REG. NO. | | | | |
|--|--|--|---|----------------------------------|--|---|---|--|--|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) 2. Dr | | | | | | | 3. TIME OF OEATH | | |
| N | WAYNE | DeVere | I | ROBINSC | N | March 8, 1 | 991 | 3:35 P M | | |
| 10 | 4. SOCIAL SECURITY NUMBER 208-09-4463 | 6. SEX 6. AC | SE (In yrs. last birthday) 8 0 YRS. | #F UNDER 1 YE | | 7. DATE OF BIRTN (Month, Day, Year) 9 / 26 / 10 | (| BIRTHPLACE (State or Foreign Country) | | |
| | 9a. FACILITY NAME (If not institution, give a | street and number) | | 9b. CITY, TO | MN OR LOCATION OF DE | | 9c. COUNTY | | | |
| TOR | Memorial Hospital Cumberland Allegany | | | | | | | | | |
| IREC | 10e. STATE 10b. COUNT | 10b. COUNTY | | | Callin | | 10d. IN | | | |
| 7 | PA 100, STREET AND NUMBER | Somerse | | Salisb 101, ZIP CODE | ury | 10g. CITIZEN OF WHAT CO | | | | |
| RA | Danahu Aua | | | | 155 | E 0 | | JSA | | |
| N. | Beachy Ave. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A. | | | | | | | RACE - American Indian. | | |
| BY FUNERAL DIRECTOR | 1 Never Merried 2 Merried FORCES? 1 YES 2 F IF YES, GIVE WAR OR DATES | | | If ye | s, specify Cuban, Maxica YES 2 X NO Specifi | in, Puerto Ricen, etc.) | rto Rican, atc.) Black, White, Specify: | | | |
| Q | 15. DECEDENT'S EDU | JCATION | 16a, DECEDENT'S | S USUAL OCCU | PATION | 16b. KIND OF BUS | INESS/INDUST | RY | | |
| E | (Specify only highest grade Elementary/Secondary (0-12) | completed) College (1-4 or 5+) | (Give kind of | work done durin use retired.) | g most of working | 100-11120 | | | | |
| 7 | 12 | | Produ | ce Mar | nager | Groo | Grocery | | | |
| COMPLETED | 17. FATHER'S NAME (First, Middle, Last) | | | 1101 | | ME (First, Middle, Maiden | | | | |
| | Jacob Robinson | | | | Edith | Rlocher | | | | |
| Jacob Robinson 196. INFORMANT'S NAME (Type/Print) Pedna F. Robinson Beachy Ave: Salisbury. PA | | | | | | , State, Zip Coo | ie) | | | |
| | | | | | | 155! | 5.8 | | | |
| | 20g, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, Status | | | | | | | | | |
| | 1 () Burisi 2 Cremation 3 Removal from State of cemetary, crematory or other place) 4 Donation 5 Other (Specify) Salisbury Cemetery 3/10Salisbury PA 21. SIGNATURE OF FUNITAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY | | | | | | | | | |
| | 21. SIGNATURE OF FUNITIAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY | | | | | | | | | |
| | Newman Funeral Homes, P.A. Grantsville, MD 21536 | | | | | | | | | |
| | 23. PART I. Enter the disease, or | complications that cau | sed the deeth. Do | not enter the | mode of dylng, eug | h ee cardiac or reapi | tatory arreat | , Approximata | | |
| | shock, or heart fellure. | Lief only one ceuse o | n eech line. | | | | | Interval Between Onset and Death | | |
| | IMMEDIATE CAUSE (Fittal) | | | | | | | | | |
| | resulting In death) a. Clivelda Sephuma. Due TO (OR AS A CONSEQUENCE OF): | | | | | | | | | |
| _ | · · | | | | | | | | | |
| 0 | Sequentially list conditions, If any, leading to immediate DE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | |
| M | cause. Entar UNDERLYING | ESRD. | | | | | | | | |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DVE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF): d. | | | | | | | | | | |
| F | resulting in desth) LAST | | | | | | | | | |
| - | PART il. Other significent conditio | ne contributing to deal | th but not requiting | in the under | dulas cours sives la | Part i. 24e, WAS AN | ALITOREY | A45 WEDS ALTSONOV SWIDNIGS | | |
| MEDICAL | TATT II. Other significant condition | | an but not resulting | i iii tiie diidei | lying cades given in | PERFOR | | 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE | | |
| ă | | | | | | 1 TES 2 | NO NO | OF DEATH? | | |
| | | | | | | | | 1 TYES 2 NO | | |
| ÿ | | | | | | | | | | |
| 5 | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | 26. PLACE OF DEATH (Check only one) SPITAL: OTHER: | | | | | | | |
| S | 1 YES 2 NO 1) Input lant 2 ER/Outpetlant 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) | | | | | | | | | |
| > | 27. MANNER OF DEATN | 28s. DATE OF INJU (Month, Day, Ye | ME OF 284 | 28d. DEŞCRIBE HOW II | 28d. DEŞCRIBE HOW INJURY OCCURED | | | | | |
| PHYSICIAN: | 1 Netural 6 Dending | 2 Accident Investigation 28e PLACE OF INVISION At home form street factors office. | | | | | | | | |
| | to contact the state of the sta | | | | | | | OCATION (Street and Number or Rural Route Number, ify or Town, State) | | |
| ВУ | 2 Accident Investigation 3 Suicide 8 Could not be | | | | | City or iown, State) | | | | |
| ETED BY | 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined | | | | | City or rown, State) | | | | |
| ETED BY | 2 Accident Investigation 3 Suicide 5 Could not be detarmined 29e. CERTIFIER (Check only 1 CERTIFYING PHYS | building, etc. (| (Specify) | | | s to the cause(s) and mar | | | | |
| ETED BY | 2 Accident Investigation 3 Suicide S Could not be detarmined 29e. CERTIFIER (Check only 1 CERTIFYING PHYS | building, etc. (| (Specify) | | | s to the cause(s) and mar | | ause(s) and manner as stated. | | |
| ED BY | 2 Accident Investigation 3 Suicide S Could not be detarmined 29e. CERTIFIER (Check only 1 CERTIFYING PHYS | building, etc. (SICIAN: To the best of my k IER: On the basis of examin | (Specify) | | | s to the cause(s) and mar s time, data and place, an | d due to the c | guse(s) and manner as stated. IGNED (Monte, Day, Year) | | |

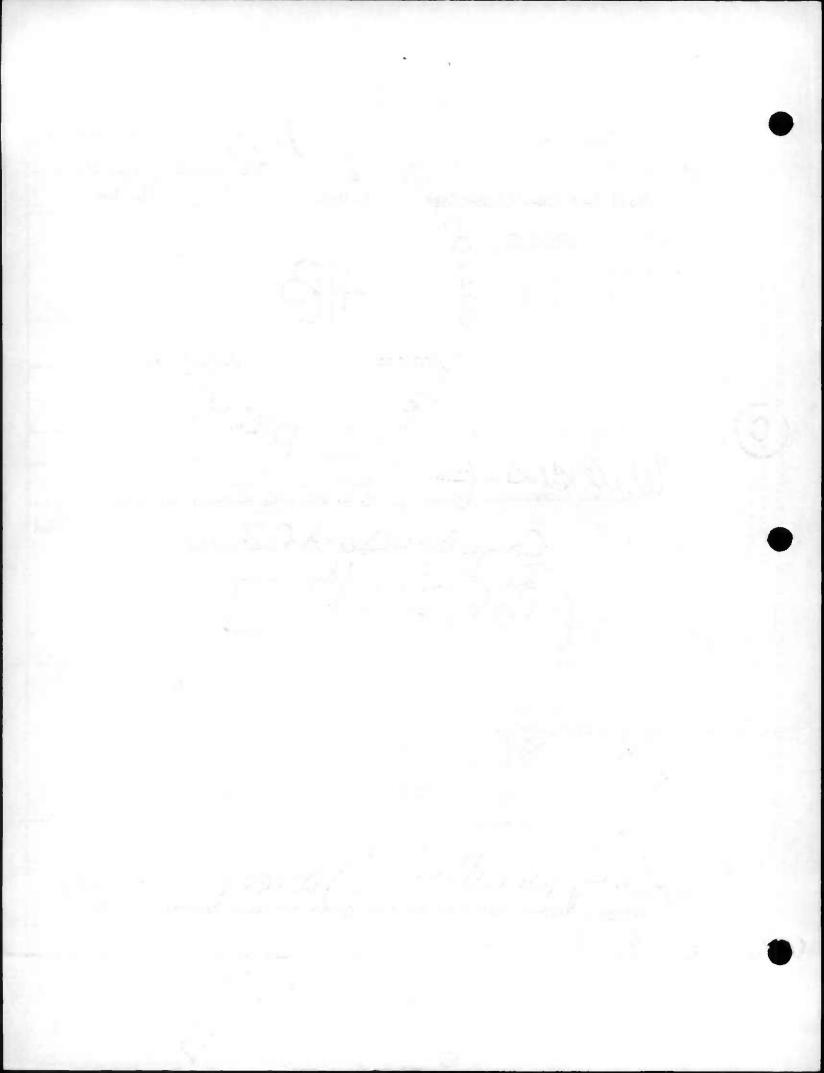
Cumberland, MD 21502



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2+ nours after death. Page may require that the period of the attention physician and completely filled in by the funeral direct page formula be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be neitlent at once.

| | FOR STATE REGISTRAR Edward Al | STATE OF MARYL bert Radt | AND / DEPAR | RTMENT (| OF DEAT | AND N | MENTAL | HYGIENE REG. NO. | - : | 07000 | |
|---|--|---|--|-------------------------------|--|-----------------|---|---------------------|--|---|--|
| 1 | 1. DECEDENT'S NAME (First, Middle, Last) Edward R | | | | | | 2. DATE OF MONTH | DEATH | YE 9 | | |
| | The state of the s | 6. SEX 6. AGE | (In yrs. last birthday) 4 YRS. | MONTHS 0 | YEAR IF UNDER | 24 HRS. MIN. | 7. DATE OF (Month, L) 9 - 2 | | C | NATHPLACE (State or Foreign Country) BYYIAND | |
| S. | 9a. FACILITY NAME (II not institution, give street and number) Physicians Memorial Hospital LaPlata | | | | | ON OF DE | eath 9c. county of Death Charles | | | | |
| DIRECTOR | | | | | N OR LOCATION The free to the state of the s | | | | 10d, INSIDE CITY LIMITS? | | |
| | 104. STREET AND NUMBER | | | FUIIT | 10f. ZIP CODE | | | 100 | 1 YES 2 X NO OF WHAT COUNTRY? | | |
| FUNERAL | P. O. BOX 63 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED | | | 13. W | 20675 WAS DECENDENT OF HISPANIC ORIGIN? | | | Specify Yes or N | Yes or No.— 14. RACE — American Indian, Black, White, arc. | | |
| B | 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 3 Wildowed 4 Divorced WW II | | | | If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: | | | | spootly: White | | |
| COMPLETED | 15. DECEDENT'S EDUCA (Specify only highest grade of Elamantary/Secondary (0-12) | 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamantary/Secondary (0-12) College (1-4 or 5+) | | | UPATION ring most of working | | IND OF BUSINESS/INDUSTRY | | | | |
| OMP | 8 Manager | | | | Food Service 16. MOTHER'S NAME (First, Middle, Malden Surname) | | | | | ce | |
| BE C | Edward Radtke | | MO6 | | | | a Ra | | | | |
| TO E | 19a. INFORMANT'S NAME (Type/Print) Marian V. Radtke | | | | Street and Number 63. Pom | | | | ata, Zip Cod | ie) | |
| | 20a, METHOD OF DISPOSITION | 20 | b. PLACE OF DISPO | | | | , Mu. | | ON — City | or Town, Stata | |
| | X Burial 2 Cremation 3 Removal from State Cedar Hill Cemetery Suitland, Md. | | | | | | | | | | |
| | Michael Bla | nkenship M | 0857 | | o. Box | | | | d. 20 | 0604 | |
| Z | 23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory strest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (ON AS A CONSEQUENCE OF): | | | | | | | | | | |
| CERTIFICATION | Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST | | | | | | | | | | |
| PHYSICIAN: MEDICAL | PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part | | | | | | | PERFORMENT 1 YES 2 | 7 | 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | |
| IAN | 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) | | | | | | | | | | |
| YSIC | | HOSPITAL: | | 1 | ng Home 5 🗆 R | esidence | T | | | | |
| ВУ РН | 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation | 28a. DATE OF INJURY (Month, Day, Year) | ME OF NJURY M | 28c. INJURY AT WORK? 1 YES 2 | □ NO | 28d, DE\$(| ED | | | | |
| | 3 Suicide 6 Could not be detarmined | , street, facto | actory, office 28f. LOCATION (S City or Yown, | | | | treet and Number or Rural Route Number, State) | | | | |
| COMPLETED | 29a. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. | | | | | | | | | | |
| H | 29b. SIGNATURE AND TITLE OF CERTIFIER | RIL | V | | Sec. LIC | ENSE NU | MBER 2 20 | () | DATE S | IGNED (Month, Day, Year) | |
| 5 | George H Wathen Pembrooke Sq# 104 Highway 301 South Waldorf MD 20603 | | | | | | | | | | |
| 31. DATE FILED HOPP. Doy Jones 9 32. REGISTRAN'S SIGNATURE What Davidson - Rendelle | | | | | | | | | | | |



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| DIVISION OF VITAL RECORDS, P.O. BOA 13 | ires that the death certificate be executed |
| | death |
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| Ē | that |
| 200 | requires |
| _ | MB |
| 4 | The |
| 2 2 | ITAL OR ATTENDING PHYSICIAN: The law requires t |
| z | NG P |
| | ATTENDI |
| 5 | 9 |
| _ | HOSPITAL |

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Jeanette O7 ARA 4:31 pm 8. BIRTHPLACE (State or Foreign Country)
Pennsyl wante 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR DAYS 1 M 2 F 170124160 sa. FACILITY NAME (If not institution, give street and number)
Greater Laurel Beltsville Hospital Prince George 96, CITY, TOWN OR LOCATION OF DEATH Laure DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 10a. STATE 10b. COUNTY HA YES 2 NO Haryland Prince George Laure1 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 10f. ZIP CODE FUNERAL USA 20707 915 Carroll Avenue 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or Not4. RACE — American Indian, Black, White, etc. If yes, specify Guban, Maxican, Puerto Rican, etc.)

1 YES 2/1400 Specify: 1 Never Married 2 Married
3 Widowed 4 Divorced FORCES? 1 YES 2 Specify BY White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16h KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Home once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) George Elseman Florence Davis 76 notified 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 915 Carroll Ave. Laurel, Maryland 20707 Mr. Harion Rath 60 20/ METHOD OF DISPOSITION
1 Description | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method | Method 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — Cify or Town, State Balt., Maryland Meadowridge Memorial Park 22. NAME AND ADDRESS OF FACILITY Fleck Funeral Home, Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner (1 20707 7601 Sandy Spring Rd. Laurel, MD medical deeth. Do not anter the mode of dying, such as cardiac or respiretory arrest, 23. PART I. Enter the diseases, or complications that caused the Approximate Interval Batween shock, or heart feliure. List only one ceuse on each line. Onset and Death IMMEDIATE CAUSE (Final disease or condition CUNLESTIVE HEART FAILURE \$ event, resulting in death) ATBRIOSCIEROFIC CHROIOVASCULAN DISEASE in and con to burial, traumatic CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 5 any injury, PART ii. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL **AMAILABLE PRIOR TO** RENAL FAILURE 1 TES 2 COMPLETION OF CAUSE HEART BLOCK OF DEATH? shows 1 YES 2 NO PHYSICIAN: Dept. the State D or item 2 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 2 FR/Outpetient 3 DOA **EXAMINER?** OTHER: 1 TES TONO 4 Nursing Nome 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCUME this c marked, Natural 1 YES 2 NO BY After 2 Accident 28e. PLACE OF INJURY — At hardy, and building, etc. (Specify) or Rurel Route Number 3 Suicide 90 8 Could not be DIRECTOR: /
hours after o COMPLETED 4 Homicide 29a. CERTIFUNG PNYSICIAN: To the best of my knowledge, death/occurred at the time, data and place, and due to the cause(a) and manner as stated.

CERTIFUNG PNYSICIAN: To the best of my knowledge, death/occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DO BE fied within 72 h 29d. DATE SIGNED (Month, Day, Year) BE D15666 2 WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) PARK OTIVE LAUREL Chuner MD 14201 LAND 32. REGISTRAR'S SIGNATU 31. DATE FILED (Month, Day, Year)

'91

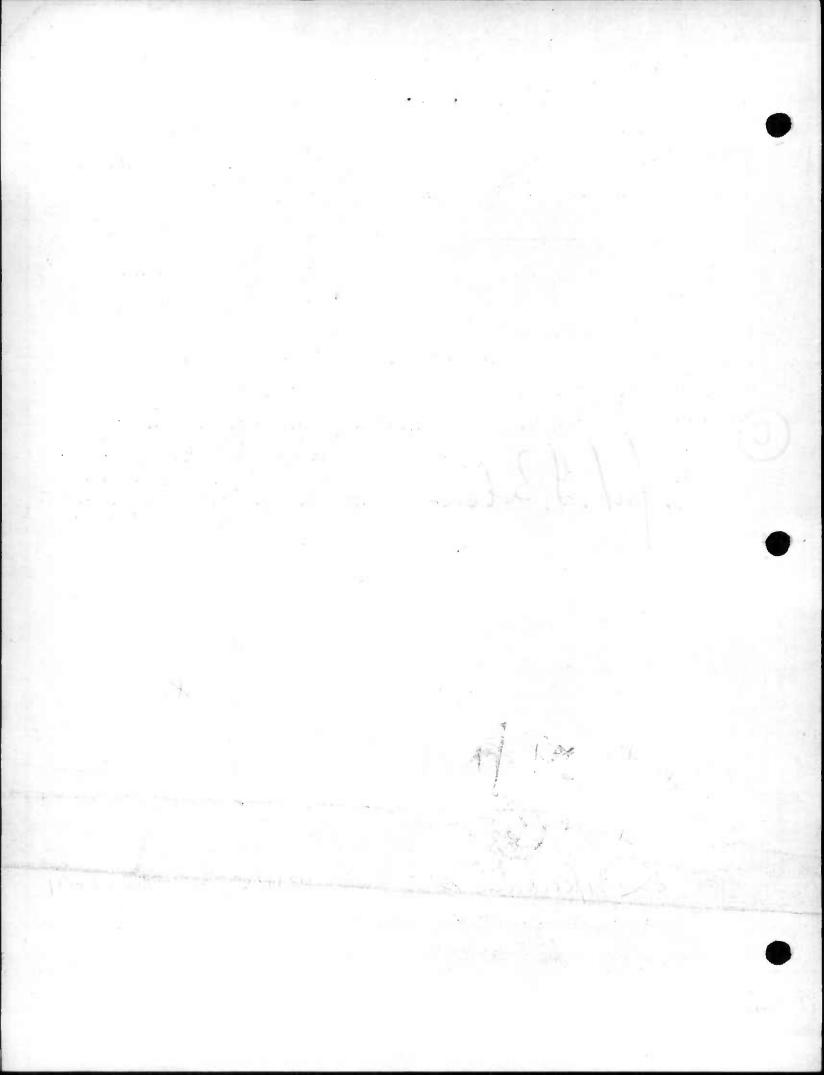
MAR O

RYLAND 21203-3146

BALTIMO

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

| | FOR 1 - STATE REGISTRAR | STATE OF MARYL | | RTMENT OF | | | YGIENE EG. NO. | | | | |
|--------------------|---|---|-------------------------------|-----------------------|--|------------------|-------------------------------|-------------------------------|--|--|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) FRANCIS S. ROLLIN | | | | | 2. DATE OF MONTH | | 1991 ^{YEA} | 3. TIME OF DEATH 6:30A | | |
| | 4. SOCIAL SECURITY NUMBER 579-34-9386 9s. FACILITY NAME (If not Institution, give si | 1X M 2 🗆 F 6 | (In yrs. last birthday) YRS. | MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF D | | 14, 2 | Cou | ATHPLACE (State or Foreign unity) Sh. DC | | |
| TOR | Perry Point Veter | | lospital | Perry | | ZEATH | | Cecil | DEATH | | |
| DIRECTOR | 10e. STATE 10b. COUNTY | 7 | | TY, TOWN OR LOC | - | | | | 10d. INSIDE CITY LIMITS? 1 X YES 2 NO | | |
| AL | 10e. STREET AND NUMBER | | | | Of. ZIP CODE | | | 10g. CITIZEN OF WHAT COUNTRY? | | | |
| FUNERAL | | 2216 16th Street, S.E. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED | | | | | | U.S.A | | | |
| BY | 11. MARITAL STATUS 1 X Sever Merried 2 Merried 3 Widowed 4 Divorced | Mever Merried 2 Merried FORCES? 1X YES 2 NO | | | | | | Bi Si | ACE — American Indian, lack, White, etc. pecify: hite | | |
| COMPLETED | 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) | S USUAL OCCUPA: work done during r use retired.) | TION nost of working | | | ESS/INDUSTR | 1 | | | | |
| MP | 8th 17. FATHER'S NAME (First, Middle, Last) | none | Bakery | 18. MOTHER'S N | | 3aker | | | | | |
| 8 | Milton B. Rollins | , Sr. | 19h MAILIN | G ADDRESS /Stree | Ethel A | . Simm | ıs | | | | |
| 일 | Milton B. Rollins | | 3803 | Hyatts | ville, | Md. 2 | 20782 | | | | |
| | 20a. METHOD OF SHIP OSITION Burtel 3 Committee / 3 Rem 4 Donation 6 Other Epicity) | And troth State | cother place) Cedar Hi | II Ceme | emetery, cremetory or tery 03-0 | 05-91 | | TION — City of | Maryland | | |
| | might une by funeral service | 15 les | ~ | FRAN | | SCHIS | | - | RAL HOME | | |
| | 23. PART I Enter the diseases, or enock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) | a. PNEUMON DUE TO (OR AS | IA A CONSEQUENCE | 0F): | | ch as cardiac | or respira | tory arrest, | Approximate interval Between Onset and Death | | |
| ATION | Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING | 0. | VASCULAR A CONSEQUENCE | | | | | | | | |
| CERTIFICATION | CAUSE (Diseese or Injury that initiated events resulting in death) LAST | DUE TO (OR AS | A CONSEQUENCE | OF): | | | | | | | |
| | DART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS | | | | | | | | | | |
| PHYSICIAN: MEDICAL | | | | | | | PERFORM | ED? | AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | |
| AN | 25. WAS CASE REFERRED TO MEDICAL | | | 28. | PLACE OF DEATH (C | Check only one) | | | | | |
| SIC | 1 VES 2 NO | HOSPITAL: | tpetient 3 DOA | OTHER: | ome 5 🗆 Rasidence | | pecify) | | | | |
| ВУ РНУ | 27. MANNER OF DEATH 1 Natural 8 Pending 2 Accident Investigation | 28s. DATE OF INJURY (Month, Day, Year) | 26b. TI | UJURY I | NJURY AT YORK? YES 2 NO | 28d. DESCRI | BE HOW INJ | JURY OCCURED | | | |
| G | 3 Suicide 6 Could not be 4 Homicide determined | 26s. PLACE OF INJUR building, etc. (Sp | IY — At home, farm ecify) | , street, factory, of | lics | | ON (Street and own, State) | d Number or Ru | rel Route Number, | | |
| COMPLET | one) | ICIAN: To the best of my kno | | | | | | | ee(a) and manner as stated. | | |
| BE | 296 SIGNATURE AND TITLE OF CERTIFIE | much | CN | | 29c. LICENSE NI | UMBER 165 | | | NED (Morth, Day, Year) Rich Z. 1991 | | |
| 2 | 30. NAME AND ADDRESS OF PERSON WE RICHARD FREEMAN | | | | | | | | | | |
| | 31. DATE FILED (Month, Day, Year) | 32. REGISTRAR'S SIG | NATURE | THI HD | | | | | . | | |
| | 111111111111111111111111111111111111111 | who Davidson Pa | nacial | | | | | | | | |



91-1096-033

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91 07808

| | FOR 1 - STATE REGISTRAR | STATE OF MARYL | AND / DEPAI CERTIF | | | | | MENTA | REG. NO. | E " | - 1 | 01000 | |
|---------------------|--|---|---|-------------------------|-------------|--------------|------------|-------------------|--------------------------------|---------------------|-----------------------------|--|--|
| , | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | | | | OF DEATH | | | 3. TIME OF OEATH | |
| | RAHSAUN | Landrum | | RIC | HARDSON 2 2 | | | | 25 | DAY YEAR 5 1991 | | | |
| | 4. SOCIAL SECURITY NUMBER | | in yrs. lest birthday) | IF UNDER | 1 YEAR | IF UNDER | 24 HRS. | 7. DATE (Mont) | OF BIRTH 1 | 975 | B. BIRTHPI | LACE (State or Foreign | |
| | 577-96-1387 | 12 M 2 🗆 F | 16 YRS. | MONTHS | DAYS | HOURS | MOPA, | | uary 1 | | | ington, D.C. | |
| ~ | 9e. FACILITY NAME (If not institution, give | street and number) | | 9b. CITY, | TOWN O | R LOCATIO | ON OF DE | ATH | | 9c. COUNTY OF DEATH | | | |
| ТОР | ANDREW JACKSON M | CDDLE SCHOOL | | S | UITI | AND | | | PRINCE GEORGE | | | | |
| HE | 10a. STATE 10b. COUNT | Y | 10c. Cl | CITY, TOWN OR LOCATION | | | | 10d | | | 10d. INSIDE CITY LIMITS? | | |
| ā | | ince Georges | | Fore | - | | | | | | | 1 ☐ YES 2XXNO | |
| 3AL | 10e. STREET AND NUMBER | | | | 3.00 | ZIP CODE | | | | 14.10 | | HAT COUNTRY? | |
| N | 8007 Carmel D | 12. WAS DECEDENT EVER IF | LILO ADMED | - Tab. | _ | 2074 | | | 17 (Specify Yes | | | tates | |
| BY FUNERAL DIRECTOR | 1 Wever Merried 2 Merried 3 Widowed 4 Divorced | Never Merried 2 Merried FORCES? 1 YES 2 TOO | | | | | | n, Puerto | Rican, etc.) | or No. | Black, Specify: | - American Indien, White, etc. Black | |
| | 15. DECEDENT'S EO | | 16a. DECEDENT'S | USUAL OC | CCUPATIO | ON | | 16b | . KIND OF BUS | INESS/IND | USTRY | | |
| H | (Specify only highest gred Elementary/Secondary (0-12) | completed) College (1-4 or 6+) | (Give kind of life. Do NOT u | work done one retired.) | during mo | st of workin | ng | | | | | | |
| AP. | 10th grade | | High S | chool Student | | | | | Educa | tion | | | |
| COMPLETED | 17. FATHER'S NAME (First, Middle, Last) | | | | | 18. MOTI | HER'S NAI | ME (First, I | Middle, Malden | Surname) | | | |
| BE | Michael | Cecil R | ichardso | | | | dine | | Yolan | | | ones | |
| 0 | 19e. INFORMANT'S NAME (Type/Print) | | 1,711-7-1-1 | | | | | | ber, City or Town | | | | |
| | Nadine Y. Jones-Thigpen(mother) 8007 Carmel Drive; Forestville, Maryland 20747 | | | | | | | | | | | | |
| | 206. METHOD OF DISPOSITION TO Burie! 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 206. PLACE AND DATE Of DISPOSITION (Name 3/2/91 DATE of Company of Other place) National Harmony Memorial Park Landover, Maryland | | | | | | | | | | | n, State | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY | | | | | | | | | | | ryland | |
| | Ahn WZa | hery June | in | | | | | L | atney' ue.N.W | | | Home C. 20011 | |
| | 23. PART I. Enter the diseases, or | complications that ceuse. List only one cause on e | | | | | | | | | | Approximate Interval Between | |
| | IMMEDIATE CAUSE (Fine) | | 1 | 0. | 1 | . 0 | 1) | 1- | 10. | Λ | | Onset and Death | |
| | disease or condition resulting in death) | . Ownate | of Mark | NONT | 4 | 9 | 1007 | 1 > | - tens | X | | | |
| | DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | | |
| CERTIFICATION | Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | | |
| E I | If any, leading to immediate ceuse. Enter UNDERLYING | | | | | | | | | | į į | | |
| 표 | CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | | |
| ᇤ | resulting in death) LAST | | | | | | | | | | | | |
| | PART ii. Other significent condition | ons contributing to death t | out not resulting | in the un | vlertvin | Cariso (| alven in | Part I | 24s, WAS AN | AITTOPEV | 246 | WERE AUTOPSY FINDINGS | |
| CAL | | | of not respining | m are ar | iden iyini | g cause ; | giveii iii | rait i. | PERFOR | | | AVAILABLE PRIOR TO COMPLETION OF CAUSE | |
| MEDIC | -4 W | | | | | | | | 1 X YES 2 | □ NO | 1 | OF DEATH? | |
| M | | | | | | | | _ | , , | | | 1 TYES 2 NO | |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL | T | _ | | 26. PI | ACE OF O | EATH (Ch | eck only o | ne) | | | | |
| Sic | EXAMINER? | HOSPITAL: | patient 3 DOA | OTHER | 9. | | | | or (Specify) S(| CHOOL | | | |
| ¥ | 27. MANNER OF DEATH | 26e. DATE OF INJURY (Month, Day, Year) | 26b. TI | | 28c. tNJ | | | | SCRIBE HOW I | | | | |
| ВУР | 1 Natural 5 Pending 2 Accident Investigation | 2-25-100 | | 5 a M | | YES 2 | NO D | SUE | BJECT S | ТОН | | | |
| | 3 Suicide 6 Could not be | 28e. PLACE OF INJURY building, atc. (Spe | / — Al home, farm | , street, fact | tory, offic | • | | 26f. LOC | OATION (Street or Town, State) | and Number | or Rural Ro | NUMBERINCE | |
| | 4 Homicide determined SCHOOL ANDREW JACKSON MID | | | | | | | | | MIDI | DLE CO. | | |
| P | | SICIAN: To the best of my know | riedge, death occur | rred at the t | ime, date | and place | , and due | to the ca | use(e) end ma | nner as stat | led. | | |
| COMPLETED | MEDICAL EXAMIN | IER: On the basic of examination | en end/or investigat | ion, in my o | opinion, d | leath occu | red at the | time, date | e and place, ar | d due to th | te cause(s) | end manner ee stated. | |
| BE C | THE HIGHATURE AND TITLE OF CERTIFI | | | | 29c. LIC | ENSE NUI | WBER | | 29d, DAT | E SIGNED | (Month, Day, Year) | | |
| 10 B | John F | OCME >2/25/91 | | | | | | | -191 | | | | |
| F | 11/1000 + | NO COMPLETED CAUSE OF DE | PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) | | | | | | | | | | |
| | 31. DATE FILEO (Month, Day Year) | 32. REGISTRAN'S SIGN | MAD | | u | V | END | 18 | - | かし | 10 | MV21201 | |
| | MAR 06 '91 | Julia Da | I doon-Ran | dall | | | | | 1 | | (| | |

If for use as the burial-transit permit. Pages 1, 2, 3 should tal or attending physician.

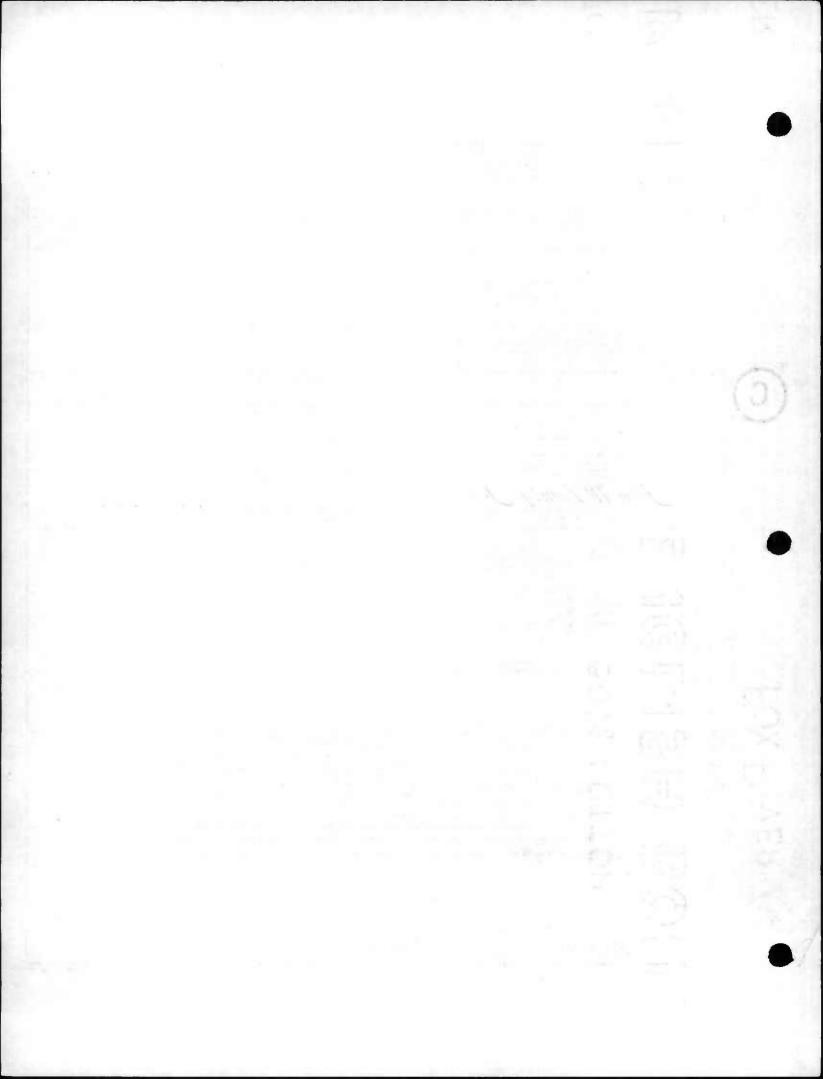
LD 21215-0020

BALTIMORE, M THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be reported the FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be not

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



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| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | 8 | 20 | 13 |
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| | THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 🚁 nours after do | THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical ex |
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91 07809 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Feb., 20, 1991 Anna G. Rinick 7. DATE OF BIRTH (Month, Day, Year)
July 7, 5 SEY 6. AGE (in vrs. leal birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN. 96 171-01-1126 1 M 2 XF 1894 YRS. Pennsylvania 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 95 CITY TOWN OR LOCATION OF DEATH 12925 Asbury Dr. Ft. Washington Prince George RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY DIR Md Prince George Waldorf 1 XYES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 103 Ell Way U.S.A 20601 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—it yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married
3 Widowed 4 Divorced Specify: White B 6 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe et of working L Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Domestic Residential 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Peter Rinick Sophie Sobian BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Wayne Rinick 12925 Asbury Dr., Ft. Washington Md., 20744 20e METHOD OF DISPOSITION
1 \(\text{\text{Memoral from State}} \) 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Cedar Hill Cemetery Suitland Md. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Robert E. Wilhelm Inc., 4308 Suitland Rd., Suitland Md., 20746 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart failure. List only one cause on sech line. Approximata interval Between Onset and Death IMMEDIATE CAUSE (Final HEART FAILURE disesse or condition resulting in death) 5 DAYS CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO JOB AS A CONSEQUENCE OF that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 - YES 2 16 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: ng Home 5 Residence 8 - Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27, MANNER OF DEATH 26s. DATE OF INJURY 28c. INJURY AT WORK? 26b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending М 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29a, CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as atated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

31. DATE FILED (Month, Day, Year) FEB 26 '91

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256, SHORNATURE AND TITLE OF SESTIFIES

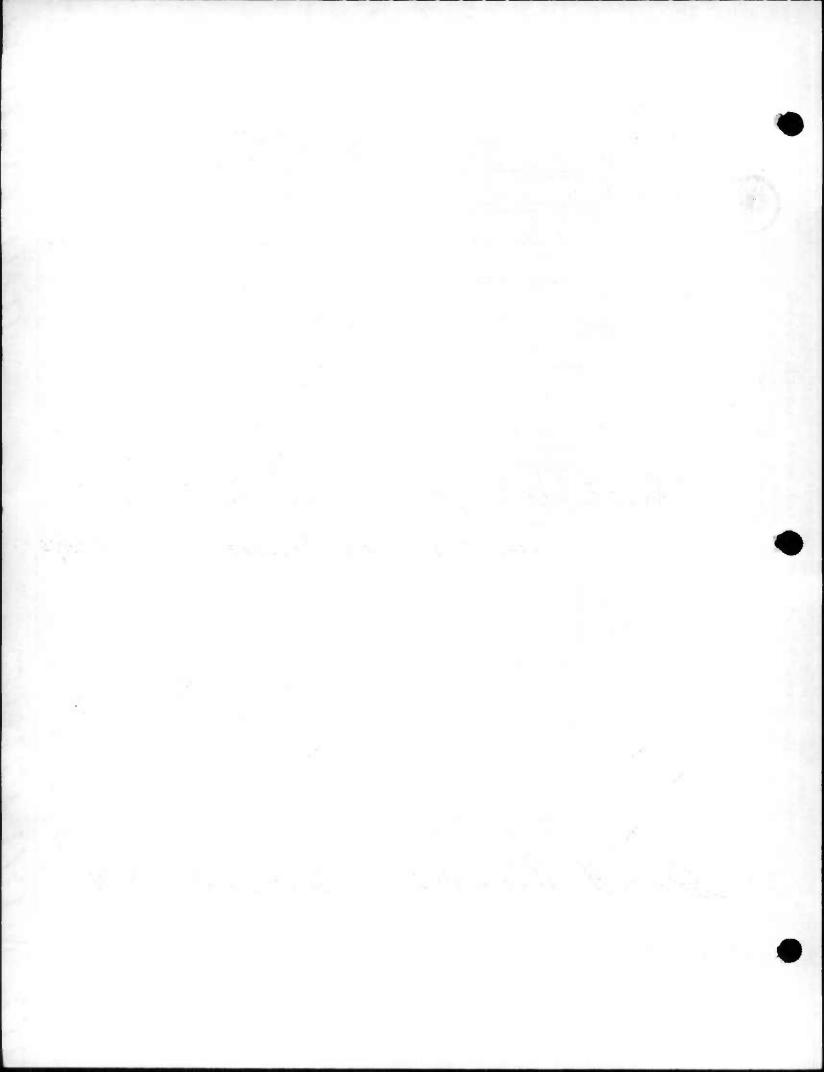
32. REGISTRAR'S SIGNATURE Lulia Tavidson Randale

ware

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)



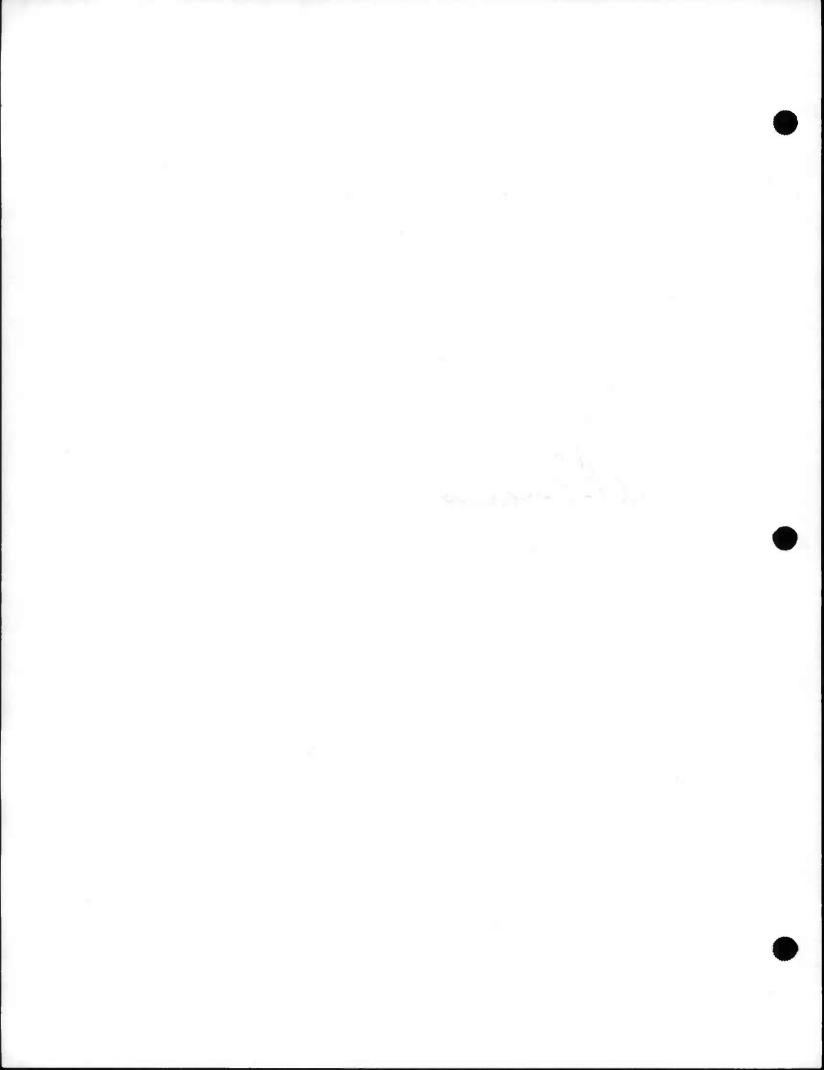
| BALTIMORE, MARYLAND 21203-3146 | w requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. | been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, and Having they are not to burial remarken or memoral |
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| | 4 nou | illed i |
| RECORDS, P.O. BOX 13146, | w requires that the death certificate be executed within 22 | been signed by the attending physician and completely filled in by the |

DIVISION OF VITAL

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

| | REGISTRAR | | CERTIF | ICATE C | F DEATH | REG. N | O. | | | | | |
|---------------------|---|---|--------------------------------|---|--|--|---------------------------------|---|--|--|--|--|
| | EvelyN 1 | VELYN RE | | | | 2. DATE OF DEATH MDNTH | DAY YEAR 26 91 | 9-AM | | | | |
| | 241-12-7443 | □ M 2 X F 66 | In yrs. last birthday) YRS. | MONTHS DA | YS HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) Feb. 29, | 1924 Ma | , | | | | |
| TOR | 99. FACILITY NAME (If not institution, give street 43 22 Monro RESIDENCE OF DECEDENT | - 2 | | _ | WN OR LOCATION OF DE | | 9c. COUNTY OF | Pg. | | | | |
| <u>ا</u> ا | 10a. STATE 10b. COUNTY | | | Y, TOWN OR LO | | | | 10d. INSIDE CITY LIMITS? | | | | |
| ₫ | Maryland Prince C | eorge's | C | olmar | Manor | | | 1 X YES 2 - NO | | | | |
| VERAL | 4322 Monroe Street | | | 101. ZIP COOE 20722 | | | U.S | | | | | |
| BY FUNERAL DIRECTOR | 11. MARITAL STATUS 1 Naver Married 2 Married 3 Wildowed 4 Olvorced | . WAS DECEDENT EVER IN FORCES? 1 _ YES IF YES, GIVE WAR OR DA | 2 NO | 13. WAS If yes | ACE — American Indian, lack, White, atc. locify: BUCASIAN | | | | | | | |
| COMPLETED | | ON upleted) college (1-4 or 5 +) | | USUAL OCCUP work done during an retired.) | PATION g most of working | | BUSINESS/INDUSTRY | 1 | | | | |
| ₽ | OCT | | Nurse | | | Hosp | | | | | | |
| BE CO | 17. FATHER'S NAME (First, Middle, Leat) Edward Hall Marie Reeder | | | | | | | | | | | |
| 2 | 19a. INFORMANT'S NAME (Type/Print) | | | | eet and Number or Rural I | | | | | | | |
| | Fred D. Rogers | | | | Street, C | | | | | | | |
| | 20a. METHOD of DISTOSITION 1 | IVI | etropolit | an Cr | | Ale | cocation — city of exandria, | Virginia | | | | |
| | m egypative of Fundinal Sporice Licens | 10 | 4.30 | FRA | | CH'S SON | | RAL HOME | | | | |
| | 23. PART I. Enter the diseases, or com | plicationa that ceusar | tha death. Do r | | Balt. Ave | | | Approximata | | | | |
| | ahock, or haart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) a | | | | Death | | | Interval Between Onset and Death | | | | |
| Z | DUE TO (OR AS A CONSEQUÊNCE OF): 1 Hyper Jewnie Arklie Schustic Cardions acon Disesse | | | | | | | | | | | |
| CATIO | Couse. Eliter Dividentified | | | | | | | | | | | |
| CERTIFICATION | CAUSE (Disease or Injury thet Initiated evente resulting in death) LAST | | | | | | | | | | | |
| | PART II. Other eignificent conditione of | ontributing to deeth b | out not resulting | In the under | lving ceuee given in | Pert I. 24s. WAS | AN AUTOPSY | 24b. WERE AUTOPSY FINDINGS | | | | |
| MEDICAL | | | | | | PERF | ORMED? | AMAILABLE PRIDR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO | | | | |
| | | | | | | | | | | | | |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL | | | 2 | 6. PLACE OF DEATH (Ch | eck only one) | ! | | | | | |
| SIC | | OSPITAL: Inpetient 2 ER/Outs | patient 3 DOA | OTHER: 4 Nursing | Home 5 Realdence | a Other (Specify) | | | | | | |
| ξl | 27. MANNER OF DEATH | 28a. DATE OF INJURY (Month, Day, Year) | 2ab. TIN | E OF 280 | . INJURY AT WORK? | 2ad. DESCRIBE HO | W INJURY OCCURED |) | | | | |
| ВУР | 1 Natural 5 Pending Investigation | (MOIRII, Day, Ibail) | 1111 | | YES 2 NO | | | | | | | |
| | 3 Suicide 8 Could not be determined | 28a. PLACE OF INJURY building, atc. (Spec | — At home, farm, cify) | atreet, factory, | offica | 281. LOCATION (Stre City or Town, Str | et and Number or Ru ate) | ral Route Number, | | | | |
| COMPLETED | 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL EXAMINER: C | | | | | | | se(a) and manner as stated. | | | | |
| | 29b. SIGNATURE AND TITLE OF CERTIFIER | | | | 29c. LICENSE NU | MBER | 29d. DATE SIGN | NED (Month, Day, Year) | | | | |
| BE | lunger liste of | m | | D1710 | | 29d. DATE SIGNED (Month, Day, Year) | | | | | | |
| 5 | 1 1 11 | OMPLETED CAUSE OF DE | EATH (ITEM 27) (Type CRAIN | 4 | Vones | monthe | va nan | 20773 | | | | |
| | 31. DATE FILED MACHIN DOWN YOUNG | 32. REGISTHAR'S SIGN | ATURE Pandal | 2 | | naj y st | 7 | | | | | |



| DIVISION OF VITAL RECORDS, P.O. BOX 13146, L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-thours after death with the State Dent. of Health and Montal Hygiene prior to bunial, cremation, or removal. Henn 28 is marked, or lifem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. |
|--|
| ON OF VITAL REC JOING PHYSICIAN: The law requir : After this certificate has been si death with the State Deptr of He is marked, or Nem 23 show |
| |

TO THE HOSPITAL D TO THE FUNERAL DI be filed within 72 ho IMPORTANT; If 146

31. DATE FILED (Month, Day, Year) 4'91

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH HED. 1991 Grover Cleveland Robbins, Jr. 11:50 2.M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) April 30 MONTHS DAYS HOURS 215-20-1748 1 M M 2 □ F YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH Rt. 290 Massey, Md. DIRECTOR Kent RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY XK Queen Anne's MD Millington 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21651 USA RD #1 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES AND Specify: 2 NO 1 Never Married 2 Married Specify: White BY 3 Widowed Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND DF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Truck Driver Anchor Motor Freight 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Grover Cleveland Robbins Sr. Sadie George BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Larry Robbins (son) Lime Landing Rd. Millington, Md. 21651 20a. METHOD OF DISPOSITION
1 Durisl 2 Commatton 3 Re
4 Donatton 5 Other (Specify) 20c. LOCATION - City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Capital Crematory Dover, Delaware 21. SIGNATURE OF THE ERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fellows Funeral Home Box 270 W. Cypress St. Millington Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory street, Approximata shock, or heart failure. List only one cause on each line. **Onset and Death** IMMEDIATE CAUSE (Final Hepatic Cirrosis of the Liver disease or condition VIS. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Severe Ascitas CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause, Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b, WERE AUTOPSY FINDINGS MEDICAL Severe Ascits COMPLETION OF CAUSE 1 TYES 2 NO DE DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: nt 2 - ER/Outpetient 3 - DOA ng Home 6 🕞 Realdence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 A Natural 5 Pending м 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axa on and/or investigation, in my opinion, death occurad at the time, data and placs, and dua to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE at where D-01250 ▶ Feb. 28,1991 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Robert W. Farr Chestertown, Md.

32. REGISTRAR'S SIGNATURE

) w ...

FUNERAL DIRECTOR

TO BE COMPLETED BY

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| A DEGERATION HARD STATE AND ADDRESS OF | | C | EHIIF | CATE OF | - DEATH | | REG. NO. | | | | | | | | | | | | |
|---|--|--|---|--|--|--|---|--------------------|---------------------------------------|--|--|--|--|--|--|--|--|--|--|
| 1. DECEDENT'S NAME (First, Middle, Last) | | | | | | 2. OATE C | | | | 3. TIME OF DEATH | | | | | | | | | |
| Edward | 4 | Rir | nggold | 1 | | Febr | uary M | Ĭ7, 1 | 991 | 10:45p M | | | | | | | | | |
| 4. SOCIAL SECURITY NUMBER | | 6. AGE (In yrs. I | | IF UNDER 1 YEAR | IF UNDER 24 HRS. | 2 DATE O | E BIRTH | | S. BIRTH | IPLACE (State or Foreign | | | | | | | | | |
| 213-14-7957 | 1 M 2 F | 92 | YRS. | MONTHS DAYS | HOURS MIN. | Sent. | 13,1 | 898 | Countr | " MD | | | | | | | | | |
| 9a. FACILITY NAME (If not institution, give st | treet and number) | | | 9b. CITY, TOWH | OR LOCATION OF DE | | | | NTY OF D | EATH | | | | | | | | | |
| Kent and Queen | Annes H | <u>ospita</u> | l, In | . Ches | stertown | | | Ker | nt | | | | | | | | | | |
| 10e. STATE 10b. COUNTY | | | 10c, CITY | r, TOWN OR LOC | ATION | | | | | 10d. INSIDE CITY LIMITS? | | | | | | | | | |
| MD Ke | nt | | Che | stertow | n | | | | | 1 YES 2 NO | | | | | | | | | |
| 10e. STREET AND NUMBER | | | | 1 | of. ZIP CODE | | | 10g. CIT | | WHAT COUNTRY? | | | | | | | | | |
| Rt. #1, Box 457 | | | | | | | | | US | | | | | | | | | | |
| 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT FORCES? 1 IF YES, GIVE W | YES 2 | NO | If yes, t | ECENDENT OF HISPAI specify Cuban, Mexico ES 2 NO Specif | n, Puerto Ri | | or No | 14. RACE Black Speci | E — American Indien, k, White, etc. ffy: Black | | | | | | | | | |
| 15. DECEDENT'S EDUC (Specify only highest grade | CATION completed) | | | USUAL OCCUPAT | | 16b. | KIND OF BUS | INESS/IN | DUSTRY | | | | | | | | | | |
| Elementary/Secondary (0-12) | College (1-4 or 5+ | , " | fe. Do NOT us | e retired.) | | | _ | | | | | | | | | | | | |
| 4 | | C | onstr | uction | | | | truc | tion | | | | | | | | | | |
| 17. FATHER'S NAME (First, Middle, Last) | | | | | 18. MOTHER'S NA | | iddie, Maiden | Surname) | | | | | | | | | | | |
| unknown | | | | | unkr | nown | | | | | | | | | | | | | |
| 19e. INFORMANT'S NAME (Type/Print) | | 1 | | | t and Number or Rural | | er, City or Town | n, State, Zij | Code) | | | | | | | | | | |
| Rockwell Ringgol | .d | | | reville | | 21617 | | | | | | | | | | | | | |
| 20a, METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify) | oval from State | 20b. PLAC other | ntere) | | ant Cemet | terv | | ndto | | The state of the s | | | | | | | | | |
| 21. SIGNATURE OF FUNERAL SERVICE LIC | CENSEE | | 2440 | 22. NAME | AND ADDRESS OF FA | CILITY | | | | | | | | | | | | | |
| Shrir B. | 11/1 | rus | | | ws Funera . Cypress | | | ingt | on M | D 21651 | | | | | | | | | |
| 23. PART I. Enter the diseases, or o | complicatione thet | ceused the | deeth. Do r | | | | | | | Approximate | | | | | | | | | |
| shock, or heart feiture. | List only one ceu | se on each ile | ne. | | | | | | | Interval Between Onset and Death | | | | | | | | | |
| IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) | Cimi | SA DESC | WSCC | 1CiAN | ACCIDE | MIT | | | | | | | | | | | | | |
| resoluting in death) | DUE TO | OR AS A CONS | EQUENCE OF | F): | ,,, | | | | | | | | | | | | | | |
| | disease or condition resulting in deeth) a. CLNUS NOULS COUNT ACCIDING DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | | | | | | | | |
| Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | | | | | | | | | |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING | oue to | (OR AS A CONS | EQUENCE O | F): | | | | | | i | | | | | | | | | |
| If any, leading to immediate | С. | | | | | | | | | | | | | | | | | | |
| if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury | С. | | | | | | | | | | | | | | | | | | |
| If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST | c. DUE TO | (OR AS A CONS | EQUENCE O | F): | | | | | | | | | | | | | | | |
| if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | c. DUE TO | (OR AS A CONS | EQUENCE O | F): | ing cause given in | Part I. | 24a. WAS AN PERFOR | | 246 | b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO | | | | | | | | | |
| If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST | c. DUE TO | (OR AS A CONS | EQUENCE O | F): | ing cause given in | Part I. | | MED? | 245 | | | | | | | | | | |
| If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST | c. DUE TO | (OR AS A CONS | EQUENCE O | F): | ing cause given in | Part I. | PERFOR | MED? | 246 | AVAILABLE PRIOR TO COMPLETION OF CAUSE | | | | | | | | | |
| If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST | c. DUE TO | (OR AS A CONS | EQUENCE O | F): | ing cause given in | Part I. | PERFOR | MED? | 24b | AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? | | | | | | | | | |
| If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST | d | (OR AS A CONS | EQUENCE O | in the underly | ing cause given in | | PERFOR | MED? | 24b | AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? | | | | | | | | | |
| If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algorificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2 □ NO | d. DUE TO | deeth but not | EQUENCE OF | in the underly | | heck only one | PERFOR | MED? | 246 | AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? | | | | | | | | | |
| If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH | d. DUE TO | deeth but not | equence of | 26. OTHER: 4 Nursing Hi | PLACE OF DEATH (C) | heck only one | PERFOR | MED? | | AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? | | | | | | | | | |
| If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algorificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2 □ NO | DUE TO d. B contributing to HOSPITAL: 1 Inpatient 2 28e DATE OF (Month, D. | deeth but not ER/Outpatient INJURY | R resulting | 26. OTHER: 4 Nursing M. EQF 28c. I | PLACE OF DEATH (C/ | 6 Other | PERFOR 1 YES 2 9) (Specify) CRIBE HOW I | NJURY OC | CCURED | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | | | | | | | | |
| If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending | DUE TO d. B contributing to HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, Do.) 25e. PLACE O | deeth but not ER/Outpatient INJURY | R resulting | 26. OTHER: 4 Nursing Hi | PLACE OF DEATH (C/ | heck only one 6 Other 28d. OES | PERFOR 1 YES 2 9) (Specify) CRIBE HOW I | MED? NO NJURY OC | CCURED | AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? | | | | | | | | | |
| If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | DUE TO d. HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, Delta of the control of the contro | deeth but not ER/Outpatient INJURY ay, Year) F INJURY — At etc. (Specify) | t resulting | 26. OTHER: 4 Nursing H E OF 28c. J URY M 1 street, factory, of | PLACE OF DEATH (C) ome 5 Residence NJURY AT WORK? YES 2 NO | 6 Other 28d. OESt 28f. LOCA | PERFOR 1 YES 2 9) (Specify) CRIBE HOW I | NO NO NJURY OC | CCURED or Aural | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | | | | | | | | |
| If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | DUE TO d. HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, Dr.) 28e. PLACE O building, | DER/Outpatient INJURY ay, Year) This is a second of the s | t resulting a DOA about TiMe bome, ferm, | 26. OTHER: 4 Nursing Ni E OF 28c. URY M 1 street, factory, of | PLACE OF DEATH (C/) DOME 5 Residence NJURY AT WORK? YES 2 NO flice ate and place, and due | 6 Other 28d. OESt 28f. LOCA | PERFOR 1 YES 2 (Specify) CRIBE HOW I | NJURY OC | ccured or Aural of the state. | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | | | | | | | | |
| If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | DUE TO d. B contributing to HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, Dr. (Month | DER/Outpatient INJURY ay, Year) This is a second of the s | t resulting a DOA about TiMe bome, ferm, | 26. OTHER: 4 Nursing Ni E OF 28c. URY M 1 street, factory, of | PLACE OF DEATH (C/) DOME 5 Residence NJURY AT WORK? YES 2 NO flice ate and place, and due | 6 Other 28d. OESt 28f. LOCA City one to the cause time, date | PERFOR 1 YES 2 (Specify) CRIBE HOW I ATION (Street or Town, State) se(e) and met and place, an | NJURY OC | ccured or or Rural . thed. the cause(| AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, e) end manner as stated. | | | | | | | | | |
| If any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER | DUE TO d. B contributing to HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, Dr. (Month | DER/Outpatient INJURY ay, Year) This is a second of the s | t resulting a DOA about TiMe bome, ferm, | 26. OTHER: 4 Nursing Ni E OF 28c. URY M 1 street, factory, of | PLACE OF DEATH (C/C) | 6 Other 28d. OESt 28f. LOCA City one to the cause time, date | PERFOR 1 YES 2 (Specify) CRIBE HOW I ATION (Street or Town, State) se(e) and met and place, an | NJURY OC | ccured or or Rural . thed. the cause(| AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, e) end manner as stated. | | | | | | | | | |
| If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | DUE TO d. BE CONTributing to BE CONTributing to BE CONTRIBUTION 28e. DATE OF (Month, D) 28e. PLACE O Duliding, ICIAN: To the best of experience of ex | deeth but not DER/Outpetlent INJURY ay, Year) FINJURY — At etc. (Specify) my knowledge, samination end/o | a DOA 28b. TIM IN. | 26. OTHER: 4 Nursing M 1 Street, factory, of my opinion | PLACE OF DEATH (C/Ome 5 Residence NJURY AT WORK? YES 2 NO flice ste and place, and due, death occured at the | 6 Other 28d. OESt 28f. LOCA City one to the cause time, date | PERFOR 1 YES 2 (Specify) CRIBE HOW I ATION (Street or Town, State) se(e) and met and place, an | NJURY OC | ccured or or Rural . thed. the cause(| AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, e) end manner as stated. | | | | | | | | | |
| If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | DUE TO d. HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, Do building, Do build | deeth but not DER/Outpetlent INJURY ay, Year) FINJURY — At etc. (Specify) my knowledge, samination end/o | a DOA 28b. TIM IN. | 26. OTHER: 4 Numing M EOF 28c. UNY M 1 street, fectory, of | PLACE OF DEATH (C/Ome 5 Residence NJURY AT WORK? YES 2 NO flice ste and place, and due, death occured at the | 6 Other 28d. OESt 28f. LOCA City one to the cause time, date | PERFOR 1 YES 2 (Specify) CRIBE HOW I ATION (Street or Town, State) se(e) and met and place, an | NJURY OC | ccured or or Rural . thed. the cause(| AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, | | | | | | | | | |

32. REGISTRAR'S SIGNATURE
Sulia Davidson-Randall

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

3

'91

2

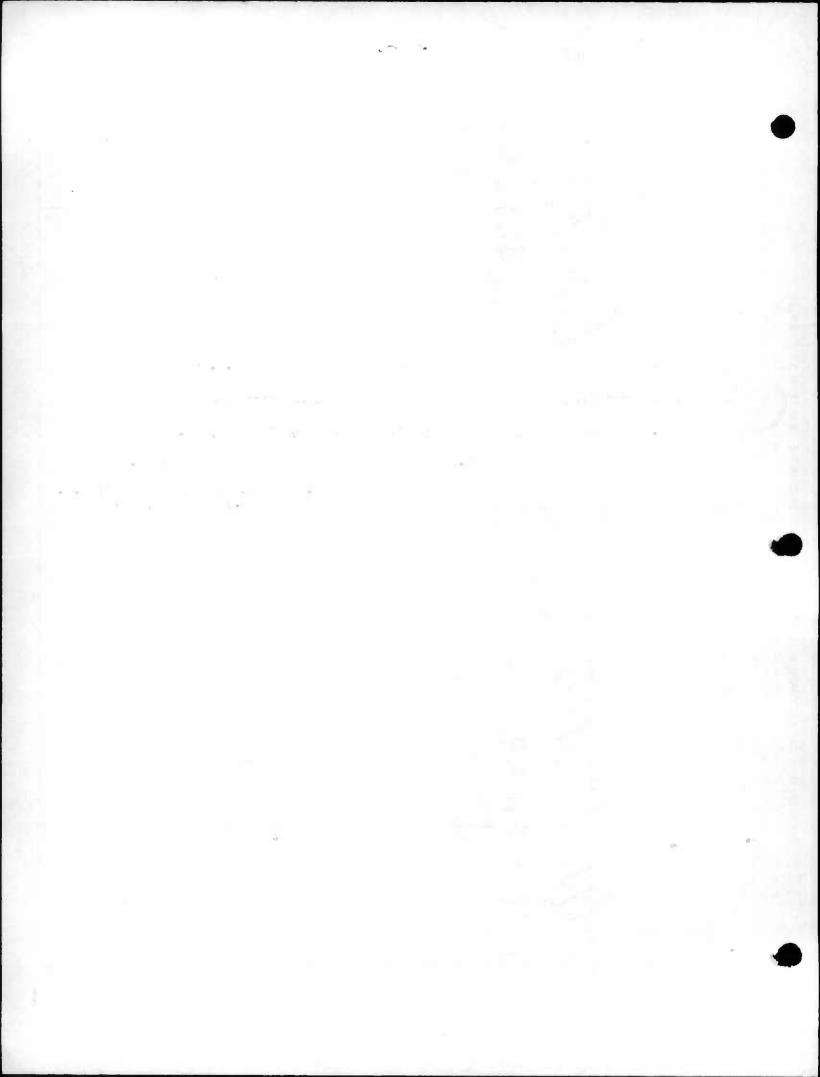
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| TO THE HOSPTAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within Jours after death. Page 6 may be up | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page to director, page within 20 bours after death with the State Bard of Health and Mental Hydiene note; to hard compared to remark the formal | IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be multi- |
| | | |

31. DATE FILED (Month, Day, Year)
MAR 0 8 91

| _1 | FOR STATE REGISTRAR | STATE OF MA | | | TMENT ICATE | | | | MENTAL | HYGIEN REG. NO. | E | 91 | 07813 |
|-----------------------|--|----------------|------------------|-------------|---|---|---------------------------|----------------------------------|---|--------------------------------|---|------------|---|
| | 1. DECEDENT'S NAME (First, Middle, Last) Elizabeth Ritt | er EL | SABETH | (n | mn) | RIT | TER | | 2. DATE MONTH | OF DEATH DA | | YEAR | 1:00 AM M |
| | | | | | | day) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. | | | 7. DATE OF BIRTH 8. BIRTHP (Month, Day, Year) Country | | | | CE (State or Foreign |
| | 9e. FACILITY NAME (If not institution, give street 422 Gateshead Co | | | | 96. CITY, TOWN OR LOCATION OF DEATH Edgewood | | | - | | | | <i>y</i> | |
| E F | RESIDENCE OF DECEDENT | ar c | | | | EC | gewo | ou | | | | | |
| DIRECTOR | Maryland Harford E | | | | ity, town or location dgewood | | | | | | | | I. INSIDE CITY LIMITS? YES 2 X NO |
| FUNERAL | 422 Gateshead Drive, Beacon Terrace | | | | | 101. ZIP CODE 21040 | | | | | 10g. CITIZE | USA | COUNTRY? |
| BY | 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES | | | | 1 | f yes, sp | | n, Mexica | in, Puerto F | ? (Specify Yea licen, atc.) | or No— 1 | Black, WI | American Indian, hita, atc. white |
| LETED | (Specify only highest grade completed) (Give Elementary/Secondary (0-12) College (1-4 or 5 +) | | | o kind of a | ENT'S USUAL OCCUPATION nd of work done during most of working NOT use retired.) | | | | | KIND OF BUS | | | |
| COMPLET | 10 17. FATHER'S NAME (First, Middle, Last) | | | Cool | ζ | | - 20 | 422 | ME (First, A | U.S. fiddle, Malden | Surneme) | a) do lila | ne |
| H | Henrich Fink | | 404 | MARI INC | ADDRESS | 100mm | Eli | Pro recons | Courte Atomit | Glaa er, City or Tow | - | ha eta k | |
| 2 | Lilo M. Jarusek | | | | | | | | | rdon, | | 11.00 | |
| | 20a, METHOD OF DISPOSITION 1 2 Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify) | val from State | Mt. Zi | on (| SITION (No Cemet | me of cer | netery, crer | natory or | | | Air, | | State |
| | 22. NAME AND ADDRESS OF FACILITY HOWARD K. McComas III Funeral Home, P.A. 1317 Cokesbury Rd., Abingdon, Md. 21009 | | | | | | | | | me, P.A. . 21009 | | | |
| | 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart feliure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cardiac arrest. | | | | | | | | | | | | |
| CERTIFICATION | Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | | | | | | | | | | | | |
| PHYSICIAN: MEDICAL CE | PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Description of cause of pearth? 1 Yes 2 NO NO NO | | | | | | | | | | AILABLE PRIOR TO MPLETION OF CAUSE DEATH? | | |
| SICIAN | | HOSPITAL: | P/Outpetient 3 [| DOA | OTHER | R: | 1/ | | neck only on | | | | |
| ву Рну | 27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 2 Accident investigation | | | | | WC | URY AT ORK? YES 2 [|] NO | 28d. DES | CRIBE HOW | NJURY OCCI | JRED | |
| E | 3 Suicide 6 Could not be detarmined | ne, tarm, | street, fact | tory, offic | • | | 26t, LOC City | ATION (Street or Town, State) | and Number o | r Rural Route | Number, | | |
| COMPLET | 29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. | | | | | | | | | | | | |
| TO BE C | 296. SIGNATURE AND TITLE OF CERTIFIER | Yko | MD | | | | | ENSE NUI | | | 29d. DATE | | Inth, Day, Year) |

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randalle.



| | | REGISTRAR | | CERTIFIC | AIE OF | DEATH | REG. NO | | | | |
|---|---------------|---|--|--|--------------------|--|--|------------------|---|----|--|
| | | 1. DECEDENT'S NAME (First, Middle, Last) Carolyn | N. R | oberts | | | 2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE OF DATE OF DEATH DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DEATH DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DAT | 6 199 | 11 2 P | м | |
| | | 4. SOCIAL SECURITY NUMBER \$ 546 64 4134 | 5. SEX 6. AGE | | UNDER 1 YEAR | HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) Mar. 7 19 | 0 | SHITHPLACE (State or Foreign Country) | | |
| biuorks | ~ | 9a. FACILITY NAME (If not institution, give stre | 100 | Largo Rd " | i | OR LOCATION OF DEAT | 1 | 9c. COUNTY | | | |
| 7, 2, 3 | СТОВ | RESIDENCE OF DECEDENT | rgo 600 | carryo Ra | larg | o, 11km | land | Prince | Georges | _ | |
| Pages 1 | DIREC | 10e. STATE 10b. COUNTY | | 10c. CITY, To | OWN OR LOCAT | TION | | | 10d. INSIDE CITY LIMITS? | | |
| permit. Pa | 1 8 | | e Georges | Uppe | Marlt | | | | 1 TYES 2 THE NO | | |
| | ERAL | 10e. STREET AND NUMBER | | | 101 | 20772 | | | OF WNAT COUNTRY? | | |
| 46 physician. burial-transit | FUNE | 3010 Brock Drive | 12. WAS DECEDENT EVER | | | 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. 14. RACE - | | | | | |
| E e e | ВУ | 1 Never Merried 2 Merried 3 Widowed 4 Divorced | FORCES? 1 YES | | | ecity Cuben, Mexican, 2 X NO Specify: | No | Specify: White | | | |
| or attend | ETED | 15. DECEDENT'S EDUCI (Specify only highest grade of | ompleted) | 16a. DECEDENT'S USI (Give kind of work life. Do NOT use re | done during mo | ON est of worlding | 16b. KIND OF BU | SINESS/INDUST | RY | | |
| D 21; spital o | | Elementary/Secondary (0-12) | College (1-4 or 5+) | Physiatr | | Technicia | State | e Hospi | tal | | |
| Olice. | COMPL | 17. FATHER'S NAME (First, Middle, Lest) | | THYSTALL | C | | E (First, Middle, Maiden | | | | |
| PAS H | BE C | Archibald D. Ramse | e y | Page Help | | Mary | Rouse | | | | |
| A Paris De Maria | 01 | Dean E. Roberts | | | | and Number or Rural Ro | | | | | |
| | | 20a. METHOD OF DISPOSITION | 20 | b. PLACE OF DISPOSITION | | | | CATION - City | rland 20772 | _ | |
| | | 1 Donation 5 Other (Specify) | vel from State | other place) 1etropolita | | | | | a Virginia | | |
| ALTIMC death. Page funeral direct. | | 21. SIGNATURE OF FUNERAL SERVICE LICE | | \circ | 22. NAME AN | ND ADDRESS OF FACI | LITY | | | | |
| 2 9 2 9 | | Kobert E. | arms | Tres. | | ll-Evans I 00 Annapol | | | yland 20715 | | |
| within 24 hours aft pletely filled in by cremation, or remorement, the medical | | 23. PART I. Enter the diseases, or conshock, or heart fellure. LIMMEDIATE CAUSE (Final disease or condition resulting in death) | ALZJ | eech line. | | bde of dying, such | · | | Approximate Interval Betwee Onset and Dea | | |
| 13146, executed wit and comple o burial, cre | N | Sequentially list conditions, | | | | | | | | | |
| BOX 131 icate be execute physician and c he prior to buria | CERTIFICATION | If any, leading to immediate cause. Enter UNDERLYING | | | | | | | | | |
| - e c - | IFIC | CAUSE (Disease or Injury that Initiated events Due to (OR AS A CONSEQUENCE OF): | | | | | | | | | |
| S, P.O. B to death certificathe attending phy Mental Hygiene ijury, or other | ERI | resulting in death) LAST | | | | | | | | _ | |
| . 0 0 5 | | PART II. Other significant conditions | contributing to death | but not resulting in t | he underlyin | g cause given in P | art i. 24a. WAS AF | | 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO | 18 | |
| Sign Sign | MEDICAL | Grastroster | my feed | ling To | rb-e | | 1 TYES | | COMPLETION OF CAUSE OF DEATH? | | |
| OF VITAL RECPHYSICIAN: The law requirements certificate has been with the State Dept. of Higher or Hem. 23 show | PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL | | | 26. PI | LACE OF OEATH (Chec | k only one) | | | | |
| OF VITAL F PHYSICIAN: The law this certificate has b with the State Dept. | SICI | EXAMINER? 1 YES 2 NO | HOSPITAL: 1 Inpetient 2 ER/Ou | | THER: | ne 8 🗆 Rasidenca 8 | | | | | |
| OF V PHYSICIAL this certiff with the | PHY | 27. MANNER OF DEATH | 28a. DATE OF INJURY (Month, Day, Year) | | | JURY AT DRK? | 28d. DESCRIBE HOW | INJURY OCCUR | EO | | |
| | BY | 1 Natural 8 Pending 2 Accident Investigation | 280 DI ACE OE IN ILIE | RY — At home, farm, stre | | YES 2 NO | 20f. LOCATION (Street | and flumber or I | Dunt Bords Mumber | | |
| ISION: 17EN after after 28 1 | 8 | 3 Suicide 8 Could not be 4 Homicide detarmined | building, etc. (Sp | ecify) | st, lactory, offic | | City or Town, State | | Was route Number, | | |
| DIV OR A DIREC Hours | E. | 29a. CERTIFIER 1 CERTIFYING PHYSIC | IAN: To the best of my kno | wledge, death occurred a | it the time, date | and place, and due t | o the cause(a) and me | mner as stated. | | _ | |
| ₹ 40 = | COMPLETE | one) | Para Control of the C | | | | | | ause(a) and manner as stated. | | |
| TO THE HOSPITAL TO THE FUNERAL Se filed within 72 | BE C | 296 OF CERTIFIER | | , NA | 1. | 29C LICENSE NUM | BER (S) | 29d. DATE SP | GNED (Month, Day, Year) | | |
| B B B W | 10 | 30, NAME AND ADDRESS OF PERSON WHO | COMPLETED CAUSE OF D | DEATH STEM 27 CENT OF | (mt) | NTO | 108 | 1 | 20191 | _ | |
| 5) | | RAKESH ARG | PA.M.I | 143000 | MALL | ANTFO | KLN# 2 | 122 B | OWIE MAZO7 | K | |
| | | 31. DATE FILED (Month, Day, Year) | 32. REGISTRAR'S SIG | NATURE | , | | | | | 3 | |
| | | FEB 0 1 '91 | Julia Davids | n-Mandall | | | | | | | |

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| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zerriours after death. Page 6 may be | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page has also writin 70 hours after heart with the State Pent of Health and Mental Horiene prior to burial, cremation, or removal. | IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatte event, the medical examiner must be |
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| | FOR 1 - STATE REGISTRAR | STATE OF MA | RYLAND / DEPAR CERTIF | TMENT OF I | HEALTH AND I | MENTAL HYGIEN | | 07815 | | | |
|---------------|--|---------------------------------|--|-----------------------------|--|---|------------------------------|---|--|--|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) ELTZABETH | ARNOLD | RICHARDS | | | 2. DATE OF DEATH MONTH March 8. | MY 1991 | 3. TIME OF DEATH | | | |
| | 4. SOCIAL SECURITY NUMBER 212-22-2748 | 6. SEX 6. | AGE (In yrs. last birthday) 82 YRS. | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) Apr. 14 | 8. | BIRTHPLACE (State or Foreign Country) Balto. CO.Md. | | | |
| TOR | 9e. FACILITY NAME (If not institution, give at Carroll Co. Get RESIDENCE OF DECEDENT | | t. | | on Location of Destar | EATH | ec. COUNTY OF DEATH Carroll | | | | |
| DIRECTOR | 10e: STATE 10b. COUNTY | | | Y, TOWN OR LOCA | | | 10d. INSI LIM 1 _ YE | | | | |
| FUNERAL | | oad | | 10 | 21071 | | 10g. CITIZE | N OF WHAT COUNTRY? USA | | | |
| BY | 11. MARITAL STATUS 1 ☐ Never Married 2 ☐ Married 3 ☒ Wildowed 4 ☐ Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2∭ NO IF YES, GIVE WAR OR DATES | | | If yes, s | | ilC ORIGIN? (Specify Yon, Puerto Ricen, etc.) y: | 98 or No— 14 | I. RACE — American Indian, Black, White, etc. SpecifyWhite | | | |
| COMPLETED | 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) | | (Give kind of life. Do NOT u | | ost of working | 186. KIND OF BU | JSINESS/INDUS | STRY | | | |
| BE COMP | 17. FATHER'S NAME (First, Middle, Lest) George W. Art | o. city | School T 18. MOTHER'S NA Wilm | ME (First, Middle, Maide | | | | | | | |
| TO B | 190. INFORMANT'S NAME (Type/Print) Mrs. Elizabeth R | | 4306 | Wolk Hi | SS (Street and Number or Rural Route Number, City or Town, State, Zip Code) .k Hill Dr. Hampstead, Md. 21074 | | | | | | |
| | 20a. METHDD OF DISPOSITION 1 © Buriel 2 □ Cremation 3 □ Ram 4 □ Donation 8 □ Other (Specify) | | 20b. PLACE OF DISPO other place) Lake Vie | w Memori | ial Park | | | y or Town, State Ville, Md. | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICE | I line | | | Funeral | 118 | 24 Reis | sterstown Rd. own, Md. 21136 | | | |
| | 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory errest, interval Between Onset and Destrict Cause (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | |
| CERTIFICATION | Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | | | | | | | | | | |
| MEDICAL | PART II. Other significant condition | | neth but not resulting | | ng cause given in | | N AUTOPSY DRMED? 2 NO | 24b. WERE AUTOPSY FINDINGS MAULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | | |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO | HOSPITAL: | R/Outpetient 3 DOA | OTHER: | PLACE OF DEATH (Ch | | - | | | | |
| ву РНУ | 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation | 28a. DATE OF IN (Month, Day, | JA A | M 1 🗆 | IJURY AT YORK? YES 2 NO | 28d. DEŞCRIBE HOW | INJURY OCCU | RED | | | |
| | 3 Suicide 6 Could not be determined | building, etc | | | | 28f. LOCATION (Stree City or Town, Stat | •) | | | | |
| COMPLETED | (Check only One) 2 MEDICAL EXAMINE | ER: On the basis of exer | y knowledge, death occur nination and/or investigat | | death occured at the | time, data and place, | and due to the | cause(s) and manner as stated. | | | |
| TO BE | 30. NAME AND ADDRESS OF PERSON WITH | ma · (Th | OF DEATH (ITEM 27) (Typ | | DSI 60 | | ≥ 3 | SIGNED (Month, Day, Year) | | | |
| | | INCTION R | o westm | | mo ans | 57 | | | | | |

258 GOLDSTEIN 04-14-08 F 03-03-91

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MATERIAL SECTIONS TO SECTION OF S

TO BE COMPLETED BY FUNERAL DIRECTOR

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| ENDING | R: After this | Is marked |
| ATTENDING | ECTOR: After this | 28 is marked |
| OR ATTENDING | DIRECTOR: After this | tem 28 is marked |
| TAL OR ATTENDING | AL DIRECTOR: After this 72 hours after death with | If item 28 is marked |
| SPITAL OR ATTENDING | NERAL DIRECTOR: After this hin 72 hours after death with | NT: If item 28 is marked |
| HOSPITAL OR ATTENDING | FUNERAL DIRECTOR: After this within 72 hours after death with | TANT: If item 28 is marked |
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained that it is a find within 72 hours after death with the State Dark of Health and Mental Hodiene prior to burial, commation, or removal. | IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on |

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

CAUSE (Disesse or injury

that initieted events resulting in death) LAST

| 1. DECEDENT'S NAME (First | Middle, Last) | | | | | | | | 2. DATE OF DEATH | | | 3. TIME OF DEATH |
|---|--------------------------------|--|-----------|----------------|------------|--|-------------------|---------------------------------|--|------------|-----------|---|
| LOUIS | E C. | ROBINSO | N | | | | | | 03-8- 15 | 991 | YEAR | 5:45 A. M |
| 4. SOCIAL SECURITY NUME | BER | 5. SEX | 6. AGE (I | n yrs. last bl | | IF UNDER 1 Y | _ | IF UNDER 24 HRS. | 7. DATE OF BIRTH (Month, Day, Year) | | 8. BIRTI | HPLACE (State or Foreign |
| 216-14-2 | | 1 M 2 F | 8 | 34 | YRS. | MONTHS D | AYS | NOURS MIN. | 01-5-19 | 07 | | vland |
| 9a. FACILITY NAME (If not in | stitution, give s | treet and number) | | | | 9b. CITY, TO | O MMC | R LOCATION OF DI | EATH | 9c. COI | UNTY OF E | |
| Glasgow ! | Nursi | ng Home | | | | Ca | mb | ridge | | D | orch | nester |
| 10a. STATE | 10b. COUNT | | | 1 | IOc. CITY, | TOWN OR I | LOCATI | ON | | | | 10d. INSIDE CITY |
| Maryland | Dorc | hester | | | | Camb | ri | dae | | | | LIMITS? |
| 10e. STREET AND NUMBER | 2020 | 11-50-2 | | | | Outil | - | ZIP CODE | | 10g, CI | TIZEN OF | WHAT COUNTRY? |
| 800 Tra | vers | St. | | | | | | 21613 | | | USA | |
| 11. MARITAL STATUS 1 Never Married 2 3 XWidowed 4 Dive | orced | 12. WAS DECEDED FORCES? IF YES, GIVE | YES | 2 NO | | If yo | YES | city Cuben, Mexica NO Specif | | | Spec | E — American Indian, k, White, etc. My: White |
| (Specify onl | EDENT'S EDU y highest grade | | | 16a. DECE | DENT'S U | JSUAL OCCL ork done duri retired.) | JPATIO ing mos | N it of working | 16b. KIND OF BU | JSINESS/IN | DUSTRY | |
| Elementary/Secondary (I |)-12} | College (1-4 or 5 | +} | | | | | | | _ | | |
| 10 years | Marine de co | | | Psyc | chia | tria | A | | | | | cyland |
| | | | | | | | | | ME (First, Middle, Malde | n Sumame) | | |
| Ernest 198, INFORMANT'S NAME (| | | | 40). 1 | | | | | na Hoge Route Number, City or To | | | |
| | | | | 100 | | | | | , | | , , , , | |
| Beatrice | | arter | | | | | | | ambridge | | | |
| 1 □ Burial 2 □ Crematic | n 3 🗆 Rem | novel from Stata | | other place, |) | | | etery, crematory or | | OCATION - | | |
| 4 Donation 5 Other 21. SIGNATURE OF FUNERA | | CENSEE | _ Inc | orche | este | | | rial Pa | | mbri | age, | Md. 2161 |
| > Ken | | R Show | res (| 4- | | | T | homas | Funeral St. Cam | | | Md. 21613 |
| 23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fig. | eart fallure. | List only one ce | use on ea | sch line. | | | | | | | | Approximate interval Between Onset and Death |
| disease or condition resulting in death) | → | - Motol | Lahi. | VII | 1/04 | , Ad. | 640 | Carc II | no of | rx/51 | 4 | 2 485 |

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 NO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 TYES 2 NO 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 1 YES 2 NO 28a. PLACE OF INJURY — Al home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide

29a, CERTIFIER 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.

29c. LICENSE NUMBER
D2830

| 29b. SIGNATURE AND TITLE OF CERTIFIER | | |
|---|----|---|
| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) | 13 | 1 |
| Edward . Machanglelin 1 | 0 | A |

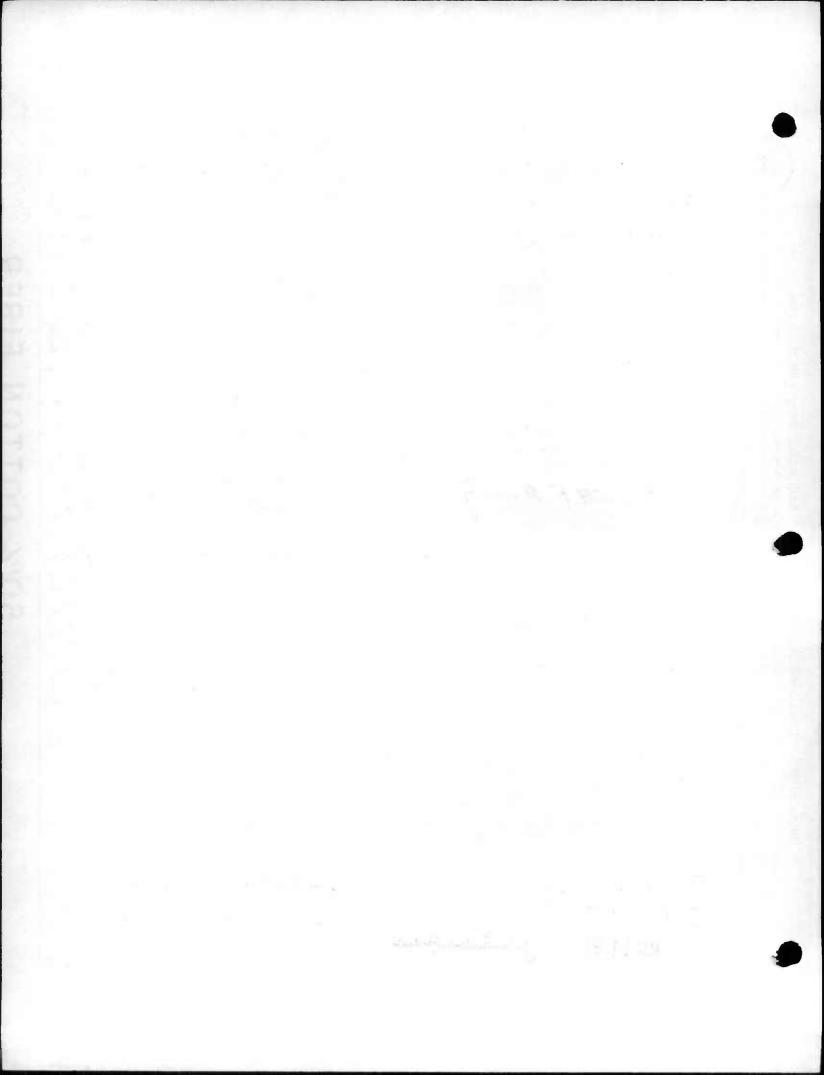
31. DATE FILED (Month, Day, Year)
MAR 1 1 '9 32. REGISTRAR'S SIGNATURE Gulia Davidson-Randelle

8

2

29d. DATE SIGNED (Month, Day, Year)

3 / 1// 5/



TO BE COMPLETED BY

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

31. DATE FILED (Mornth, Pay, Year)
MAR 08 91

32. REGISTRAR'S SIGNATURE Fundage

| 1. DECEDENT'S NAME (First, Middle, Last) | EDE | Taloli | Dom | | | | | MONT | OF DEATH | Y 10 | YEAR | 3. TIME OF DEATH |
|--|--|--------------------|--|------------------------|------------------|-----------|-----------------|-------------|-------------------------------------|-----------|---------------|--|
| 4. SOCIAL SECURITY NUMBER | 5. SEX | B. AGE (In yes, In | | UNDER 1 1 | VEAN | IF UNDER | 24 MDC | 3 7 DATE | OF BIRTH | _/7 | 91 | T. 15 M |
| 527-68-7162 | 1 🗆 M 2 🔀 F | ~ 87 | YRS. MC | ONTHS E | DAYS | HOURS | MiN. | // (Mont | 20- C | | Wast | D.C. |
| 4 4 4 | eet end number) | | | b. CITY, T | | | | | | | NTY OF DE | |
| RESIDENCE OF DECEDENT | TH CAR | ECEN | IERIC | TALL | HE, | RS/ | 3UL | 10- | | MO | NIG | OMERY |
| 10a. STATE 10b. COUNTY | | | 10c. CITY, T | | | | | | | | | 10d. INSIDE CITY LIMITS? 1 X XYES 2 NO |
| Maryland Mont | gomery | | <u> </u> | aith | | ourg | _ | | | 10a CIT | IZEN OF W | HAT COUNTRY? |
| 301 Russell Ave | | | | | | | 207 | | | 201 | U.S. | |
| 11. MARITAL STATUS 1 Never Merried 2 Merried 1 Never Merried 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, apacity Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, apacity Cuben, Maxican, Puerto Rican, etc.) 16. RACE — American Indian, Black, White, etc. 17. YES 2 NO Specify: Cauc. | | | | | | | | | | | | |
| 15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12) Unk. | ATION completed) College (1-4 or 5 - | (0 | ECEDENT'S US Give kind of work in. Do NOT use n Homes | k done dur etired.) | ring most | of workin | g | 168 | b. KIND OF BUS | BINESS/IN | DUSTRY | |
| 17. FATHER'S NAME (First, Middle, Last) | | | Home | marce | | 18. MOTE | ER'S NA | ME (First, | Middle, Maiden | Surname) | | |
| John T. French | | | | | | | | | lakePea | | | |
| 19a. INFORMANT'S NAME (Type/Print) | | | | | | | | | nber, City or Tow | | | |
| Jonathan A. Reed | | | | | | | | mant | own, M | | | |
| 20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo | val from State | other p | | | | | | | | | City or To | |
| 4 Nonation 5 Other (Specify) | NSEE / | - I Geo | . Wash | | | | O L SS OF FA | CILITY | Wa | snin | gron | , D.C. |
| + Kiphand | Hen. | 0- | | C | olun | nbia | Mor | tuar | y Serv | | | n,.D.C. 2001 |
| 23. PART I. Entar tha diseasea, or cannot shock, or heart failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death) | | ise on each lin | a. | | | • | ng, suc | | rdiac or respi | ratory si | rrest, | Approximate interval Between Onset and Death |
| Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in deeth) LAST | DUE TO | (OR AS A CONSE | EQUENCE OF): | | | | | | | | | 4d |
| PART II. Other significant conditions Cerchant Th Atrial F76 | contributing to | deeth but not | resulting in | the und | erlying | Cause (| given in | Part I. | 24a. WAS AN PERFOI 1 TYES 2 | RMED? | 24b. | WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| 25. WAS CASE REFERRED TO MEDICAL | | | | · | 26. PLA | CE OF D | EATH (Ch | eck only o | one) | | | |
| EXAMINER? | HOSPITAL: | ☐ ER/Outpatient | | Nursi | | 5 🗆 Re | sidence | 6 🗆 Oth | ner (Specify) | | | |
| 27. MANNER OF DEATH | 28e. DATE OF (Month, L | INJURY | 28b. TIME | OF 2 | 28c. INJU WOR | RY AT | | | SCRIBE HOW | NJURY O | CCURED | |
| 2 Accident Investigation 3 Suicide 6 Could not be | | OF INJURY — At h | nome, farm, str | eet, factor | | ES 2 | _ NO | | CATION (Street y or Town, State) | | er or Rural R | loute Number, |
| 4 | | | | | | | | | | | | and manner se steted |
| 29b. SIGNATURE AND TITLE OF CERTIFIER | | | | y op | | | | | ara piace, ai | | | POTA DESCRIPTION OF THE PARTY O |
| Elen I pas. | men | | | | | D: | | 67 | | • | 3/11 | (Month, Day, Year) |
| 30. NAME AND ADDRESS OF PERSON WHO Edward TDer | COMPLETED CAU | SE OF DEATH (IT | EM 27) (Type, P | rint) | EX | eco | hu | P. | wh C | rele | 1 | ernata 4 |

| (n | | 217-28-8137 | 1 😾 M 2 🗆 F | 87 | YRS. | MONTHS | DAYS | HOURS |
|--|-----------------|--|-----------------------------|-----------------|-----------------------------------|---------------------|-----------------|---------------|
| (an P | 1) | 9e. FACILITY NAME (If not institution, give a | street and number) | | | 9b. CITY | TOWN O | R LOCATION |
| 6. | 16 | Doctors Commun | ity Hospi | tal | | | Lar | nham |
| 10. = | RECT | RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT | v | | 10c CIT | Y, TOWN C | D I OCATI | ION |
| - Pg | I E | | | | 100.011 | | kvi | |
| permit | D | Maryland Mont | gomery | | | KOO | | ZIP CODE |
| 8 | RA | 12303 Captain Sm | ith Ct | | | | 101. | ZIV GODE |
| trans | FUNERAL | 11. MARITAL STATUS | 12. WAS DECEDENT | EVER IN U.S. A | RMED | 13. | WAS DECI | ENDENT OF |
| MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit notified at once. | BY FL | 1 Never Merried 2 Merried 3 Wildowed 4 Divorced | | YES 2 | | | | city Cuben, |
| YLAND 21215 by the hospital or attend be detached for use as at once. | COMPLETED | 15. DECEDENT'S EDU (Specify only highest grade | CATION completed) | 16a. D | ECEDENT'S | USUAL O | CCUPATIO | IN at working |
| 21 o e | | Elementary/Secondary (0-12) | College (1-4 or 5+) | in | | | | et of working |
| Ched ched | MP | 12 | 4 | | Engi | neer | | |
| the the deta | 8 | 17. FATHER'S NAME (First, Middle, Last) | | | | | | 18. MOTHE |
| 2 A A A A A A A A A A A A A A A A A A A | BE | James Redgrave | | | | | | Uı |
| AAA | 0 | 19e. INFORMANT'S NAME (Type/Print) | | 1 | | | | nd Number or |
| be 5 | | Michael Redgrav | e | | | | | n Smit |
| BALTIMORE, MARYLAN the funeral director, page 5 should be detach val. | | 20e. METHOD OF DISPOSITION 1 | | of cemetar | e and dat y, cremator Cropo | or other p litai | olace) n Cre | emaro |
| BALTIM nours after death. Page ed in by the funeral direct or removal. medical examiner in | 4 | 21. SIGNATURE OF SINERAL SERVICE LI | CENSEE | 1 | | | | on/Ha |
| AL death fune | | v9) uchor | 9 10 | "De | _ | | | Anna |
| B. nours after of in by the or removal. | | 23. PART I. Enter the diseases, or | complications that | caused the d | leath. Do | | | |
| VITAL RECORDS, P.O. BOX 68760, AN: The law requires that the death certificate be executed within 24 AN: The law requires that the death certificate be executed within 124 and infected his beautiful to the attention physician and completely filled as State Dept. of Health and Mental Hygiene prior to burial, cremation, in them 23 shows any failury, or other traumatic event. The | CERTIFICATION | Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST | Sepsis Some | OR AS A CONSI | EOUENCE O | F): | | |
| S, F death death lental | Ö | DADT II. Other clauffloort annultin | na annialization in | death had and | | for the same | | |
| D at the standard and t | | PART II. Other eignificant condition | T T | Dawin Dut not | reauting | in the u | nderiying |) cause giv |
| AL RECORD e law requires that th has been signed by t Dept, of Health and i | SICIAN: MEDICAL | | -1- | | | _ | _ | |
| AEC requirements of He | Z | | | | | | | |
| law law Dept. | AN | 25. WAS CASE REFERRED TO MEDICAL | | | | _ | 00.01 | ACE OF DEA |
| VITA HAN: The rifficate han be State D | ō | EXAMINER? | HOSPITAL: | | | OTHE | R: | 125 |
| | ≥ | 27. MANNER OF DEATH | 1 Inpatient 2 28e. DATE OF | | 28b. TII | | 26c. INJ | INTERPLET |
| PHYSIC this cer with th | PH | 1 Natural 5 Pending | (Month, De | | IN | JURY M | 1 🗆 1 | PRK? |
| NDING PHYS T: After this or death with | l A | 2 Accident Investigation 3 Suicide a Could get be | 28e. PLACE OF | F INJURY — At I | home, farm, | street, fac | | |
| TTEN TTEN TOR: after | | 4 Homicide B Could not be | building, | etc. (Specify) | | | | |
| DIVISION OF OR ATTENDING PHYSIC DIRECTOR: After this ca hours after death with the | 9 | 29a. CERTIFIER CERTIFYING PHYS | SICIAN: To the best of | mu knawladaa | d-ath assure | | 4 | |
| TA SE | 5 | cont oray | ER: On the besis of ex | | | | | |
| HOSPI FUNER WITHIN | 8 | | * 11 | | | | | |
| DIVISION OF TO THE HOSPITAL OR ATTENDING PHYSICI TO THE FUNERAL DIRECTOR: After this can be filed within 72 hours after death with in MANDATANT. If them 28 is marked a | H | 206. SIGNATURE AND TITLE OF CENTIFIE | Hayo | (Man | | | | 29c LICEN |
| 223 | 2 | 30. NAME AND ADDRESS OF PERSON W | HO COMPLETED CAUS | E OF DEATH (IT | TEM 27) (Typ | e Print) | | - |
| (1) | | 0. HAYR 9131 | | 1247 | D = | 540 | 11/11 | nton |
| 0/ | | 31. DATE FILED (Month, Day, Year) | 32 DECISTRA | R'S SIGNATURE | 7 | | | |
| | | MAR 08 '91 | Gulia | Davidson | -Rando | ee_ | | |

MAR 08 '91

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

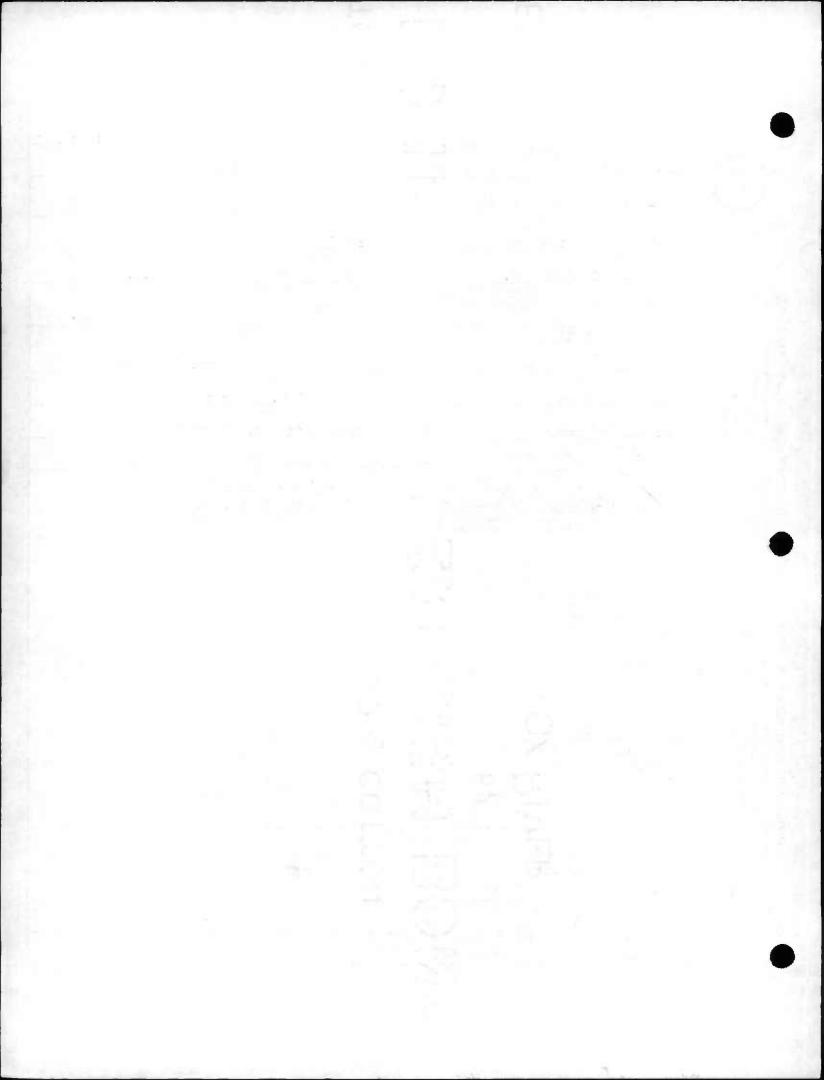
4. SOCIAL SECURITY NUMBER

HAROLD JOHN REDGRAVE

5. SEX

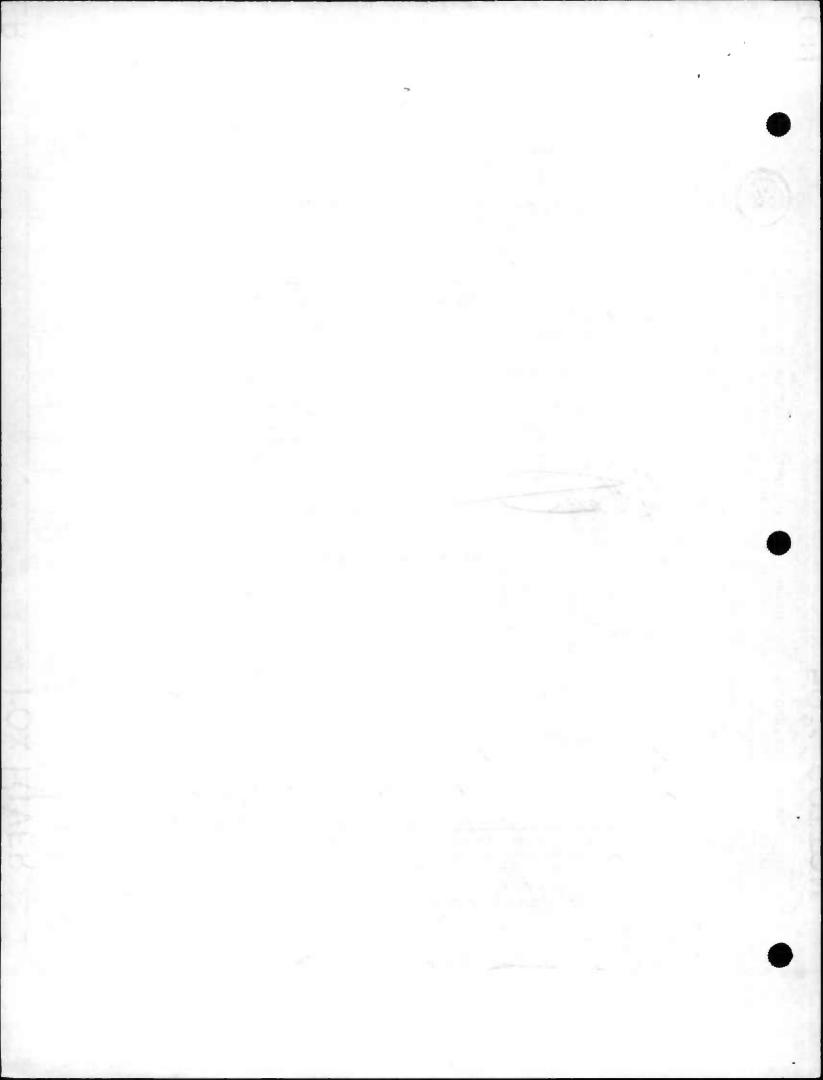
1 ₹ M 2 □ F

| STATE OF MAR | | | | | EALTH A | | ENTA | | GIENI G. NO. | | 91 | (| 1781 | 8 |
|--------------------------------------|--|----------------------------|----------------|----------|-------------------------------------|----------|-----------------|---------------------|-------------------------|---------------|---------------------------------------|--------|--|------|
| OGRAVE | 1.5 | 2 | | | | | 2. DATE MONT | | DAY | 199 | YEAR | | 1:45a | м |
| M 2 🗆 F | AGE (In yrs. lest | | | YS | | MIN. | Sep | th, Day, | | | Counti | (Y) | CE (State or Foreig | n |
| et and number) ty Hospita | a1 | -37 | | | nham | OF DEA | Prince Georges | | | | | | | |
| omery Rockville | | | | | | | | | | | 10d. INSIDE CITY LIMITS? XX YES 2 NO | | | |
| th Ct. | | | | | | 2085 | | | | 1 | J.S. | A | COUNTRY? | |
| FORCES? 1 | 2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 27 THO If YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico 1 Yes, 27 THO Specific Cuben, Mexico 1 Yes, 27 THOUSE TO Specify Cuben, Mexico 1 Yes, 27 THOUSE THE SECOND SPECIFIC CUBEN TO | | | | | | | N? (Spe Rican, | ecify Yee atc.) | or No | 14. RACI Blec Spec | k, Wh | American Indian, hite, atc. | |
| TION impleted) College (1-4 or 5+) | (Gi | ve kind of w Do NOT use | | | | | 16 | | .010507 | INESS/INI | | | -6- | P.V |
| 4 | | Engin | eer | | 18. MOTHE | | | Middle, | Maiden | | Alr | cra | art | |
| | | | | | nd Number or | | oute Nun | nber, Cit | | n, State, Zij | | 201 | 05/ | |
| al from State | 20b. PLACE of cemetary, | AND DATE | OF DISPOSI | TION | n Smit ^{(Name} emaro | | 3/3 | TE | 20c. LO | exance | City or To | own, | State | |
| SEE SEE | De | | Re Re | nd nd | on/Ha | of fac | utv Fun | era | 1 H | ome | Ш | | | |
| mplications that cost only one cause | | | | | Annag | | | | | | | 20 | Approximats Interval Betw Onset and D | тееп |
| Sepsis | AS A CONSEC | QUENCE OF |): | | | | | | | | | | | |
| Freun | AS A CONSEC | 0 | | | | | | | | | | | | |
| DUE TO (OF | AS A CONSEC | DUENCE OF | 7: | | | | | | | | | | | |
| contributing to da | ath but not r | reaulting i | n the unde | rlyin | g cause giv | ven in F | Part I. | | WAS AN PERFOR | | 241 | COL | RE AUTOPSY FIND NILABLE PRIOR TO MPLETION OF CAU DEATH? YES 2 NO | |
| HOSPITAL: | R/Outpetlant 3 | □ DOA | OTHER: | | LACE OF DEA | | | Section | ctfy) | | | | | |
| 28e. DATE OF IN. (Month, Day, | | 28b. TIMI INJ | URY | W | JURY AT DRK? YES 2 | NO | 28d. Di | EȘCRIB | E HOW I | NJURY OC | CURED | | | |
| 28e. PLACE OF If building, etc. | NJURY — At ho (Specify) | me, farm, s | dreet, factory | , offic | 20 | | 281. LO | CATION by or Tow | (Street (vn, State) | and Numbe | er or Rural | Route | e Number, | |
| AN: To the best of my | | | | | | | | | | | | (a) en | id manner as state | ed. |
| Hayer | m | | 1 | | 29c LICEN | SE NUM | | 2. | | 29d. DA | TE SIGNE | D (Mo | onth, Day, Year) | |
| COMPLETED CAUSE | of DEATH (ITE | | Prine) | lo | nton | M | 1: | 207 | 35 | | | | | |



| TATE OF | MARYLAND / DEPARTMENT | OF HEALTH AND |
|---------|-----------------------|---------------|
| | CERTIFICATE | OF DEATH |

| 1 | FOR STATE REGISTRAR | STATE OF MARYL | | MENT OF H | | | GIENE I. NO. | |
|---------------|--|---|--|---------------------------------|---|---|---|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) MICHA | el Robe | rts | | | 2. DATE OF OE | | 3. TIME OF DEATH |
| | 4. SOCIAL SECURITY NUMBER 215-70-1521 | 1 🔎 M 2 🗆 F | 33 YRS. | IF UNDER 1 YEAR | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIFT (Month, Day, Y 11-2 | bar) | BIRTNPLACE (State or Foreign Country) Md. |
| | 9a. FACILITY NAME (If not institution, give a Southern Mu | ylmo Itosp | | | n Location of DE | ATH | 9c. COUNTY | OF GEATH |
| | | ·G. | prings | ings 10d, INSI | | | | |
| DI FONERAL | 100. STREET AND NUMBER 6912 Mackson | | | | 20748 | | | OF WHAT COUNTRY? |
| - 19 | 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced | 12. WAS DECEOENT EVER (FORCES? 1 YES) IF YES, GIVE WAR OR E | XIXNO | If yes, spe | ENOENT OF HISPAN belty Cuban, Mexica 2 NO Specify | n, Puerto Rican, e | ify Yea or No— 14 tc.) | . RACE — American Indian, Black, White, etc. Specify: White |
| COMPLETED | 15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12) | CATION completed) College (1-4 or 5+) | 16a. DECEDENT'S U: (Give kind of wo life. Do NOT use Pain | rk done during mos retired.) | N at of working | | F BUSINESS/INDUS | ntractor |
| DE CO | 17. FATHER'S NAME (First, Middle, Lest) Carl E. Robe | | T d I I I | | 18. MOTHER'S NA | | Valden Sumame) | |
| 2 | Sherry L. Rob | | Same | e as 10 | Da-10f. | | or Town, State, Zip Co | |
| | 20a. METNOD OF DISPOSITION 1 Burlai XIX Cremation 3 Ram 4 Donation 5 Other (Specify) | oval from Stata | t cemetary, crematory of Lee Cre | emator | У | | Clinto | |
| | · Stales | \rightarrow | | 6633 Clin | Old Alton,Md. | exande 20735 | r Ferry | Road |
| | IMMEDIATE CAUSE (Final | s. Sudden | Brain | Deat | 5 | | | t, Approximate interval Between Onset and Death |
| | Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING | b. Self - In OUE TO (OR AS | A CONSEQUENCE OF: | genst | not wou | nd to | hear | |
| CENTIFICATION | CAUSE (Disease or injury that initiated events resulting in death) LAST | C. OUE TO (OR AS | A CONSEQUENCE OF) | | | | | |
| MEDICAL | PART II. Other significant condition Alcohol In | | but not resulting in | the underlying |) cause given in | P | MS AN AUTOPSY PERFORMEO? YES 2 NO | 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? 1 YES 2 NO |
| THISICIAIN. | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | OTHER: | ACE OF OEATN (Ch | | Mr. | 1 |
| 5 | 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be | 28a. DATE OF INJURY (Month, Day, Year) | 28b. TIME | OF 28c, INJ RY WO | URY AT RK? /ES 2 DNO | 28d. OESCRIBE | HOW INJURY OCCUP | SSW TO LARD |
| LEIED | 4 Homicide determined | building, etc. (Sp. | nackson | LAne | | Tengo | Je Hills | MD |
| COMPLE | anal | ER: On the basis of examinati | | | | lime, date and pi | ece, and dua to lhe o | cause(s) and menner as stated. |
| 10 0 | 30. NAME AND ADDRESS OF PERSON WE | O COMPLETEO CAUSE OF C | DEATH (ITEM 27) (Type, I | Print) | 017/ | 62 | ▶ 3 | 16/91 |
| | 31. DATE FILEO (Month, Day, Year) | 32. REGISTRAR'S SIG | 9556 C | nAin 1 | try 4 | mer m | arthure | 11 26 Con |
| | MAR 07 '91 | La Kind D | | | | | | |



TO BE COMPLETED BY FUNERAL DIRECTOR

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

0

31. DATE FILED (Month, Day, MAR 1 8

'9₁

32. REGISTRAR'S SIGNATURE

Julia Davidson-Randale

| 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH | | | | | | | | | | | | | |
|--|---|--|-------------------------|---------------------------|----------|--------------------------|------------|--------------|----------------------------------|----------|-------------|--|------|
| Louise Wesley ROBINSON | | | | | | | | Mar | ch 14 | , 1 | 991 | 7:43 P | M |
| 4. SOCIAL SECURITY NUMBER | 5. SEX | 6. AGE (In yrs. las | | IF UNDER 1 Y | | IF UNDER | | 7. DATE | OF BIRTH | • | 8, BIRTI | IPLACE (State or Foreign | n |
| 320-14-5359 | 1 □ M 2 🂢 F | 79 | YRS. | MONTHS E | DAYS | HOURS | MIN. | Aug | Day. (bar) 19 | 11 | Geo | irgia | |
| 9a. FACILITY NAME (If not institution, give | | | 1 | 9b. CITY, T | | | ON OF DE | | | | INTY OF E | PEATH | |
| 1601 Oak Hill Av | ٤. | | | Hage | rst | town | | Washington | | | | | |
| RESIDENCE OF DECEDENT | | | | | | | | | | | | | |
| MD Washington Hagerstown $\begin{array}{c c} \text{Limits?} \\ 1 \times \text{Yes 2} \cap \text{NO} \end{array}$ | | | | | | | | | | | | | |
| 106. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 1601 Oak Hill Ave. 21740 USA | | | | | | | | | | | | | |
| 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 🂢 Divorced | FORCES? | NT EVER IN U.S. AF 1 TYES 2 X WAR OR DATES | | If y | res, spi | | ın, Mexice | n, Puarto F | ? (Specify Yea lican, stc.) | or No- | Blac | E — American Indian, k, Whita, stc. | |
| 15. DECEDENT'S EE (Specify only highest gra- | UCATION te completed) College (1-4 or 5 | +) | ECEDENT'S Using NOT use | ork done dur retired.) | ring mo | ON at of world | ng | 24.0 | KINO OF BUS | | | | |
| 17. FATHER'S NAME (First, Middle, Last) Terrell C. Wesle | у | | | | | All | ie (| . Oz | | | | | |
| J. RUSSELL ROBIN | son II | | 604 TV | Contraction (| | | | | oer, City or Tow M, MD | 2174 | | | |
| 20s. METHOD OF DISPOSITION 1 □ Burlel 2 M Cremetion 3 □ Re 4 □ Donation 5 □ Other (Specify) | moval from Stata | 206. PLACE Smuth | of Disposi | TION (Name | od con | netery, cres | matory or | | | | urg, N | own, State | |
| 21. SIGNATURE OF PUNEFIAL BETWICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Davis Funeral Home Rt. 3 Box 78 Smithsburg, MD 21783 | | | | | | | | | | | | | |
| 23. PART I. Enter the diseases, o shock, or heart failure immediate CAUSE (Final disease or condition resulting in death) | a. Arteri | use on each lin | e. tic He | art ! | | | | h aa card | slac or reap | retory a | rrest, | Approximate interval Betwoonset and D | eath |
| Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | С | O (OR AS A CONSE | | | | | | | | | | | |
| History of thor | _ | | | n the und | erlyin | g ceuse | given in | Pert I. | 24a. WAS AN PERFOR | MED? | 24 | b. WERE AUTOPSY FINDS ANAILABLE PRIOR TO COMPLETION OF CAUS OF OEATH? | |
| | | | | | | | | | | | | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | | | | LACE OF | DEATH (C) | neck only or | 70) | | | | |
| 1 X YES 2 □ NO | | ☐ ER/Outpetient | 3 🗆 DOA | OTHER: | ng Hom | ne 5 X R | tealdenca | 6 🗆 Othe | r (Specify) | | | | |
| 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation | | PF INJURY Day, Year) | 28b. TIME INJU | OF 2 JRY M | WC | JURY AT DRK? YES 2 | □ NO | 28d. DE | SCRIBE HOW I | NJURY O | CCURED | | |
| 3 Suicide 8 Could not b | 28a. PLACE | OF INJURY — At h | ome, farm, a | treet, factor | y, offic | a | - | | ATION (Street or Town, State) | | er or Rural | Route Number, | |
| one) | 'SICIAN: To the best of | | | | | | | | | | | (a) and manner as state | ıd. |
| 29b. SIGNATURE AND TITLE OF CERTIF | IER W Di | Hos | ن | > | | | 2 1062 | | | | | 0 (Month, Day, Year) 15, 1991 | |
| 30. NAME AND ADDRESS OF PERSON (Edward W. Ditto, | | | | | eta | on St | reet | . На | gersto | wn . | Mars | 71and 2174 | 0 |

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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

| REGISTRAR | | CERTIFIC | CATE OF DEAT | H | REG. NO. | |
|--|---|-------------------------------------|---|--------------------------------|---|---|
| 1. DECEDENT'S NAME (First, Middle, Last | RIDGLEY | ALDAS | S ALDAS | MONTI | OF OEATH DAY | YEAR 150 PM |
| 4. SOCIAL SECURITY NUMBER 023-14-6098 | 5. SEX 6. AGE | | IF UNDER 1 YEAR IF UNDER ONTHS DAYS HOURS | 24 HRS. 7. OATE MIN. (Monti | OF BIRTH h, Day, Year) 1900 | BIRTHPLACE (State or Foreign Country) D . C . |
| 90. FACILITY NAME (If not institution, give AMU ANUMUL) RESIDENCE OF DECEDENT | street and number) Medical Co | | AAME | Amay | 6/ 4 | ANNA POLIS, MD |
| 10e. STATE 10b. COUN | EEN ANNE | | TOWN OR LOCATION VENSVILLE | | | 10d. INSIDE CITY LIMITS? 1 YES 2 NO |
| 100. STREET AND NUMBER 104. JEAN RO | AD THE | To more | 101. ZIP CODE 21666 | 2 | | S . A . |
| 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER FORCES? XIX YES IF YES, GIVE WAR OR | 2 NO | 13. WAS OCCENOENT O if yes, specify Cuber 1 YES 2 NO | n, Mexican, Puerto I | | 14. RACE — American Indien, Black, White, etc. |
| 15. OECEOENT'S EC | UCATION | 16a. OECEDENT'S U | SUAL OCCUPATION rk done during most of workin | 16b | . KIND OF BUSINESS/IN | IDUSTRY |
| Elementary/Secondary (0-12) | College (1-4 or 5+) | Iffe. Do NOT use | EMPLOYED | R | EFRIGERA' ECTRICAL | TION & CONTRACTOR |
| 17. FATHER'S NAME (First, Middle, Last) | | | 18. MOTH | IER'S NAME (First, | Middle, Meiden Surname) | |
| FREDERICK RID | GLEY | | E | ELEANOR | HART | |
| 190. INFORMANT'S NAME (Type/Print) GARRETT V. RI | DGLEY | | JEAN RD. | | | |
| 20s. METHOD OF OISPOSITION 1 ☑ Burlel ②☑ ② Commetton 3 ☐ Re 4 ☐ Donetton 8 ☐ Other (Specify) | moval from State | f cemelary, crematory of | | 3-17 | 3 - | - City or Town, State IMORE, MARYLA |
| 21. SIGNATURE OF FUNERAL SERVICE (| | ETRO CRE | 22. NAME AND ADDRES | SS OF FACILITY 8 | | ST. 2ANNAPOLIS |
| Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST | c | A CONSEQUENCE OF) A CONSEQUENCE OF) | | | | |
| PART II. Other algnificant conditions of the con | on contributing to deeth | | the underlying cause of | given in Part I. | 24a. WAS AN AUTOPSY PERFORMED? 1 UPS 2 NO | 24b, WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| 25. WAS CASE REFERRED TO MIDICAL EXAMINER? | HOSPITAL: | | 28. PLACE OF D | EATH (Check only o | ne) | |
| 1 YES NO | Inpetient 2 ER/OL | | Nursing Home 8 Re | | | |
| 1 Netural 5 Pending 2 Accident investigation | 28a. DATE OF INJURY (Month, Day, Year) | | | | SCRIBE HOW INJURY O | ССОНЕВ |
| 3 Suicide 8 Could not b | 28e. PLACE OF INJUI building, etc. (Sp | RY — At home, farm, at lecify) | reet, factory, office | | CATION (Street and Number or Town, State) | er or Rural Route Number, |
| 2016 SIGNATURE AND TITLE OF CERTIFIE | 7 | ion end/or investigation | , in my opinion, death occur | | e end place, end due to | teted. the cause(e) end manner as stated. ATE SIGNED (Mgath, Day, Year) |
| 31. DATE FILED (MONTH), Day, Year), MAR 1 1 1991 | Fuha 32 Recommend | HATTIE . | 3PPorus) | Dune | SP, A | opica M. son |

in all the specific particles and the specific particles are all the specific particles and the specific particles are all t

Mary Commence

Phyllis Hanora

9a. FACILITY NAME (If not institution, give street and number)

Wesleyan Nursing Center

213-24-2513

4. SOCIAL SECURITY NUMBER

YRS.

IF UNDER & YEAR / IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF GEATH

6. AGE (In yrs. last birthday)

82

1 M 2 XF

3. TIME OF OEATH

8 BIRTHPI ACE (State or Foreign

2. OATE OF DEATH MONTH

7 OATE OF BIRTH

Denton

Jan 11, 1909

| 10 | 1 |
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| (SOL | 1. 3 sh |
| | Pages |
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| 5 | ransit |

BALTIMORE, MARYLAND 21203-3146

Page 6 may

urs after death.

BOX 13146,

P.O.

RECORDS.

DIVISION OF VITAL

NP.

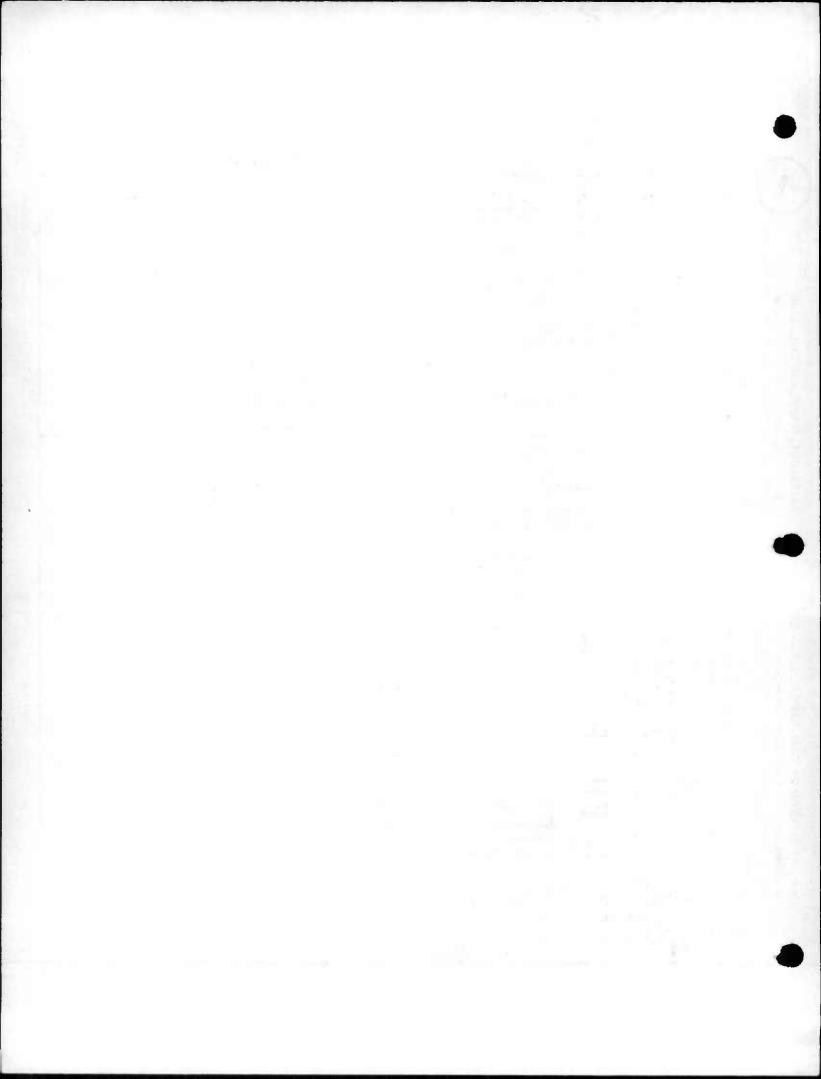
MAR

DIRECTOR RESIDENCE OF DECEDENT 10a. STATE Caroline Denton FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOE 280 Camp Rd. 21629 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ABMED FORCES? 1 YES 2 2NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Nothe hospital or attending physicial detached for use as the burial-to If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2X NO Specify BY 3 Widowed 4 X Noorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Elementary/Secondary (0-12) Community Care Home nurses assistant 6th 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) be retained by th Joseph Wendling Radcliffe notified at BE Noma Lynch Radcliffe page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Nona Roberts Rt. 1 Box 127 Henderson, MD 21640 pe 20a, METHOD OF DISPOSITION
1 X Burial 2 Cremation 3 20b. PLACE OF DISPOSITION (Name of cametery, crematory or must director, Greensboro Cm 4 Donation 8 Other (Specify) 22. NAME AND ADDRESS OF FACILITY

Greensboro, MD 21639 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE funeral Fleegle-Helfenbein Fn Hm POBx 160 filled in by the fi medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ahock, or heart failure. Liet only one cause on each line n and completely filled is to burial, cremation, or IMMEDIATE CAUSE (Finel the DNGBSTIVE resulting in death) traumatic event, CERTIFICATION Sequentially list conditions. **OUE TO (OR AS A CONSEQUENCE OF)** If any, leading to immediate cause. Enter UNDERLYING attending physician Hvaiene prior CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events 10 the atter injury. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL by th shows any Signed 1 - YES 2 000 Health t. of certificate has been the State Dept. o 23 25. WAS CASE REFERRED TO MEDICAL HOSPITAL DR ATTENDING PHYSICIAN: The I. FUNERAL DIRECTOR: After this certificate ha within 72 hours after death with the State De ITANT: If Nem 28 Is marked, or Item 2 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 | Inputient 2 | ER/Outputient 3 | DOA ng Home 5 - Residence 8 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF GEATH 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Investigation Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. IMPORTANT: 296. SIGHATHRE AND TIPLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month Day, Year) THE TO THE P BE 12/23 MO 2 30. NAME AND ADDRESS OF PERSON WHO, COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) POBOX 122 Goldsburg ANOPEA AUER MO 31. DATE FILED (Month, Pay, Year)

#2. REGISTRAR'S SIGNATURE whie Davidson-Randell

PENN. 9c. COUNTY OF DEATH Caroline 10d, INSIDE CITY LIMITS? 1 YES 2 NO USA 14. RACE — American Indian, Black, White, atc. White 20c. LOCATION - City or Town, State Greensboro, MD **Onset and Death** 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO



| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | BALTIMORE MARKLIND 21203-3146 |
|--|---|
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be remained by the hospital or attending physician, | e neamed by the hospital or attending physician. |
| TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, and account of the true as the burial-transit permit. Pages 1, 2, 3 should | trimine detached for use as the burial-transit permit. Pages 1, 2, 3 should |
| be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. | |
| semantical to the semantical semantical and the semantical semanti | solillad at anon |

| | FOR 1 - STATE REGISTRAR | STATE OF M | IARYLAND / Ce | DEPAR ERTIF | | | | | | HYGIEN | E | 91 | 07823 | |
|---|--|-------------------------------------|-----------------------|----------------|----------------------------|---|------------------------------|---|-------------------------------|--------------------------------|--------------------|---|-----------------------|--|
| | 1. DECEDENT'S HAME (First, Middle, Last) Bertha Schalow Bertha R. Schalow 2. DATE OF DEATH 3/9/91 year 3. TIME OF DEATH MONTH 3 9 91 4:30 A M | | | | | | | | | | | | | |
| | Bertha | | | | | | | | | | 4:30 AM | | | |
| FUNERAL DIRECTOR | 4. SOCIAL SECURITY HUMBER 5. SEX 6. AGE (In yrs. 387-07-2120 1 - M 2 1 F 96 | | | | YRS. MONTHS DAYS | | | 7. DATE OF BIRTH (Month, Day, Year) | | ey, Year) | ,, | Country | | |
| | 98. FACILITY NAME (If not institution, give street and number) | | | | 3-21.99 | | | | | NTY OF DE | SS/a | | | |
| | Pleasant Vie | | Mt. Airy Carroll | | | | | | 1 | | | | | |
| | RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY | | | | V TOWN | | | | | | | | 10d. IHSIDE CITY | |
| | Maryland Montgomery | | | | Damascus | | | | | | | LIMITS? | | |
| | 10e. STREET AND NUMBER | 101. ZIP CODE | | | | | 10g. CITIZEN OF WHAT COUNTRY | | | HAT COUNTRY? | | | | |
| | 26614 на | | 20872 | | | | | | USA | | | | | |
| Į. | 11. MARITAL STATUS 1 Hever Married 2 Merrie | T EVER IN U.S. AF | S 2 NO II | | | AS DECENDENT OF HISPANIC ORIGII yes, specify Cuban, Mexican, Puerto YES 2 NO Specify: | | | C ORIGIN? (Specify Yee or No- | | 14. RACE Black, | 14. RACE — American Indian, Black, White, etc. | | |
| B | 3 Widowed 4 Divorced | AR OR DATES | | | | | | | Specify: | | | White | | |
| G | 15. DECEDENT'S EDUCATION (Specify only highest grade completed) | | | | work rione | CCUPATIO during mos | N et of workin | a | 16b. KI | 16b. KIHD OF BUSINESS/IHDUSTRY | | | | |
| Ē | Elementary/Secondary (0-12) College (1-4 or 5+) | | | . Do NOT u | ee retired.) SEWI. | | | • | | Oum | Home | 0 | - | |
| COMPLETED | 17. FATHER'S HAME (First, Middle, | Last) | | поц | SCMT. | 16 | 18. MOTI | HER'S NA | ME (First, Mide | | | | | |
| | John | | | | | | | | egina | | | | | |
| TO BE | 19e, IHFORMANT'S NAME (Type/Pri | | 19 | | | | | | Route Number, | | | | | |
| | Agnes Rasbor | nick | | | _ | | | | amascu | _ | | | | |
| | 20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 4 Donetion 5 Other (Spec | | 20b. PLACE other p | OF DISPO | Linc: | oln (| cenet | ery or | | | | ION — City or Town, State 1tWood, Md. | | |
| | 21. SIGNATURE OF FUNERAL SER | | - 1 | | 22 | NAME AN | D ADDRE | SS OF FA | | | | | | |
| Уудын | > Ol - 7 | PAroles | att. | | 1 | Olin | L. I | Mole: | sworth | P. | A. | Md. | 20872 | |
| | 26401 Ridge Rd., Damascus, Md. 20872 23. PART I. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such as cardiec or respiratory strest, Approximate | | | | | | | | | | | | | |
| | shock, or heart failure. List only one cause on each lina. IMMEDIATE CAUSE (Finel Onaet end Death | | | | | | | | | | | | | |
| | disease or condition s. SEPS/5 oue to (or as a consequence of): | | | | | | | | | | | | | |
| | - GANGRENT OF LEFT LEG | | | | | | | | | | | | | |
| OI | If any, leading to immediate | | | | | | | | | | | | | |
| CA | CAUSE (Disease or Injury | | | | | | | | | | | | | |
| CERTIFICATION | that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST | | | | | | | | | | | | | |
| CE | d. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS | | | | | | | | | | | | | |
| CAL C | siterivelection there by | | | | | | | | PERFORMED? | | 240. | AVAILABLE PRIOR TO COMPLETION OF CAUSE | | |
| PHYSICIAN: MEDI | Failure, Hysterson, Hypoth | | | | | | inviolisin. | | | 1 YES 2 NO | | | OF DEATH? 1 YES 2 NO | |
| 2 2 | YES 2 NO | | | | | | | | | | | | | |
| CIAN | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? OTHER: | | | | | | | | | | | | | |
| BY PHYSICI | 1 YES 2 NO 1 Impetient 2 ER/Outpetient 3 DOA 4 Mursing Home 5 Residence 6 Other (Specify) | | | | | | | | | | | | | |
| P. P. | 27. MAHHER OF OEATH 1 Netural 5 Pend | | | 28b. TII | JURY M | | PRK? | □ NO | 28d. DESCI | RIBE HOW | IHJURY O | CCURED | | |
| BY BY | 2 Accident Invest 3 Suicide 8 Coulc | home, farm, street, factory, office | | | | 281. LOCATION (Street and Number or Rural Route Number, | | | | | | | | |
| ETEI | S Could not be building, etc. (Specify) City or Town, State) | | | | | | | | | | | | | |
| COMPLETED | 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated. | | | | | | | | | | | | | |
| MPURIANI: II IIEM 28 IS D BE COMPLETED | 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occursed at the time, date and place, and due to the cause(s) and menner as stated. | | | | | | | | | | | | | |
| BE | 296. SIGHATURE AND THE OF CHITTENEY | | | | 29c. LICEHSE HUME 026 4 | | | 99 29d. DATE SIGHED (Month, Day, Year) 3-9-9/ | | | (Month, Day, Year) | | | |
| ₽ | 30. HAME AHO AGORESS OF PER | SON WHO COMPLETED CAU | SE OF DEATH (IT | EM 27) (Typ | e, Print) | | | - | . / | | | - | • / | |
| | Ronald E. Miller, M.D. 4 Culwell Dr., Mt. Airy, 21771 | | | | | | | | | | | | | |
| | 31. DATE FILED (Moriti, Day, Year) 32. REGISTRAR'S SIGNATURE MAD 1 1 1001 Guile Davidson-Rondere | | | | | | | | | | | | | |
| | MAR 1 1 199 | guya vivido | 01-16-16 | | | | | | | | | | | |

. e a " a • 6 many told make BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-rouns after death. Page 6 may be retained TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 after being within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neutral.

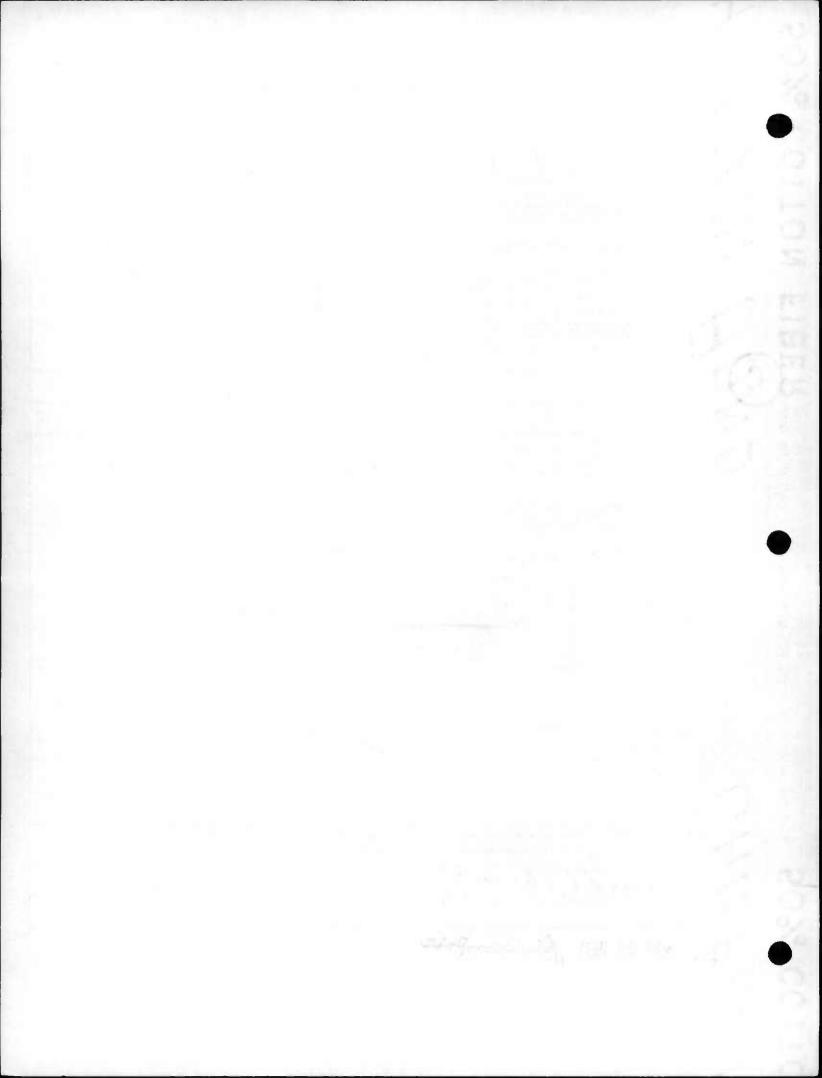
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

| * | FOR STATE REGISTRAR |
|---|---|
| , | 1. OECEDENT'S HAME (First, |
| | HARRY W |
| | 4. SOCIAL SECURITY HUMBI 212-12-295 |
| | 9a. FACILITY NAME (If not ins Citizens |
| | RESIDENCE OF DEC |
| | 10a. STATE |
| | Maryland |
| ļ | 10e. STREET AND HUMBER |
| ı | 5708 Butte |

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REGISTRAR | | C | EKIIFI | CALE OF | DEATH | REG. N | 0. | |
|--|-----------------------------|---|--|--------------------------------|--------------------------------|--|----------------------|--|
| 1. OECEDENT'S HAME (First, Middle, Last) HARRY W. W. | SCHROY | ER | | | | 2. DATE OF OEATH MONTH March 2, | 1991 YE | 3. TIME OF DEATH |
| 212-12-2959 | 6. SEX | 6. AGE (In yrs. In | | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) 3/8/1915 | | BIRTHPLACE (State or Foreign Country) |
| 90. FACHLITY NAME (If not institution, give Citizens NWs | atroot and number) ing Home | | | вь city, тоши Fred | OR LOCATION OF D | | | of DEATH derick |
| RESIDENCE OF DECEDENT | | | | | | | | |
| | r ederick | | | ederick | TIOH | | | 10d. INSIDE CITY LIMITS? 1 YES 2 HO |
| 5708 Butterfly | Lane | | | 10 | 1. ZIP CODE 21702 | | 10g. CITIZEH | of what country? |
| 1. MARITAL STATUS Never Married 2 X Married Wildowed 4 Divorced | FORCES? | NT EVER IH U.S. A 1 YES 2 WAR OR DATES | | If yes, s | | NIC ORIGIN? (Specify) an, Puerto Rican, etc.) ily: | | RACE — American Indian, Black, White, etc. Specify: White. |
| 15. DECEDENT'S EOL | JCATIOH | | | ISUAL OCCUPAT | | 16b. KIHD OF B | USIHESS/IHDUST | |
| (Specify only highest grade Elementary/Secondary (0-12) | College (1-4 or 5 | +) | Give kind of wi n. Do NOT use ULET | ork done during m retired.) | oet of working | Lime | | |
| 7. FATHER'S HAME (First, Middle, Last) | | | | | 18, MOTHER'S N | AME (First, Middle, Maid | on Surname) | |
| ROU SCHROUPT | | | or Manino | ADDRES (Pro- | Nelli | e Metz Route Number, City or T | | 4-1 |
| Mary Schroyer | | | | | | Frederich | | |
| 0e. METHOD OF DISPOSITION Burial 2 Cremation 3 Ren | noval from State | 20b. PLACE other p | OF DISPOSE | TION (Name of co | metery, crematory or | 20c. I | OCATION — City | or Town, State |
| ☐ Donation 5 ☐ Other (Specify) | IOENOES | - Mt. | Olive | t Cemet | NO ADDRESS OF F | | ederick. | |
| Merray (| Divist. | Olin | 0 | | | Stau | | ieral Home Lick, Md. 217 |
| MMEDIATE CAUSE (Final lisease or condition eaulting in death) | a. Br | O (OR AS A COHS | | ellmen): | a | | | 5dbeys |
| Sequentially list conditions, if any, leading to immediate lause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events esuiting in death) LAST | c. Oue to | rebro rebro Januara comu | LUCY OF | liono | oses o | rick | | 2 years |
| PART II. Other algnificant condition | ons contributing to | o death but not | resulting is | n the underlyli | ng cause given i | Part I. 24a. WAS PERF | AN AUTOPSY ORMED? | 24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| | | | | | | | | |
| 5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO | HOSPITAL: | ☐ ER/Outpatient | | OTHER: | LACE OF DEATH (C | heck only one) 8 Other (Specify) | | |
| 7. MANNER OF OEATH | 28e. DATE O | F IHJURY | 28b. TIME | OF 28c. II | JURY AT ORK? | 28d. DESCRIBE HO | V IHJURY OCCUR | EO |
| 1 Natural 5 Pending 2 Accident Investigation | | Day, Year) OF INJURY — At I | INJU | M 10 | | | | |
| 3 Suicide 8 Could not be determined | building | y, etc. (Specify) | comes, ranni, e | reet, factory, of | | 281. LOCATION (Stre City or Town, Str | et and reumber or r | tural House Number, |
| onel - | | | | | | se to the cause(s) and r | | suse(s) and manner as stated. |
| 96. BIGHATURE AND TITLE OF CERTIFIE | | - 0 | | | Pac. LICENSE NO | The second secon | | GNED (Month, Day, Year) |
| O. NAME AND ADDRESS OF PERSON W | HO COMPLETED CA | USE OP-DEATH (IT | EM 27) (Type, | Print) | 0 1 7 10 | | 10/ | 1/ / ' |
| 1. DATE FILED (Month, Day, Year) | St. REGISTI | AR'S SIGNATURE | | | - | | | |



ending physician. In the burial-transit permit. Pages 1, 2, 3 should

| | FOR 1 - STATE REGISTRAR | STATE OF MARYL | | TMENT OF H | | NTAL HYGIEN REG. NO. | E | | | |
|-----------------------|---|--|---|--|--|---|--|--|--|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | M | 11e SPU | RLOCK K | | DATE OF DEATH DO | 10 1 | 3. TIME OF DEATH | | |
| | 4. SOCIAL SECURITY NUMBER 220-01-4435 | 1 □ M 2 XXE 76 | in yrs. last bjirthday) YRS. | IF UNDER 1 YEAR MONTHS DAYS | HOURS MIN. | Oct. 22. | 1914 N | BIRTHPLACE (State or Foreign Country) laryland | | |
| TOR | 9a. FACILITY NAME (# not institution, give s Frederick Mem RESIDENCE OF DECEDENT | | t1 | Freder | r location of death | н | 9c. COUNTY | rederick | | |
| FUNERAL DIRECTOR | 10a. STATE 10b. COUNT | v erick | | rederick | | | | 10d. INSIDE CITY LIMITS? 1 VYES 2 \(\text{NO}\) NO | | |
| FRAL | 100. STREET AND NUMBER 216 Bast Seve | nth Street | | 101. | 21701 | | | OF WHAT COUNTRY? | | |
| BY FUR | 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA | 2 X NO | If yea, spe | ENDENT OF HISPANIC city Cuban, Mexican, P | | or No.— 14. | RACE — American Indian, Black, White, etc. Specify White | | |
| COMPLETED | 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12) | | (Give kind of a life. Do NOT us | USUAL OCCUPATION work done during most retired.) | IN st of working | 16b. KIND OF BU | | | | |
| | 8 17. FATHER'S NAME (First, Middle, Last) William Gu | | Seams | tress | 16. MOTHER'S NAME (First, Middle, Maiden Surname) | | | | | |
| TO BE | 19a. INFORMANT'S NAME (Type/Print) Miss Wanda L. Hi | | | | nd Number or Rural Rou | | n, State, Zip Coo | de) | | |
| | 20a, NETHOD OF DISPOSITION 20a NETHOD OF DISPOSITION 20a NETHOD OF DISPOSITION 20a NETHOD OF DISPOSITION 3 Ram 4 Donation 5 Other (Specify) | 20b | other place) | sition (Name of cerr | netery, cremetory or | , Frederick, Md. 21701 20c. LOCATION — City or Town, State Mt. Airy, Maryland | | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LI | | Moo255 | Z2. NAME AN | ey and Bas | sford P.A | . B une | | | |
| | 23. PART I. Enter the diseases, or | compliantions that church | date death the | | | | | | | |
| | | List only one cause on e | ach line. | | de of dying, such a | e cardiac or reap | iratory arrest | Approximate interval Between Onset and Death | | |
| NOI | ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, | a. Due to (OR AS A | | F): | de of dying, such a | e cardiac or reap | iratory arrest | Interval Between | | |
| IFICATION | ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) | a. DUE TO (OR AS A DUE TO (OR AS A C. | A CONSEQUENCE O | ค: ค: | de of dying, such a | e cardlac or reap | iratory arrest | Interval Between | | |
| CERTIFICATION | ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | a. DUE TO (OR AS A DUE TO (OR A DUE TO (| A CONSEQUENCE O | ନ: ନ: | | | | Interval Between Onset and Death | | |
| SAL | shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | a. DUE TO (OR AS A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DU | A CONSEQUENCE O | ନ: ନ: | | | AUTOPSY RMED? | Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? | | |
| MEDICAL | ahock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition | a. DUE TO (OR AS A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DU | A CONSEQUENCE O | 마: 마: 마: In the underlying | | ort I. 24a. WAS AN PERFO | AUTOPSY RMED? | Interval Between Onset and Death Dea | | |
| MEDICAL | ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition | DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A | A CONSEQUENCE O | F): In the underlying 28. PL OTHER: 4 □ Nursing Hom ## OF | g cause given in Pa | irt I. 24a. WAS AN PERFO | AUTOPSY RMED? | Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | |
| BY PHYSICIAN: MEDICAL | ahock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH The Natural 6 Pending investigation | DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A | A CONSEQUENCE O | P): In the Underlying 26. Pt. OTHER: 4 Nursing Hom ME OF 28c. INJ JURY WO 1 1 | g cause given in Pa ACE OF DEATH (Check to 5 Rasidence 6 URY AT PKY YES 2 NO | int I. 24a. WAS AN PERFO! 1 YES : conty one) Other (Specify) 8d. DESCRIBE HOW | AUTOPSY RMED? SELLINO | Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS. AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | |
| BY PHYSICIAN: MEDICAL | ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending investigation 2 Accident 3 Suicide 6 Could not be determined | DUE TO (OR AS A DUE TO | A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O Dut not resulting patient 3 DOA 29b. Tik. IN. | 28. PL OTHER: 4 Nursing Hom ME OF 28c. INJ JURY WO 1 Nursing Hom Street, factory, office | g cause given in Pa _ACE OF DEATH (Check te 5 | Int I. 24a. WAS AN PERFO! 1 YES : conly one) Other (Specify) 8d. DESCRIBE HOW 8f. LOCATION (Street City or Town, State | AUTOPSY MED? INJURY OCCUR and Number or | Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS ANALIBLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | |
| BY PHYSICIAN: MEDICAL | ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Thetural 6 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) | DUE TO (OR AS A b. DUE TO (OR AS A c. DUE TO (OR AS A d. HOSPITAL: TO Inpatient 2 = ENOuty (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spe | A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O Dut not resulting patient 3 DOA 28b. Tile in. | 26. PL OTHER: 4 Nursing Hom AE OF 26c. INJ JURY M 1 Nursing Hom street, factory, office | g cause given in Pa ACE OF DEATH (Check to 5 Rasidence 6 URY AT PRK? YES 2 NO a 2 | int I. 24a. WAS AN PERFOI 1 YES : conly one) Other (Specify) Bd. DESCRIBE HOW Bf. LOCATION (Street City or Fown, State | AUTOPSY RMED? INJURY OCCUR and Number or | Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS ANALIBLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | |
| PHYSICIAN: MEDICAL | ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Thetural 6 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) | DUE TO (OR AS A b. DUE TO (OR AS A c. DUE TO (OR AS A d. DUE TO (OR AS | A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O A CONSEQUENCE O Dut not resulting Patient 3 □ DOA 29b. Till IN. Y — At home, farm, city) viedge, death occurrent and/or investigation | 26. PL OTHER: 4 Nursing Hom M 1 Nursing Hom Street, factory, offici | g cause given in Pa ACE OF DEATH (Check to 5 Rasidence 6 URY AT PRK? YES 2 NO a 2 | only one) Other (Specify) ad. DESCRIBE HOW St. LOCATION (Street City or Town, State) the cause(a) and mane, data and place, a | AUTOPSY AMED? INJURY OCCUR and Number or inner as stated. Indidue to the c | Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | |

a service of the serv and a state of the state of

| Or all | |
|---|--|
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 and use remained by the strength of the strength of the attending physician and completely filled in by the funeral director, page 5 and use death with the State Dept. of Health and Mental Hygiene prior to build; compation, or removal. IMPORTANT: It tem 28 is marked, or them 23 shows any Injury, or other traumatic event, the medical examiner must be notified and an arked. | |

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

| 1 - STATE REGISTRAR | STATE OF MARY | | MENT OF HEALTH AND | MENTAL HYGIENE REG. NO. | | | | | |
|--|--|---|--|---|--|--|--|--|--|
| 1. DECEDENT'S NAME (First, Middle, Paul William | | | | 2. DATE OF DEATH DAY | YEAR 1991 7 20 A | | | | |
| 4. SOCIAL SECURITY NUMBER 215-36-6531 96. FACILITY NAME (If not institution, | 1 √2 M 2 □ F 5 | 7 YRS. MO | UNDER 1 YEAR SF UNDER 24 HRS. NTHS DAYS HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) Oct 13, 1939 | 8. BIRTHPLACE (State or Foreign Country) Maryland OUNTY OF DEATH | | | | |
| 417 South Mark | ret Street | | Frederick | ick Frederick | | | | | |
| 10s. STATE 10b. C | ounty Frederick | Hoc. CITY, T Frede | own dr location Tick | · | 10d. INSIDE CITY LIMITS? 1√√YES 2 □ NO | | | | |
| 100. STREET AND NUMBER 417 South Mari | shot Stroot | | 10f. ZIP CODE 2 7 0 | | CITIZEN OF WHAT COUNTRY? | | | | |
| 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER | 3 2 ND | | NIC ORIGIN? (Specify Yes or No- an, Puerto Rican, etc.) | | | | | |
| 15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 12 Years | S EDUCATION | 16a. DECEDENT'S US (Give kind of work life. Do NOT use re Carpente | done during most of working tired.) | 166. KIND OF BUSINESS. | | | | | |
| 17. FATHER'S NAME (First, Middle, La Charles Kieff | Ser Sines | 18. MOTHER'S N | AME (First, Middle, Meiden Surnem rriet Lenhart | •) | | | | | |
| 190. INFORMANT'S NAME (Type/Print) Harriet Sines |) | oness (Street and Number or Aura. Efferson Pike, | | | | | | | |
| 20a. METHOD OF DISPOSITION 1 Ty Burlal 2 Cremation 3 Comment of Comments of C | ns Frederi | ick, Maryland | | | | | | | |
| 21. SIGNATURE OF FUNERAL SERVICE LA STANGE AND ADDRESS OF FACILITY Stauffer Funeral Home 1621 Opossumtown Pike, Frederick, Md. 217 | | | | | | | | | |
| 23. PART I. Enter the disease shock, or heart fail immediate CAUSE (Final disease or condition resulting in death) | aDUE TO (OR AS | A CONSEQUENCE OF): | 1095 | on an emulation of respiratory | Interval Betwee | | | | |
| Sequentially list conditions, if any, leeding to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST | | | | | | | | | |
| PART II. Other significant con | ditiona contributing to death | but not resulting in | the underlying cause given in | Part I. 24s. WAS AN AUTOP PERFORMED? 1 YES 2 NO | AMAILABLE PRIOR TO COMPLETION DE CAUSE | | | | |
| 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 ND | HOSPITAL: | | 26. PLACE OF DEATH (C | | | | | | |
| 27. MANNER OF DEATH 1 Natural 5 Pending | | 28b. TIME (| Nursing Home 5 Meeldence F 28c. INJURY AT WORK? M 1 YES 2 ND | 28d. DESCRIBE HOW INJURY | OCCURED | | | | |
| 2 Accident investig 3 Suicide 6 Could n 4 Homicide determin | 28e. PLACE OF INJUI | RY — At home, farm, stre sectly) | et, factory, office | 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | | | | |
| amai . | PHYSICIAN: To the best of my kno AMINER: On the basis of examinat | | | | stated. to the cause(s) and manner as stated. | | | | |
| 296. SIGNATURE AND TITLE OF CE | 216 | •9 | | JMBER 29d. ▶ | DATE SIGNED (Morith, Day, Year) | | | | |
| 296, SIGNATURE AND TITLE OF CE | ON WHO COMPLETED CAUSE OF I | DEATH (ITEM 27) (Type, Pr | 29c. LICENSE N | JMBER 29d. | DATE SIGNED (Month, Day, Year) | | | | |

12+1VA

DHMH-16 Rev 1/89

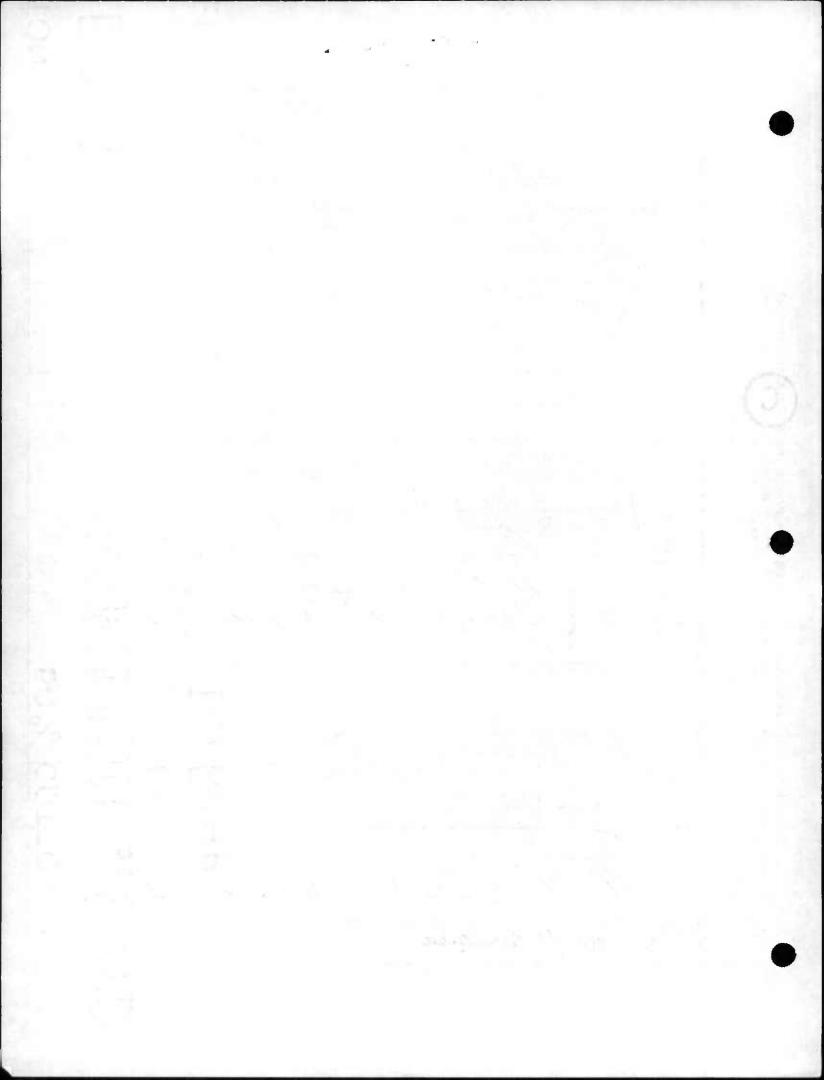
TO BE COMPLETED BY FUNERAL DIRECTOR

D 21215-0020

BALTIMORE,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

| I. DECEDENT'S NAME (First, Middle, L | Lest) | | 111111110711 | E OF DEATH | REG. NO | <i>J</i> . | 3, TIME OF DEATH | | |
|--|--|---|--|---|--|--|--|--|--|
| | LTON | J. | STEW | ייסא | | | 5:55 P | | |
| 4. SOCIAL SECURITY NUMBER | T | 8. AGE (In yrs. last | | ER 1 YEAR IF UNDER 24 HRS. | 7. DATE OF BIRTH | 8. | BIRTHPLACE (State or Foreign | | |
| 214-30-7543 De. FACILITY NAME (If not institution, | CM M 2 F | 55 | YRS. MONTHS | DAYS HOURS MIN. | (Morith, Dey, Year) 07-07-19 | 35 | MD OF DEATH | | |
| Memorial Hospit | tal | | | mberland | | Alle | | | |
| MD Alle | egany | | 10c. CITY, TOWN Cumber] | | | 10d. INSIDE CITY LIMITS? XX YES 2 NO | | | |
| 913 Zilman Way | 7 | | 101. ZIP CODE 21502 | | 10g. CITIZEN | OF WHAT COUNTRY? | | | |
| II. MARITAL STATUS I Never Married 2 Married I Widowed XXXX Divorced | 12. WAS DECEDENT, FORCES? 2146 IF YES, GIVE WA 4-1958- | EVER IN U.S. ARM YES 2 NO R OR DATES -4-196 | MED 13 | WAS DECENDENT OF HISP. If yea, specify Cuban, Maxi- 1 YES XXX NO Specify Cuban | can, Puerto Rican, etc.) | ea or No- 14. | RACE — American Indian, Black, White, atc. Specify: White | | |
| 15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) | | (Glv life. I | Do NOT use retired. | e during most of worlding) | . 5.5 1.5 0.5 - 0.5 | USINESS/INDUS | | | |
| 12 | | Ca | rpenter | | | ractors | | | |
| 77. FATHER'S NAME (First, Middle, Las Milton A. Stev | * | | | 130000000000000000000000000000000000000 | IAME (First, Middle, Maide | | | | |
| 194. INFORMANT'S NAME (Typo/Print) Mr. Patrick R. | | | | ss (Street and Number or Rura n Way Cumbe) | | wn, State, Zip Co | de) | | |
| 20a. METHOD OF DISPOSITION | OCATION City | | | | | | | | |
| 4 Donation 6 Other (Specify) ROCKY Gap Vet. Celletery 3/13 Filitstone, MD | | | | | | | | | |
| Scarpelli Funeral Home Cumberland, MD 21502 | | | | | | | | | |
| IMMEDIATE CAUSE (Finei | iure. List only ope caus | caused the des | ath. Do not ant | er the mode of dying, su | | piratory arres | intarvai Betw | | |
| | s. July 2007 cause | on each tine. | MUSIC OFF | | | piratory arrest | interval Betw | | |
| iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events | s. Due you | OR AS A CONSEQUENCE OR AS | DUJ DENOS POR LIENCE OF: UENCE OF) | Manay Lung Lung | n Part I. 24a, WAS | ent election of the control of the c | interval Betw Onset and D | | |
| iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | s. DUE TO (| OR AS A CONSEQUENCE OR AS | SHOULD STREET ST | er the mode of dying, st | n Part i. 24a. WAS / PERF- | ent election of the control of the c | 24b. WERE AUTOPSY FINDI AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? | | |
| iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST | s. Due 100 due to 0 d | OR AS A CONSECUTION OF AS | UENCE OF: | er the mode of dying, st | in Part i. 24a. WAS / PERF. 1 TYES | ent election of the control of the c | 24b. WERE AUTOPSY FINDI AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? | | |
| IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conductions of the conduction of t | BUE TO O | OR AS A COMBEO | UENCE OF: | er the mode of dying, st | in Part i. 24a. WAS / PERF. 1 TYES | ay de la la la la la la la la la la la la la | 24b. WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO | | |
| iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conductions of the conduction of t | BUE TO O DUE TO O d. HOSPIFAT: 1 / Inperior 2 26e. DATE OF (Month, De building, of building, de building, de la contribution of be | OR AS A COMBEO | UENCE OF: UENCE OF: UENCE OF: DOA OTH A IN 26b. TIME OF INJURY M | 28. PLACE OF DEATH (28. PLACE OF DEATH (28. INJURY AT WORK? 1 YES 2 NO | in Part i. 24a. WAS / PERF. 1 YES | AN ALTOPSY ORMEO? 2 DATE OF THE ORDER OF THE | 24b. WERE AUTOPSY FINDI ARAILABLE PRIOR TO COMPLETION OF CAUTOF DEATH? 1 YES 2 NO | | |
| IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditiona, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditional conditions and investigations are conditionally lightly and conditions are conditionally lightly l | BUE TO O BUE TO | OR AS A CONSEQUENCE OF AS | UENCE OF: | 26. PLACE OF DEATH (ER: ursing Home 5 Residence 28c. INJURY AT work(?) 1 YES 2 NO actory, office | in Part I. 24a. WAS J PERF- 1 VES Check only one) 6 Other (Specify) 28d. DESCRIBE HOV 28f. LOCATION (Streectly or Town, Streectly or Town, Streetly) was to the cause(a) and make to the cause(a) and make the cause(b) and make the cause(b) | AN AUTOPSY ORMED? 2 No V INJURY OCCUP or and Number or tele) | 24b. WRRE AUTOPSY PINOL AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO | | |
| IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditiona, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditional conditions and investigations are conditionally lightly and conditions are conditionally lightly l | BUE TO DU | OR AS A CONSEQUENCE OF AS | DOA OTH DOA 4 N DOA 1 N DOA 4 N DOA 1 | 26. PLACE OF DEATH (ER: ursing Home 5 Residence 28c. INJURY AT work(?) 1 YES 2 NO actory, office | n Part I. 24a. WAS / PERF- 1 YES Check only one) 6 Other (Specify) 28d. DESCRIBE HOV 28f. LOCATION (Streechy or Town, Status to the cause(a) and in the time, date and place, | NA AUTOPSY ORMEO? 2 Ao W INJURY OCCUP or and Number or re) Thenner as stated and due to the of | 24b. WERE AUTOPSY PINON AMILABLE PRIOR TO COMPLETION OF CAUTO OF DEATH? 1 YES 2 NO RED | | |



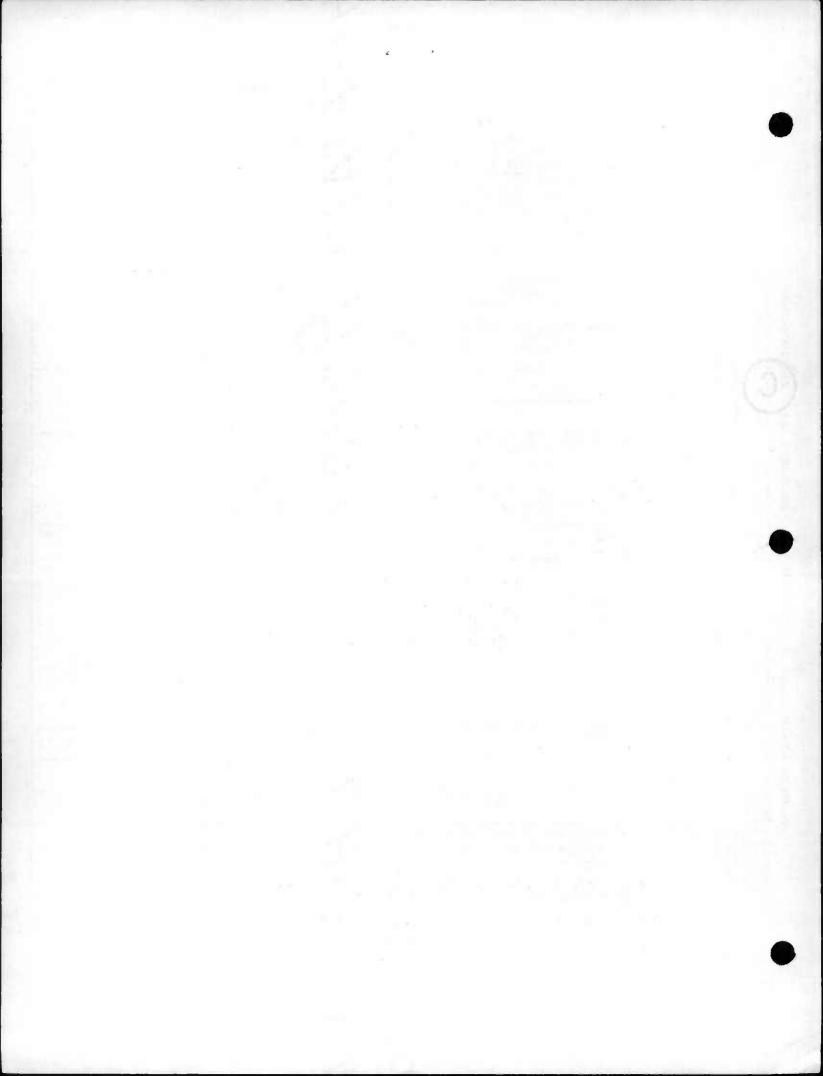
21203-3146

BALTIMORE, MA

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

| REGISTRAR | | CERTIFIC | ATE OF | DEATH | REG. N | O. | | | | |
|---|---|--|---|---|--|---------------------------|-------------------------|---|--|--|
| 1. OECEOENT'S NAME (First, Middle, Last) | Elsie C. | Short | - | | 2. DATE OF OEATH MONTH | 3-9-9 | LYEAR 3. 1 | 10348 A | | |
| 4. SOCIAL SECURITY NUMBER | | MC | UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF BIRTH (Month, Day, Year) | | 8. BIRTHPLA Country) | CE (State or Foreign | | |
| 212-01-7513 | 1 🗆 M 2 💢 F | 83 YRS. | | | Jan. 20, | 1908 | Mary | Land | | |
| 9a. FACILITY NAME (N not Institution, give a Union Hospital o | | | Elkto | OR LOCATION OF DE | EATH | 9c. COUNTY OF DEATH Cecil | | | | |
| RESIDENCE OF DECEDENT | | | | | | | | | | |
| Maryland Ceci | | | own or local 1kton | TION | | | | LINSIDE CITY LIMITS? YES 2 NO | | |
| 100. STREET AND NUMBER 19 Bratton Road | | | 10 | 21921 | | U.S. | EN OF WHAT | COUNTRY? | | |
| 11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced | 12. WAS DECEDENT EVER FORCES? 1 YES | 8 2 XNO | If yes, sp | ENDENT OF HISPAP ecity Cuben, Mexica 2 NO Specifi | IIC ORIGIN? (Specify Y n, Puerto Rican, etc.) | be or No- | Specify: | American Indian, hite, etc. | | |
| | 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. | | | ON pet of working | 16b. KIND OF B | USINESS/INDU | | 200 | | |
| Elementary/Secondary (0-12) | Elementary/Secondary (0-12) College (1-4 of 5+) | | | set of working | Manus | actur | ing | | | |
| 17. FATHER'S NAME (First, Middle, Last) | | | 300000000000000000000000000000000000000 | ME (First, Middle, Melde | n Sumame) | | | | | |
| William T. Day | /is | 1000000000 | | Effie | | nirlow | | | | |
| 19a, INFORMANT'S NAME (Type/Print) Ada Short | | | Box 11 | | Route Number, City or R Lkton, MD | wn, State, Zip 6 | | | | |
| 20a. METHOD OF DISPOSITION MATC 1. Burlal 2 Cremation 3 Rem 4 Donation 6 Other (Specify) | | other place of disposition of the place of Disposition of the place of | ATTION (Name of cometery, crematory or Calvert, Mar | | | | | | | |
| 21. SIGNATURE OF FUNERAL SERVICE LI | CENSEE | ab | 22. NAME A H1 | ND ADDRESS OF FA | for Funer | cals, 1 | | | | |
| Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | b. Renac Due to jor as De ty | A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A A CONSEQUENCE OF): | frue | rey. | | | | | | |
| reaulting in death) LAST | d. Hist | ra ut | CH7 | | te NID | | | | | |
| PART II. Other algnificant condition | na contributing to death | but not reaulting in | the underlyin | g cause given in | Part I. 24a. WAS / PERF 1 TYES | NAUTOPSY ORMED? | COI OF | RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Check only one) 26. PLACE OF DEATH (Check only one) | | | | | | | | | | |
| 1 YES 2 7 NO | 1 montient 2 ER/O | | | ne 5 🗆 Residence | 6 Other (Specify) | | | | | |
| 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation | 28a. DATE OF INJUR' (Month, Day, Year | | Y W | JURY AT ORK? YES 2 NO | 28d. OEŞCRIBE HOY | V INJURY OCC | URED | | | |
| 3 Suicide 6 Could not be 4 Homicide determined | 28e. PLACE OF INJU- building, etc. (S) | RY — At home, farm, stre pecify) | et, factory, offi | 20 | 261. LOCATION (Stree City or Town, Sta | | or Rural Route | Number, | | |
| one) | ER: On the best of my kno | | | | | | | d manner as stated. | | |
| 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and man 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, D. D. D. D. D. D. D. D. D. D. D. D. D. | | | | | | | | | | |
| 30. NAME AND ADDRESS OF PERSON WI | HO COMPLETEO CAUSE OF | DEATH (ITEM 27) (Type, P) | | STOR | or T | 1/2 | 110 | 1 101 210 | | |
| 31. DATE FILED (MONTH, Day, Year) | HSU. Z | 2 2 Wes | | rain: | ST E | 71/18 | Ly 1 | 40 219 | | |
| MAR 1 1 '91 | grelia Das | GNATURE Mandall | - | | | | | | | |



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

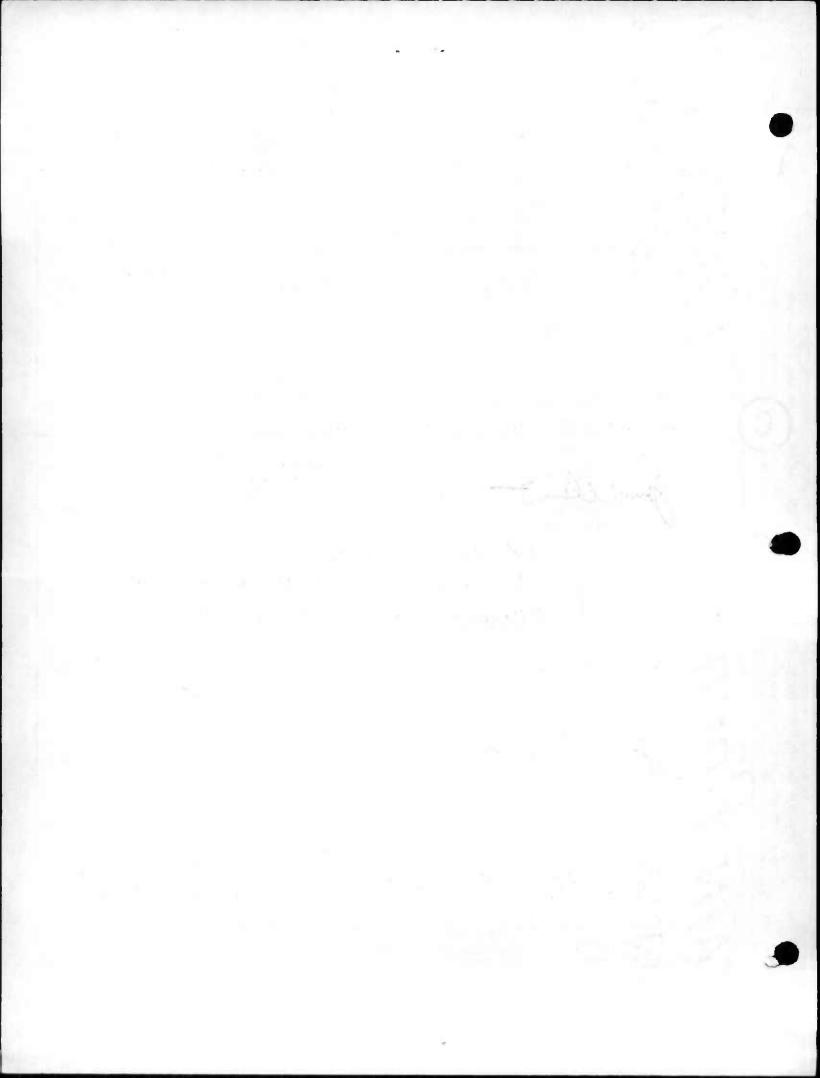
| _ | nedioman | | OL. | -11111 | IOAIL | . 01 | DEA | | nec | a. NO. | | | | |
|----------------------|--|------------------------|--|--|---|------------|--------------------|-----------|--|---------------------|--|--------------------------------------|----------------------------|------------|
| | 1. OECEOENT'S NAME (First, Middle, Last) Elwood | В. | | | SLO |) K | | | 2. DATE OF OE MONTH | ATH DAY | 199 | FAS. | 35 | ATH A m |
| | 4. SOCIAL SECURITY NUMBER | 5. SEX | 6. AGE (In yrs. last | the balance of the sales of the | IF UNDER 1 YEAR IF UNDER 24 HRS. | | 7. DATE OF BIRTH | | | - | CE (State or I | | | |
| | 186-12-7382 | 1 M 2 □ F | 6. AGE (III yrs. rasi | YRS. | MONTHS | DAYS | ave House and (Mor | | (Month, Day, 1 | Munri | | Country) | a., P | |
| | 9e. FACILITY NAME (If not institution, give s | treet and number) | | | 9b. CITY, | TOWN C | R LOCATI | ON OF DE | | | 9c. COUNTY OF DEATH | | | |
| E | Union Hospital | | | | l F | 1kt | OΠ | | | | Cecil | | | |
| 5 | RESIDENCE OF DECEDENT | | TICC | 011 | | | | - 000 | , 11 | | | | | |
| RE | 10e. STATE 10b. COUNTY |) | Y, TOWN O | | TON | | | | | 10d. | . INSIDE CIT | гү | | |
| | Maryland Ceci | L | | E. | lktor | | | | | | | | X YES 2 | |
| M. | 10e. STREET AND NUMBER | | | | . ZIP COD | | | 10 | | N OF WHAT | COUNTRY? | | | |
| ij | 236 East Main Street | | | | | | 2192 | 1 | | | U.S | S.A. | | |
| BY FUNERAL DIRECTOR | 11. MARITAL STATUS 1 \(\times \) Never Merried 2 \(\times \) Merried 3 \(\times \) Wildowed 4 \(\times \) Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 \(\times \) YES 2 \(\times \) NO IF YES, GIVE WAR OR DATES WW T T | | | | | yes, sp | endent of cube | n, Mexica | NIC ORIGIN? (Specin, Puerto Ricen, e y: | olfy Yes or Hc.) | No- 14 | I. RACE — A Black, Wh Specify: | American Ind ofte, atc. | |
| | 15. DECEDENT'S EDUCATION 186. OECEDEN | | | | | CUPATIO | N. | | 16b, KIND | OE BUSIN | FSE/INDIES | TDV | White | e |
| | (Specify only highest grade Elementary/Secondary (0-12) | | (GI | ve kind of | work done o | luring mo | st of working | ng | 100.10.10 | 0. 500 | | | | |
| COMPLETED | 8 | College (1-4 or 8 | | able | d Vet | tera | n | | | Mili | tary | | | |
| OM | 17. FATHER'S NAME (First, Middle, Last) | | | | | _ | 16, MOT | HER'S NA | ME (First, Middle, | | | | | |
| | Edmund Slook | | | | | | Ma | rie | William | con | IIIc. | | | |
| BE | 19e. INFORMANT'S NAME (Type/Print) | | 198 | . MAILING | ADDRESS | (Street e | | | Route Number, City | | State, Zip Co | ode) | | |
| 2 | Adele M. Pepe (| Sister) | 1 | 109 | Haine | s A | ve. | Wilm | ington, | DE | 1980 |)9 | | |
| | 20s. METHOD OF DISPOSITION | | 20b. PLACE | OF OISPO | | | | | | | | y or Town, 8 | State | |
| | 1 ☐ Buriel 2XXCremetion 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify) | kess | in Cr | ema | torv | Co. | | Hocke | ockessin, Delaware | | | 0 | | |
| | 4 Donetton 5 Other (Specify) Hockessin Crematory Co. Hockessin, De 21. SIGNATURE OF FUNERAL SERVICE MICHAEL 22. NAME AND ADDRESS OF FACILITY Chandler Funeral Homes | | | | | | | | | Lawai | | | | |
| | #116 2506 Concord Pike Wilmington, DE 19803-5003 23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, | | | | | | | | | | | | | |
| EDICAL CERTIFICATION | shock, or heart feilure. List only one cause on asch line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CARD AC ARREST DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | Onset at | nd Deeth | | | |
| S | | v. | | | | | | | | | | | | |
| Σ | PARI II. Other significent condition | s contributing to | death but not r | esulting | ing in the underlying causa given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO | | | | | CON OF | RE AUTOPSY ILABLE PRIO MPLETION OF DEATH? YES 2 | F CAUSE | | |
| M | 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) | | | | | | | | | | | | | |
| SIC | EXAMINER? | HOSPITAL: | ER/Outpetient 3 | □ DOA | OTHER | | ne 8 □ R | esidence | 8 Other (Spec | ethy) | | | | |
| PHYSICIAN: | 27. MANNER OF DEATH | 28s. DATE O (Month, | F INJURY Day, Year) | 28b. TIR | ME OF JURY | 28c. IN. | JURY AT | | 26d. DEŞCRIBE | | URY OCCU | RED | | |
| BY | 1 Netural 5 Pending 2 Accident Investigation | | | | М | | YES 2 [| NO | | | | | | |
| G | 3 Suicide 8 Could not be 4 Homicide determined | 28e. PLACE building | OF INJURY — At ho i, etc. (Specify) | me, farm, | atreet, fect | ory, offic | :0 | | 281. LOCATION City or Town | | Number or | Rural Route | Number, | |
| COMPLET | 29a. CERTIFIER 1 CERTIFYING PHYS | | of my knowledge, de | | | | | | | | | | f manner sa | stated. |
| BE | 290. SIGNATURE AND THEE OF CERTIFIE | 5 hil | 6- h | nD | | | 29c. LIC | MSE NU | X49 | 2 | M. DATE S | INGNED (Mor | 9/ | w) |
| 9 | | | | | | | | | | | | | | |
| | Alan G. Miller | | | | | Me | dica | 1 Ce | nter, P | erry | Poin | ıt, M | 21 | 902 |
| 9 | 31. DATE FILED (Month, Day, Year) | 32. REGIST | AR'S SIGNATURE | | | | | | | _ | | | | |

DHMH-18 Rev 1/89

etached for use as the burial-transit permit. Pages 1, 2, 3 should

the hospital or attending physician. BYLAND 21203-3146

BALTIMORE



retained by the hospital or attending physician.

FOR STATE REGISTRAR

| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after each prevent may be retained by the hos | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the company age 5 should be detach | | IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical manufacturat be notified at once. |
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| NION | R. Afte | r dear | is m |
| ATTE | ECTOF | s afte | n 28 |
| L OR | L DIR | be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal | Hen |
| SPITA | VERAL | hin 72 | MI II |
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| H DI | HT OT | be file | IMPO |
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|------------|--|--|--------------------|---------------------------|------------|------------|----------|---------------------|-------------|--|-----------------------------------|---------------|--|--|
| | 1. DECEDENT'S NAME (First | MARY | STUART | TALL | nKS | SHEL | AND | ER | | 2. DATE OF DEATH | w 10 | 991ª | 3. TIME OF DEATH | |
| | 4. SOCIAL SECURITY NUME | | 5. SEX | 6. AGE (In yrs. lat | | | R 1 YEAR | IF UNDER | 24 HRS | 7, DATE OF BIRTH | | | PLACE (State or Foreign | |
| | 122-07-9 | | 1 □ M 27□F | 73 | YRS. | MONTHS | DAYS | HOURS | MIN. | (Month, Day, Year) | 2/2 | Country | TLAND | |
| | | De. FACILITY NAME (If not institution, give street end number) | | | | | Y. TOWN | OR LOCATI | ON OF DE | 12-14-19 | 9c COL | 100 | | |
| <u> </u> | 3363 North Chatham Road | | | | | | | ott | | | 9c. COUNTY OF DEATH HOWARD County | | | |
| SION S | RESIDENCE OF DECEDENT | | | | | 201 | 110 | 000 | 010 | 3 | | 10 was | ta oourrey | |
| DIME | 10a. STATE | 10b. COUNTY | oward C | | 10c. C/1 | Y, TOWN | | | | | | | 10d. INSIDE CITY LIMITS? | |
| | Maryland | E11 | ico | tt (| ity | | | | 1 YES 2 NO | | | | | |
| 4 | 10e. STREET AND NUMBER | | | | | | 10 | f, ZIP COD | | | 10g. CI1 | | WHAT COUNTRY? | |
| 필 | 3363 North Chatham Road | | | | | | | 210 |)43 | | | USA | | |
| FUNEHAL | 11. MARITAL STATUS | 200 | 12. WAS DECEDEN | T EVER IN U.S. AF | RMED | 13. | WAS DE | CENDENT (| OF HISPAN | NIC ORIGIN? (Specify Yes | or No- | 14. RACE | - American Indien, White, etc. | |
| 2 | 1 Never Married 2 3 Dive | | IF YES, GIVE W | | | | | S 2 UNO | | | | Specif | | |
| | | | 1 | | | | | | | T | | | WILL CE | |
| EIED | (Specify on | EDENT'S EDU ly highest grade | completed) | (C | ECEDENT'S | work done | during m | ion ost of worki | ing | 16b. KIND OF BU | SINESS/IN | DUSTRY | | |
| 4 | Elementary/Secondary (I | 0-12) | College (1-4 or 5 | +) | ETT | | | | | 11541 | , | 4 D | | |
| COMPL | 17. FATHER'S NAME (First, N | ficialis (not) | | | CIT | -11-41 | | 40.00 | WEDIO MA | | | AKL | FACILITY | |
| | | HOORS, LIESE) | | TALL | 04 | 15 | | | | ME (First, Middle, Melden | | 44 AT | THEWS | |
| 쀪 | WILLIAM 19a. INFORMANT'S NAME (| Years (Defeat) | | | | | | | AR | | | | MEWA | |
| 2 | | arm. | NDER | | | | | | | Route Number, City or Tow | | | | |
| 4 | 20m METHOD OF DISPOSIT | | NDEK | | | | | | W5 | | | | E MD 212 | |
| | Burial 2 Crematic | on 3 🗌 Rem | oval from State | 20b. PLACE of cemetary | , cremator | y or other | place) | | GD | 3/10 P) | | ARLIO | ASVILLE M | |
| | 24 CIONATURE OR FUNERAL CERVICE LICENSEE | | | | | | | | | | | | | |
| | Slack Funeral Home Molecular Molecular Molecular Molecular Slack Funeral Home Ellicott City, Maryland 21043 | | | | | | | | | | | | | |
| П | 23. PASE I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory strest, | | | | | | | | | | | | Approximate | |
| | ahock, or heert fellure. Liet only one ceuse on each line. | | | | | | | | | | Onset and Deat | | | |
| | disectate cause (rins) disector of condition resulting in death) | | | | | | | | | | | | | |
| | resulting in death) | | DUE TO | (OR AS A CONSE | OUENCE O | (F): - | D. | | | -1- | | | | |
| z | - unocordia I infarel | | | | | | | | | | | 1 | | |
| 2 | Sequentially list condit if any, leading to imme | diats | DUE | OR AS A CONSE | QUENCE O | (P): | 4 | 1.0 | 0 | -0 | 1 | | - | |
| HIFICALION | cause. Enter UNDERLY CAUSE (Disease or Inju | | | man | y | - (| | ne | 100 | reig | n | | | |
| = | that initiated events resulting in death) LAS | T | DUE TO | (OR AS A CONSE | DUENCE | P): | | | | | | | | |
| CER | Tooling in death and | | | | | | | | | | | | | |
| 3 | PART II. Other significa | ent condition | ns contributing to | death byt not | recuiting | in_the u | nderiya | nd four | given in | Part I, 24a. WAS AN | AUTOPSY | 24b. | . WERE AUTOPSY FINDINGS | |
| 5 | - | COL. | vane | ex. | | (| 3-11 | 71 | | PERFO | - | | AVAILABLE PRIOR TO COMPLETION OF CAUSE | |
| | | | | | - | | | | | 1 YES 2 | ≀ ∐ NO | | OF DEATH? | |
| Σ | | | | | | | | | _ | - 1 | | | 1 NES 2 NO | |
| SICIAN: M | 25. WAS CASE REFERRED T | O MEDICAL | | | | | 26 6 | DI ACE OF I | DEATH (C) | eck only one) | | | | |
| 2 | EXAMINER? | | HOSPITAL: | - ED/Outpatient | 2 🗆 004 | OTHE | R: | V | Cost Cost - | 10/ - 12-2-3/ 3m-3 | | | | |
| | 27 MANNER OF DEATH | | 26a. DATE OF | | 28b. Til | _ | 28c. IN | JURY AT | esidence | 6 Other (Specify) 28d. DESCRIBE HOW | INJURY O | CCURED | | |
| 7 | 1 Natural 6 | Pending | (Month, E | Day, Year) | IN | JURY M | W | YES 2 | NO | | | | | |
| 2 | 2/ Accident | Investigation | 28e. PLACE C | OF INJURY — At h | ome, farm, | street, fe | | | | 28f. LOCATION (Street | end Numb | er or Rural F | Soute Number | |
| 3 | \$ ☐ Sulcide 6 ☐ Could not be determined 28e. PLACE OF INJURY — At home, farm, building, etc. (Specify) | | | | | | | | | City or Town, State |) | | , | |
| | 29e. CERTIFIER | | | | _ | | | | | l | | | | |
| COMPLE | (Check only | | | | | | | | | to the cause(e) end me time, date end place, ar | | |) and manner as stated. | |
| 2 | 29b. SIGNATURE AND TITLE | E OF PORTEIE | Я | 1 | | | _ | 29c, LIC | ENSE NU | MBER. | 29d. DA | TE SKINED | Moren Tone Years 1 | |
| | | 10> | rara | war | Y. | | | I |)2 | 1978 | 1 | 3/4 | 1191 | |
| | 30. NAME AND ADDRESS OF FERSON WHO COMPLETED PLUSE OF DEATH (ITEM OF) (MOIL Maiden Choice 6 21729 | | | | | | | | | | | | | |
| | 31. DATE FILED (Month, Day | Year) | | AR'S SIGNATURE | .00 | | | | | | | | | |
| | MARU 8 91 | | granday | dson-liand | ولتاليه | -) | | | | | | | | |
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Short on Filterial 122-67-1247 == 73 DIETTOHAN HEALTH CARE PAINTY CAN SHITTEN ANTIQUES CONTRACTOR Dear on our market it a souther and the province of the The STATE OF THE GROWN WARTERS

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

permit. Pages 1, 2, 3 should

MARYLAND 21203-3146

DIRECTOR

FUNERAL

BY

COMPLETED

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once. To notified must be the medical 0 certificate has been signed by the attending physician and completely in the State Dept. of Health and Mental Hyglene prior to burial, cremat d, or Item 23 shows any Injury, or other traumatic event, TO THE HOSPITAL OR ATTENDING PHYSICIA TO THE FUNERAL DIRECTOR: After this certifule filed within 72 hours after death with the IMPORTANT: If Item 28 is marked, or

BY PHYSICIAN: MEDICAL CERTIFICATION

COMPLETED

BE

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296. SIGNATURE AND THELE OF

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAT'S SIGNATURE in a Day door - Mandell

FOR STATE REGISTRAR

1. DECEDENT'S NAME

10a. STATE

Haryland

11. MARITAL STATUS

(Spi ntary/S

07831 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH Jeffrey Justin 2. DATE OF DEATH 3. TIME OF DEATH MONTH 11:30 A. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 10-17-67 214-04-1072 23 Haryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 15500 Riding Stable Road Laurel Hontgomery RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY 1 YES 2 NO Laurel Hontgomery 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 15600 Riding Stable Road 20707 USA 12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 YES 2, NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Guban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, alc. 1 Never Married 2 Mar Specify 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION secilly only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Apprentice/Plumber Plumbing 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) George A. Summer Lorna A. Bonfield 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 15500 Riding Stabel Road Laurel, ID Seorge A. Sumner 20a. METHOD DE DISPOSITION
1 Burial 2'15'Cremation 3 Ran 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State altimore-Hashington Crematory Laurel, Maryland 4 ☐ Donation 6 ☐ Other (Specify) 22. NAME AND ADDRESS OF FACILITY Fleck Funeral lione, Inc. 21. SIGNATURE OF FUNERAL SERVICE LIC 7501 Sandy Spring Rd.Laurel, FD 20707

| shock, or heart fallure. | List only one cause on each list | ne. | r the mode of dying, su | ich ss can | diac or respiratory sire: | st, | Interval Between | |
|--|---|---|---------------------------------|--------------|---|------------------|--|--|
| IMMEDIATE CAUSE (Finsi disease or condition resulting in daeth) | DUE TO (OR AS A CONS | | 40 | 11 | ead. | | Onset and Death | |
| _ | | | | | | i | | |
| Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING | DUE TO (OR AS A CONS | EQUENCE OF): | | | | | | |
| CAUSE (Disesse or Injury that initiated events resulting in death) LAST | DUE TO (OR AS A CONS | EQUENCE OF): | | | | | | |
| PART II. Other significant condition | s contributing to death but not | t resulting in the u | inderlying cause given i | n Part I. | 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO | AMA CON OF | RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO | |
| 25. WAS CASE REFERRED TO MEDICAL | | | 26. PLACE OF DEATH (C | Check only o | ne) | | | |
| EXAMMER? 12 YES 2 NO | HOSPITAL: 1 Inpatient 2 ER/Outpatient | 3 DOA 4 N | FR: preing Home 5 Residence | e 6 □ Oth | er (Specify) | | | |
| 27. MANNER OF DEATH 1 Neturel 5 Pending 2 Aperitent Investigation | 28a. DATE OF INJURY (Month, Day, Year) | 26b. TIME OF INJURY M | 28c. INJURY AT WORK? 1 YES 2 NO | 26d. DE | 28d. DEŞCRIBE HOW INJURY OCCURED | | | |
| 3 Suicide 6 Could not be determined | 28e. PLACE OF INJURY — Albuilding, etc. (Specify) | 261. LOCATION (Street and Number or Rural Route Number, City or Yown, State) | | | | | | |
| CONSCR ONLY | CIAN: To the best of my knowledge, IR: On the bests of examination and/o | | | | | | d manner as stated. | |

Dogs

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29d. DATE SIGNED (Month, Day,

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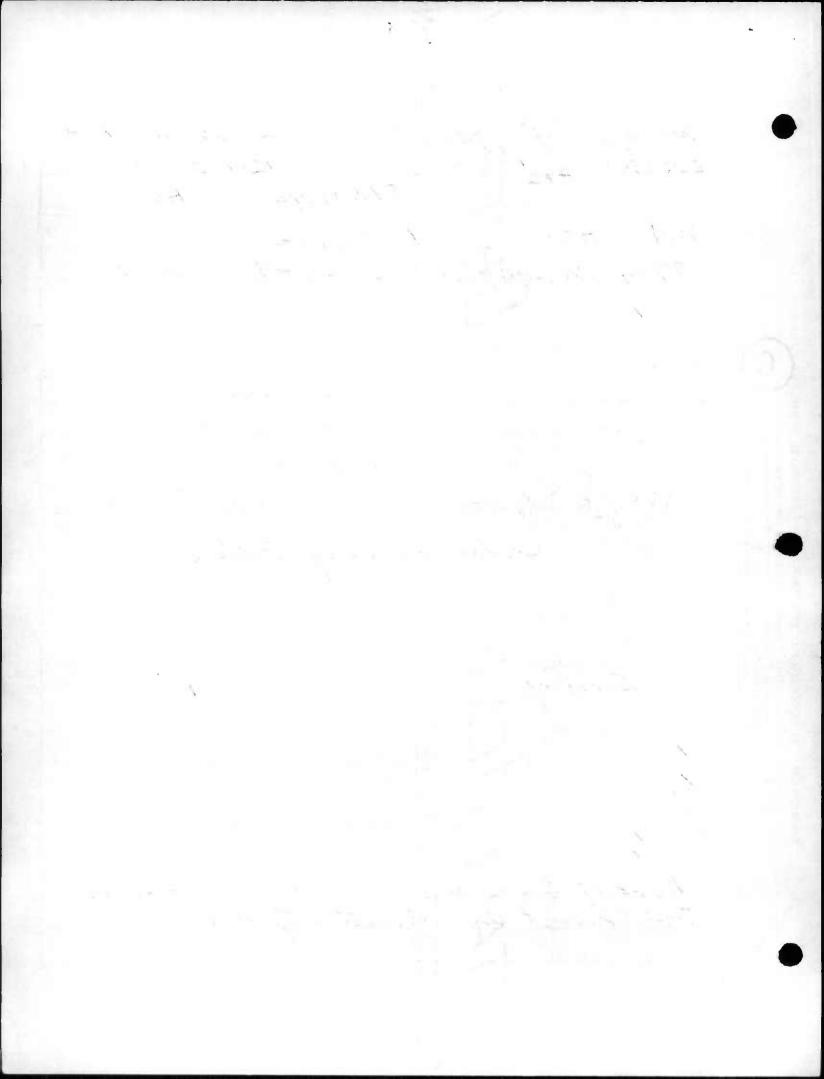
32 REGIOTRAR'S SIGNATURE

flending physician.

as the burial-transit permit, Pages 1, 2, 3 should

| | Is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified |
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| r oearn with the State Dept. Of hearth and mental hygiene prior to buriat, cremation, or removal | E mar |
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| FOR STATE | STATE OF MARY | | | OF HEALTH AND | MENTA | | | | | | |
|--|--|------------------------------------|------------|---|------------------|-------------------------|--------------|--|----------------|--|--|
| 1. DECEDENT'S NAME (First, Middle, Last) | Leno | 1 | | et Singer | 2. DATE | REG. NO. | 7 L | a. TIME C | OF DEATH | | |
| 4. SOCIAL SECURITY NUMBER 459-48-9920 | □ M2 FF | (In yrs. lest birthday) 65 YRS. | IF UNDER | 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. | 7. DATE | OF BIRTH th, Day, Year) | 8. Bi | RTHPLACE (SIL | ste or Foreign | | |
| 9e. FACILITY NAME (If not Institution, give 7734 Washington RESIDENCE OF DECEDENT | The state of the s | | Sb. CITY | TOWN OR LOCATION OF | DEATH | 9c. | Hou | | | | |
| 100 STATE 10b. COUNTY | ward | 10c, Cr | ry, town o | CRI 4 7 5 | 5 | | | 10d. INSII LIMIT 1 X YES | | | |
| 10e. STREET AND NUMBER 77347 | SANYER 2. WAS DECEDENT EVER | Ton K | lud | 101. ZIP CODE 2/72 | 27 | | U-: | - | | | |
| 1 Never Married 2 Married 3 Wildowed 4 Divorced | FORCES? 1 YES | 2 X NO | | WAS DECENDENT OF HISP, If yes, specify Cuban, Maxi- 1 YES 2 X NO Spec | can, Puarto | | € | ACE — Americ Black, White, at Specify: Wh | ite | | |
| | | Iffe. Do NOT | work done | CCUPATION during most of working | | at Shann | | | nt | | |
| Grade 12 Waitress Hot Shoppes Restaurant 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Manika BXXXXXXXX | | | | | | | | | | | |
| 190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Murray Singer # 2 Darnell Court, Olney, Maryland 20832 | | | | | | | | | | | |
| 20a. METHOD OF DISPOSITION 1 CXBurtel 2 Cremation 3 Remove 4 Donation 5 Other (Specify) | of from State | other place) | shin | ome of cometery, cremetory of gton Cemete | ry | Adelp | | r Town, State | ıd | | |
| 21. SIGNATURE OF FUNERAL SERVICE CE | Kanı | | D | name and address of i onaldson Fu 13 Talbott | neral | Home, P | .A. Marul | and 20 | 707 | | |
| 23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such ea cardiac or respiratory errest, abock, or beart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death of the Consequence of the Co | | | | | | | | | | | |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CALISE (Disease or Injury. | | | | | | | | | | | |
| that initiated events resulting in death) LAST | DUE TO (OR AS | A CONSEQUENCE |)F): | | | | | | | | |
| PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU | | | | | | | | | | | |
| 25. WAS CASE REFERRED TO MEDICAL | | | | 26, PLACE OF DEATH (| Check only o | nne) | | | | | |
| | OSPITAL: Inpatient 2 ER/OL | | | R: sing Homa 5 - Realdence 28c. INJURY AT | T | | | | | | |
| 1 Natural 6 Pending 2 Accident Investigation 3 Suicide 6 Could not be | (Month, Day, Year, 28e. PLACE OF INJUI | RY — Al home, farm. | JURY M | 28f. LO | SCRIBE HOW INJUR | | | Der; | | | |
| 4 Homicide determined | | owledge, death occur | | time, data and place, and d | us to the ca | | | se(s) and men | ner sa stated | | |
| 296. SIGNATURE AND TITLE OF CERTIFIER | Luliz | Re | | 28c, LICENSE N | UMBER | | | NED (Month, D | | | |
| 30. NAME AND ADDRESS OF PERCON WHO | COMPLETED CAUSE OF | DEATH (ITEM 27) (Typ | Print) | att city | - | mo | | | | | |



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| II. | 65 | 28 |
| DR A | JIRE | - L |
| TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the companies of the co | be med writin /2 nous are pour wir use some copy, or regard and missing the mode of the mode of some must be notified at once. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
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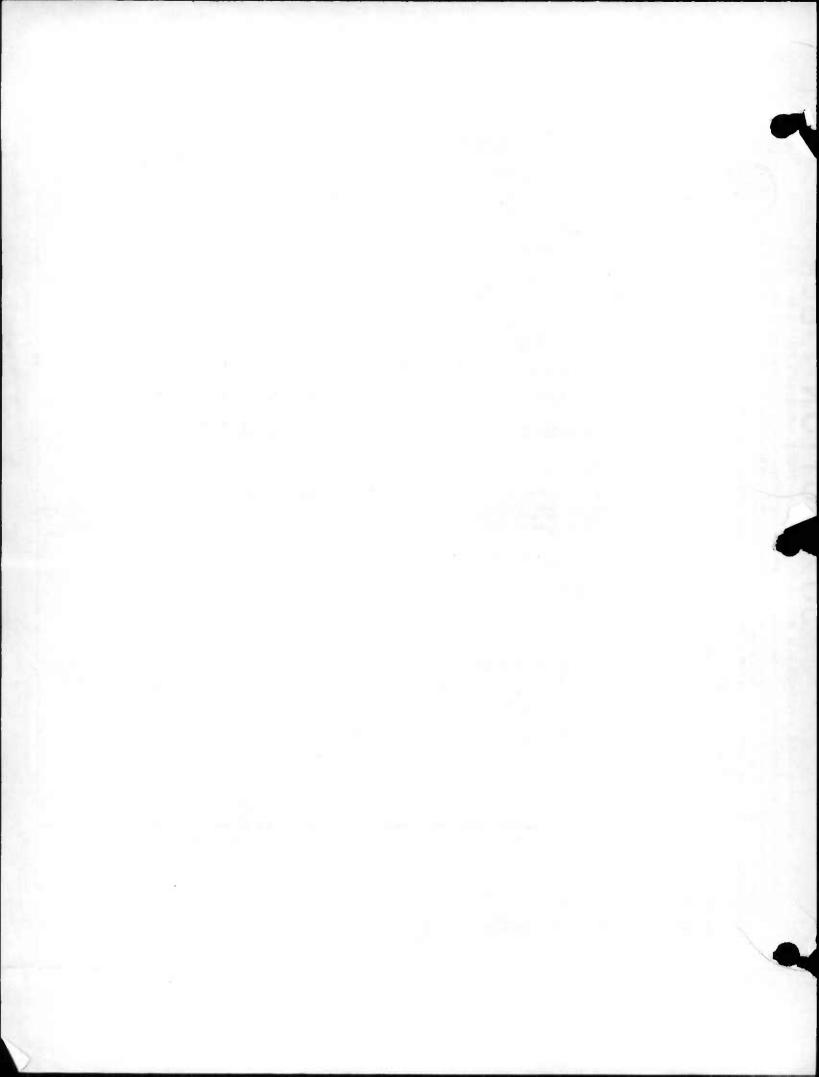
| 1. DECEDENT'S NAME (First, Mid Violet Shiel) 4. SOCIAL SECURITY NUMBER 388-22-9993 9a. FACILITY NAME (If not institut Memorial Fresidence of Deced 10a. STATE Md 10a. STREET AND NUMBER | ds Simmons s. SEX 1 | 76 YRS. MO | UNDER 1 YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN. D. CITY, TOWN OR LOCATION OF | Feb 14, | 5 ^m 91 | BIRTHPLACE (State or Foreign Country) Wisconsir |
|--|--|--|--|--|--------------------------|---|
| 4. SOCIAL SECURITY NUMBER 388-22-9993 9a. FACILITY NAME (If not institut Memorial F RESIDENCE OF DECED 10a. STATE Md | s. SEX 1 - M 2 - F tion, give street and number) Hospital DENT | 76 YRS. MO | DAYS HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year Feb 14, | 1915 | BIRTHPLACE (State or Foreign Country) Wisconsir |
| 388-22-9993 9a. FACILITY NAME (If not institut Memorial F RESIDENCE OF DECED 10a. STATE Md | 1 - M 2 \(\frac{1}{2} \) F (iton, give street and number) Hospital DENT | 76 YRS. MO | DAYS HOURS MIN. | Feb 14, | 1915 | Wisconsin |
| Memorial Fresidence of Deced | Hospital | | | DEATH | SE COUNTY | OF DEATH |
| 10e. STATE 108 | | | Easton | | Tal | .bot |
| 10e. STREET AND NUMBER | Caroline | | own or location ensboro | | | 10d. INSIDE CITY LIMITS? 1 YES 2 NO |
| Rt.1 Box 49 | 1 | | 101. ZIP CODE 21639 |) | 10g. CITIZER | N OF WHAT COUNTRY? |
| 11. MARITAL STATUS 1 Never Married 2 Mer 3 Widowed 4 Divorced | I IF YES, GIVE WAR O | YES 2 NO | 13. WAS DECENDENT OF HISP If yea, specify Cuban, Max 1 YES 2 M NO Spe | ican, Puerto Rican, etc. | | RACE — American Indian, Black, White, etc. SpeciWhite |
| | INT'S EDUCATION (hest grade completed) | 16a. DECEDENT'S US | UAL OCCUPATION | 16b. KIND OF | BUSINESS/INDUS | TRY |
| Elementary/Secondary (0-12) | | teacher | done during most of working stired.) | Caro | line Co. | |
| 17. FATHER'S NAME (First, Middle Bernard | d Shields | | | NAME (First, Middle, Mai Roepke Sh | | |
| 19a. INFORMANT'S NAME (Type/Lloyd Simmon: | Print) S | 196. MAILING AC | DORESS (Street and Number or Rule 1 Box 490A Gr | eensboro, | Town, State, Zip Co | 39 |
| 20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 4 Donation 5 Other (Spe | | 20b. PLACE AND DATE Of Cometary, crematory or Eastern She | other place) Ore Vet Cm | | urlock, | * |
| 21. SIGNATURE OF FUNEMAL SE | ERVICE LICENSEE | | 22. NAME AND ADDRESS OF Greensboro Elegale-Helfer | , MD 2163 | 9 | |
| Sequentially list conditions if any, leading to immedia cause. Enter UNDERCIVING CAUSE (Disease or injury that initiated events resulting in death) LAST | DUE TO (OR d | AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): ath but not resulting in | the underlying cause given | In Part I. 24a. WA. | S AN AUTOPSY NFORMED? | 24b, WERE AUTOPSY FINDS ABALABLE PRIOR TO |
| hype | rlipedinia | | | 1 _ YE | S 2 1 NO | COMPLETION OF CAUS OF DEATH? 1 YES 2 NO |
| 25. WAS CASE REFERRED TO M | | | 26, PLACE OF DEATH | (Check only one) | | |
| EXAMINER? | HOSPITAL: 1 Inpatient 2 ER | | THER: Nursing Home 5 Residen | ce 8 COther (Specify) | | |
| 27. MANNER OF DEATH | 28a. DATE OF INJU (Month, Day, You | | | 28d. DEŞCRIBE HO | DW INJURY OCCU | RED |
| 3 Suicide 6 Cou | | JURY — Al home, farm, stre (Specify) | set, factory, office | 261. LOCATION (St City or Town, S | | Rural Route Number, |
| | ring PHYSICIAN: To the best of my | | | | | |
| end only | L EXAMINER: On the basis of exami | nation and/or investigation, | in my opinion, death occured at | the title, date and plac | e, and due to the t | canse(s) sug manner as stated |
| (Check only | L EXAMINER: On the basis of exemi | nation and/or investigation, | 29c. LICENSE | | | SIGNED (Month, Day, Year) |
| (Check only 2 MEDICAL 29b. SIGNATURE AND TITLE OF | L EXAMINER: On the basis of exemi | 18 | 29c. LICENSE D 3/ | | | |

TO BE COMPLETED BY FUNERAL DIRECTO

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

| 1 - FOR STATE REGISTRAR | | STATE OF MA | | | | | EALTH AND DEATH | MENT | AL HYGIEN | | | 07004 |
|--|----------------------------|---|------------------|--------------|-------------|------------|-----------------------------|-----------|--------------------------------------|---------------|--------------------------|--|
| 1. DECEDENT'S NAME (First Mond | , Middle, Last) ell Ser | mans | | | | | | | TE OF DEATH D. | Ϋ́7 | 51 | 3. TIME OF DEATH 11: 36 P _M |
| 4. SOCIAL SECURITY NUMBER | | | AGE (In yrs. las | | IF UNDER | DAYS | IF UNDER 24 HRS. | 7. DAT | TE OF BIRTH onth, Day, Yogr) | | | PLACE (State or Foreign |
| 214-32-2022 | | 1X M 2 - F | 91 | YRS. | | | | | une 17, | 1899 | | laware |
| 9a. FACILITY NAME (# not in | | | • | | | | OR LOCATION OF D | EATH | | 9c. COUNTY | | EATH |
| River Road | | ox 13 Rt. | 1 | | h | Ridg | eiy | | | Carol | ine | _ |
| 100. STATE MID | Caro | Ĭinė | | 10c. CITY | dge | PR LOCAT | TION | | | | | 10d. INSIDE CITY LIMITS? 1 YES XXNO |
| 10e. STREET AND NUMBER | | | | 1 | | 101 | . ZIP CODE | | - | 10g. CITIZE | N OF W | HAT COUNTRY? |
| Rt. 1 Box 1 | 3. | | | | | | 21660 | | | US | A | |
| 11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 Divo | | 12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR | YES 2 X | RMED NO | | If yes, sp | ecity Cuban, Maxic | an, Puar | GIN? (Specify Yes to Ricen, etc.) | or No 14 | RACE Black Specifi | - American Indian, , White, etc. |
| | EDENT'S EDU | | (6 | CEDENT'S | vork done | | ON ast of working | 1 | 16b. KIND OF BU | SINESS/INDUS | TRY | |
| Elementery/Secondary (| | College (1-4 or 5+) | Ille | . Do NOT use | e retired.) | | | | C 1 1 | | | |
| | | | La | borer | | _ | | | Saulsb | - | roti | ners |
| 17. FATHER'S NAME (First, N | | | | | | | 18. MOTHER'S N | | | | | |
| Edward Lev | | mans_ | 140 | | 400000 | 0 (011 | Elizabe | | Warren | | | |
| A STATE OF THE STA | | | 19 | | | | | | | | 200) | |
| Mildred Ho | | emans | 20h PLACE | | | | Ridgely | | | CATION — CIT | y or To | wn State |
| 1 Suriat 2 Crematic | on 3 🗆 Ram | noval from Stata | other p | lece) Hop | okin | s' C | emetery cremetory or | | | Iton, | | |
| 21. SIGNATURE OF FUNERA | | CENSEE | | | 22. | NAME A | ND ADDRESS OF F | ACILITY | | | | |
| · Step | yhr | Har | 2 | | | | le-Helfer | | | | | |
| IMMEDIATE CAUSE (Fi disease or condition reauting in deeth) Sequentisity list condi- if any, isading to imme cause. Enter UNDERLY CAUSE (Disease or inj- trat initiated events resulting in deeth) LAS | tions, ediets ING ury | b DUE TO (OI | R AS A CONSE | OUENCE OF | F): F): | | | | | | | Onset and Death |
| PART II. Other significance of the common of | toma ker, | ns contributing to do | | | | BI | ock, | | 1 TYES | RMED? | 24b. | WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO |
| 25. WAS CASE REFERRED T EXAMINER? | TO MEDICAL | HOSPITAL: | | | OTHE | | LACE OF DEATH (C | heck only | (one) | | | |
| 1 TYES 2 NO | | 1 Inpatient 2 E | | 28b, TIM | 4 🗆 Nu | raing Horr | ne 5 Hasidence | 7 | | IN HIEW COS. | DES | |
| -/ | Pending | (Month, Day, | | | URY | WC | JURY AT ORK? YES 2 NO | 28d. I | DESCRIBE HOW | INJURY OCCU | RED | |
| 2 Accident | Investigation | 28e. PLACE OF I | NJURY - At h | ome farm s | | | | 286 1 | OCATION (Street | and Number or | - Bural I | Pouris Number |
| 3 Suicide 8 4 Homicide | Could not be determined | building, at | . (Specify) | , | | , | | 241.0 | ity or Town, State |) | , and ar i | none number, |
| one) 2 MEC | DICAL EXAMIN | SICIAN: To the best of m | | | | | | | | | |) and menner ea stated. |
| 296. SIGNATURE AND TITL | E OF CENTIFIE | | | | | | 29c. LICENSE NU | JMBER | / | 29d. DATE S | SIGNED | (Month, Day, Year) |
| 1000 | ~ | | | | | | N332 | -77 | | 13 | 12 | 0/9/ |
| 30. NAME AND ADDRESS O | appin | MD Pa | Box | 12Z | Print) | old | sboro i | Mol | , 216. | 36 | | • |
| 31. DATE FILED (Month Day | T''91 | 32. REGISTRAR | S SIGNATURE | n-Rand | less | | | | | | | |



FOR STATE REGISTRAR

DIRECTOR

FUNERAL

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PHYSICIAN: MEDICAL CERTIFICATION

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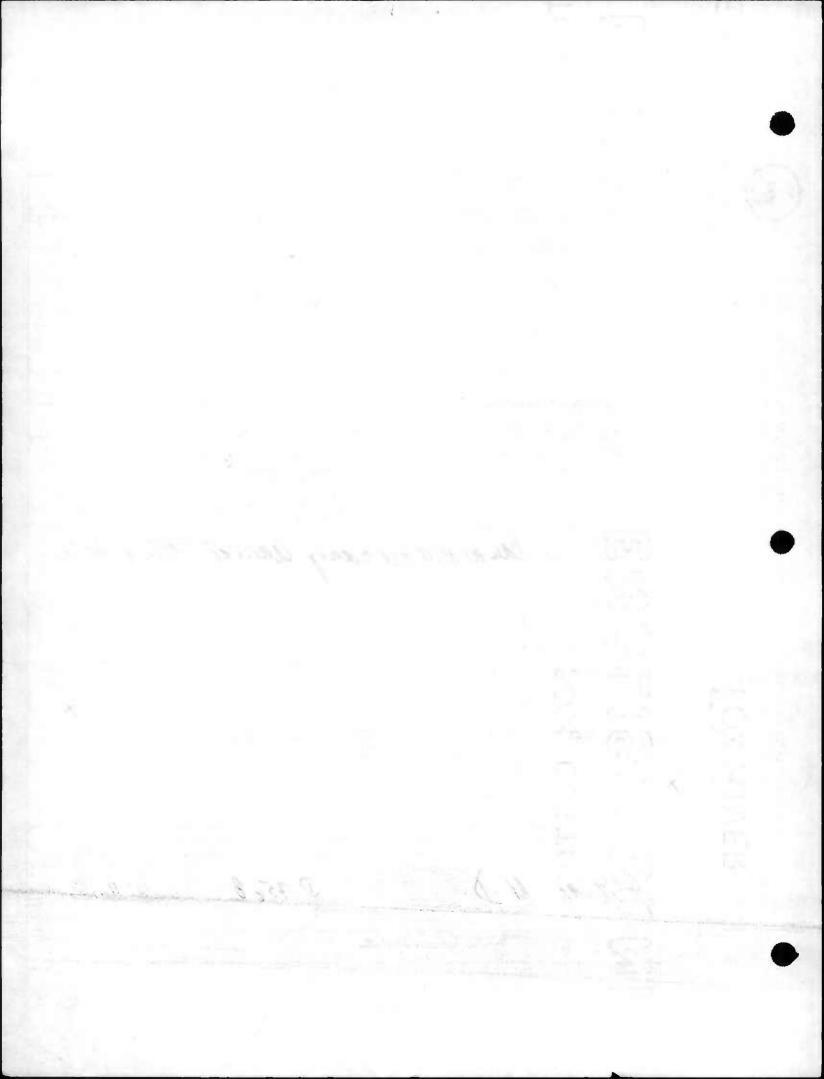
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| AT | ECI | S 3 | T 2 |
| DA. | Ö | Pon | ie. |
| TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital in | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for | be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. | IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. |
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| 王 | 王 | file. | 0 |
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| | STATE OF ! | | | | | EALTH DEA | | MENTAL HYGIEN REG. NO | | 9! | 07835 |
|---------------------------|-------------------|--|----------|--------------|------------|--------------------|------------|--|-----------|-------------------|---------------------------------------|
| First, Middle, Las ARL | " RUSSELI | SNO | /BER | GER | | | | 2. DATE OF DEATH DO MONTH D | 0 19 | YEAR | 3. TIME OF DEATH 5 • 1.2 P. N |
| UMBER | 5. SEX | 6. AGE (In yrs. lest | | IF UNDER | | IF UNDER | MIN. 30 | 7. DATE OF BIRTH (Month, Day, Year) March 1 | 0, 1 | 6. BIRTH Count | HPLACE (State or Foreign MD |
| | spital | | | | sto | n | ON OF D | EATH | | NTY OF C | |
| 10b. COUI | roline. | | | dge | | TION | | | | | 10d. INSIDE CITY LIMITS? 1 X YES 2 NO |
| BER | Box 161 | | | | 10 | 1. ZIP COD | € 216 | 60 | 1117 | JSA | WHAT COUNTRY? |
| Merried Divorced | FORCES? | NT EVER IN U.S. XRI I YES 2 XIN MAR OR DATES | | | If yes, sp | | in, Mexic | NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.) fy: | e or No— | | E American Indian, k, White, etc. |
| DECEDENT'S E | | (G/ | CEDENT'S | vork done | during me | ON ost of worki | ing | 16b. KIND OF BU | SINESS/IN | DUSTRY | |
| ary (0-12) | College (1-4 or 5 | +) #/6. | n/a | se retired.) | | | | n/ | a | | |
| st, Middle, Lest) | | | | | | 16, MOT | HER'S N | AME (First, Middle, Meider | Surname) | | |

4. SOCIAL SECURITY I N/A 9e. FACILITY NAME (# MD 10e. STREET AND NUM 11. MARITAL STATUS 1 Never Married 4 15. (Speck Elementary/Second n/a 17. FATHER'S NAME (FI Joseph Russell Snowberger Karen Denny Johnson 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Joseph R. Snowberger PO Box 161 Ridgely, Md 21660 20e. METHOD OF DISPOSITION
1X Burlet 2 Cremation 3 Removal from State
4 Donatton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION -- City or Town, State of cemetary, crematory or other place)
Ridgely Cemetery 3-1**6** 91 Ridgely, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY PO Box 160 21639 Fleegle-Helfenbein Fn Hm Greensboro, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on Interval Batw eng anner **Oriset and Death** IMMEDIATE CAUSE (Fine) disease or condition resulting in death) DUE TO (OR AS CONSEQUENCE OF Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to Immediata cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? YES 2 NO 1 - YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:

| No impatient 2 | ER/Outpatient 3 | DOA OTHER: 1 XYES 2 NO 4 🗌 Nurs ng Home 5 🗆 Residence 8 🗆 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 1 YES 2 NO Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 29e. CERTIFIER (Check only 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 3/11 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS '91

32. REGISTARIS. SIGNATURE
GUNA DANISON-Randelle



| 1 - STATE REGISTRAR | | STATE OF N | | | TMENT ICATE | | | | MENTAL | REG. NO. | | | |
|--|--------------------------|---------------------------|----------------------|-------------|----------------|------------------|-----------------------|-----------|----------------------|-----------------|---------------|--------------|-----------------------------------|
| 1. DECEDENT'S NAME (First, | Middle, Last) | Engage | | | | | | | 2. DATE O | F DEATH | | | 3. TIME OF DEATH |
| Frances (| G. 51 | Frances 5. SEX | | | | | | | 7. DATE OF | DAY | | 91 | 7:20 AM |
| | ER | 1 M 2 J.F | 6. AGE (In yrs. last | YRS. | MONTHS | | HOURS | MIN. | (Month, | Day, Year) | | Country | , |
| 219 01 9122 96. FACILITY NAME (If not in: | | Λ. | 83 | rno. | AL OFFY | TOWN OR | LOGITIC | N 05 05 | 2/2/0 | 08 | 0- 0011 | Vir | ginia |
| | | | | | | | | | | | | | EATH |
| Calvert Nurs | | nter | | | Prin | ce F | rede | ric | K | | Cal | vert | |
| 10s. STATE | 10b. COUNTY | | | 10c. CIT | Y, TOWN O | R LOCATIO | N | | | | | | 10d. INSIDE CITY |
| Maryland | Calv | ert | | Pri | nce | Fred | eric | k | | | | | 1 YES 2 NO |
| 10e. STREET AND NUMBER | | | | - | | | ZIP CODE | | | | 10g. CIT | IZEN OF W | HAT COUNTRY? |
| 1900 M.I. B | owen R | load | | | | | 2067 | 8 | | | | USA | |
| 11. MARITAL STATUS | | 12. WAS DECEDEN | T EVER IN U.S. ARI | MED | | | | | | (Specify Yea | or No- | 14. RACE | - American Indian, White, atc. |
| 1 Never Merried 2 S Widowed 4 Divo | | IF YES, GIVE V | | | | YES 2 | | | in, Pusrlo Rid y: | cen, etc.) | | Specia | |
| | EDENT'S EDUC | | | | USUAL OC | | | | 16b. F | CIND OF BUS | NESS/IN | DUSTRY | |
| Elementary/Secondary (0 | | College (1-4 or 5 | 100 | Do NOT us | se retired.) | uray most | Or WORKING | | | | | | |
| | | 4 | tea | cher | | | | | CC | ounty | publ | ic s | chool |
| 17. FATHER'S NAME (First, M | iddle, Last) | | | | | | 18. MOTH | IER'S NA | ME (First, Mi | ddle, Maiden S | Surname) | | |
| Ira Kiefer | Gruver | Sr. | | | | | E | liza | beth | Marga | ret. | DeFr | ees |
| 19a INFORMANT'S NAME (1 Virginia S. | | | | | | | | | | r, City or Town | | | 21035 |
| 20s. METHOD OF DISPOSIT | ION | | 20b. PLACE | OF DISPO | SITION (Na | me of ceme | itery, crem | atory or | | 20c. LOC | ATION — | City or To | wn, Stats |
| 1 Buriel 2 Cremetic 4 Donation 6 Other | on 3 🗆 Ramo (Specify) | oval from Stats | Mira | nda | Ceme | tery | | | | | | | Maryland |
| 21. SIGNATURE OF FUNERA | L SERVICE LIC | ENSEE | | | 113 | NAME AND | | | | | | | 1 Home |
| DIK | مسد | an | | | P. | 0. Bo | ox 4 | 5 Ow | vings | Maryl | and | 2073 | 6 |
| 23. PART I. Enter the d ahock, or h | | omplications the | | | not enter | the mod | e of dyl | ng, euc | ch ee cerdi | ec or respir | ratory er | reet, | Approximate Interval Between |
| IMMEDIATE CAUSE (FIR | nel | | | | | | | | | | | | Onset and Deeth |
| disease or condition resulting in death) | → , | DUE TO | 0515 | | | | | | | | | | |
| | | | | | | - | | | | | | | |
| Sequentially list condit | lons. | | OR AS A CONSEC | | | 57: | POX | F | | | | | |
| If eny, leading to imme | diate | 006 10 | OH AS A CONSEC | JUENCE U | r); | | | | | | | | |
| CAUSE (Disease or inju | | DUE TO | (OR AS A CONSEC | OUENCE O | Fi: | | | | | | | | |
| that initiated events resulting in death) LAS | т | | | | , | | | | | | | | |
| | | 1 | _ | | | | | | | | | | |
| PART II. Other algolitics | ondition | a contributing to | deeth but not r | eoulting | In the un | deriying | cause g | lven in | Part I. | 24a. WAS AN | | 24b | WERE AUTOPSY FINDINGS |
| | | | | | | | | | | 1 YES 2 | □ NO | | COMPLETION OF CAUSE OF DEATH? |
| | | | | | | | | | | | | | 1 - YES 2 - NO |
| | | | | | | | | | | | | | |
| 25. WAS CASE REFERRED T EXAMINER? | O MEDICAL | HOSPITAL: | | | OTHER | | CE OF O | EATH (C) | heck only one |) | | | |
| 1 TYES 2 NO | | | ER/Outpatient 3 | □ DOA | 4 Hun | | 5 🗆 Re | sidence | 6 🗆 Other | (Specify) | | | |
| | Pending | 26a. DATE Of (Month, I | | 28b. TIR | ME OF | 28c. INJU WOR | IRY AT IK? ES 2 | NO | 28d. DESC | CRIBE HOW I | JURY OC | CURED | |
| a California | Investigation | 26s. PLACE | OF INJURY — At ho | me, farm, | street, fact | | | | | TION (Street a | nd Numbe | r or Rural I | Route Number, |
| 4 Homicide | Could not be determined | building | etc. (Specify) | | | | | | City o | r Town, State) | | | |
| 29s. CERTIFIER (Check only | TIFYING PHYSI | CIAN: To the best o | ł my knowledge, de | ath occur | red at the ti | Ime, data : | and place | , and dut | s to the caus | e(s) and man | ner as str | sted. | |
| onel - | ICAL EXAMINE | R: On the basia of a | xamination and/or | investigati | on, in my o | pinion, de | ath occur | ed at the | e time, dets o | and place, and | d dus to t | the cause(| a) and manner as stated. |
| 296. SIGNATURE AND THE | OF CERTIFIER | 00 | | | _ | | 29c. LICE | NSE NU | MDER | | 29d, DX | re signed | (Manth, Day, West) |
| 1 th | X17 | Versel, | Fish | | | | | 02 | 635 | 8 | > _ | 3-1 | 2-9/ |
| 38. NAME AND ADDRESS O | PERSON WH | O COMPLETED CAL | TOT | 10.00 | | 1011 | | -1-8 | DE | ex | | 1 | 206 18 |
| 31. DATE FILED (Month, Day, | Year) 1001 | 2. BEGISTA | AR'S SIGNATURE | delle | -VR | INC | _ / | 108 | 2766 | C X | N | () ~ | 000 1 |
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within affours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely illed in by the funeral director, page 5 should be detached for use as the bunal-transit permitted within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

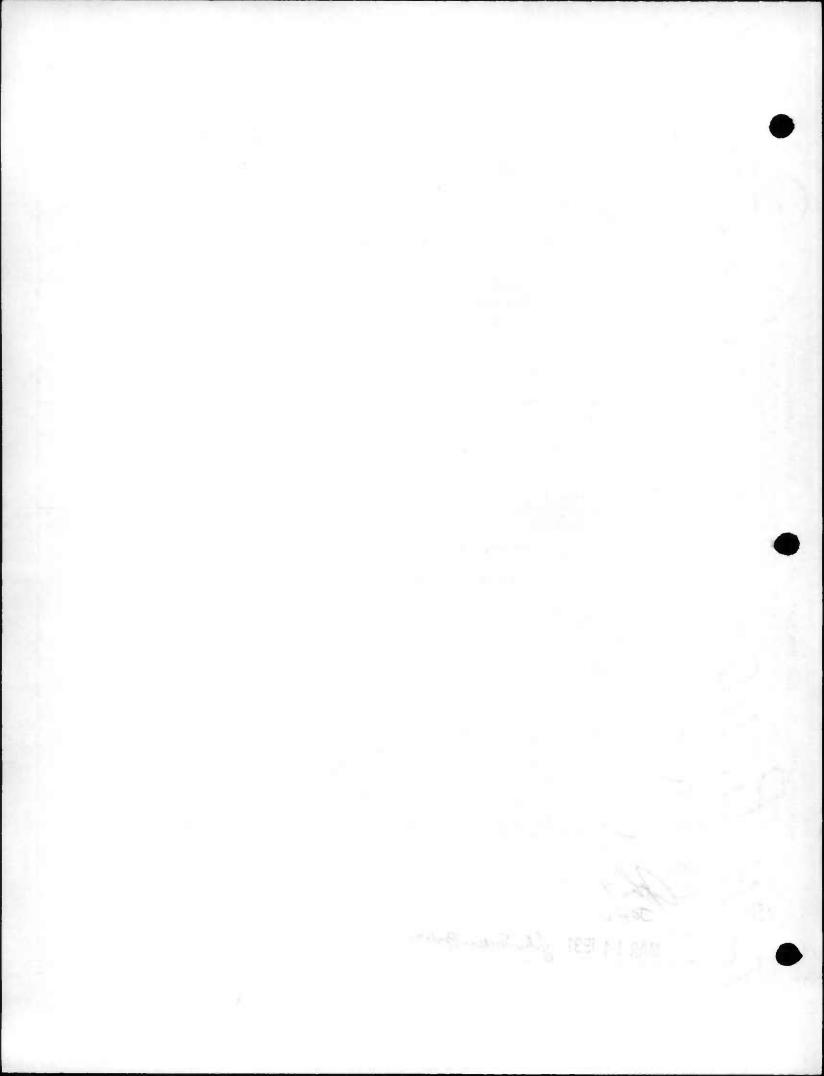
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

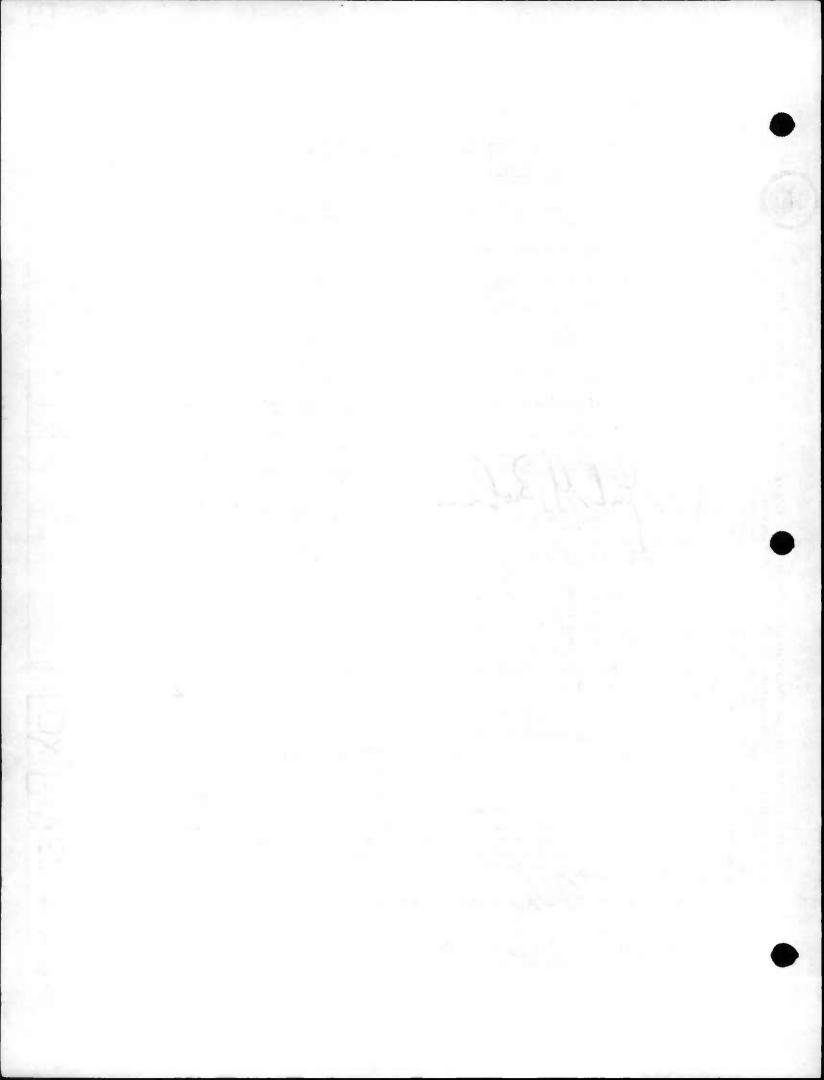
DHMH-16 Rev 1/89



| VISION O ATTENDING PHY RECTOR: After this after death with | DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. | TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. | BOOTANT. Hitem 26 is marked as Item 23 shows any injury as other fraumsile event the medical eventues he notified at once |
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| 1 | (Month, L | Day, Year) | | JURY M | WO | PRK7 | □ NO | | | | |
| cide 6 Could not be | 28e. PLACE (building. | OF INJURY — At h | nome, farm, | street, facto | ery, office | • | | 261. LOCATION (S City or Town, | treet and Numbe State) | or or Rural Route N | umber, |
| only CENTIFTING PHTS | | | | | | | | | | | nanner as stated |
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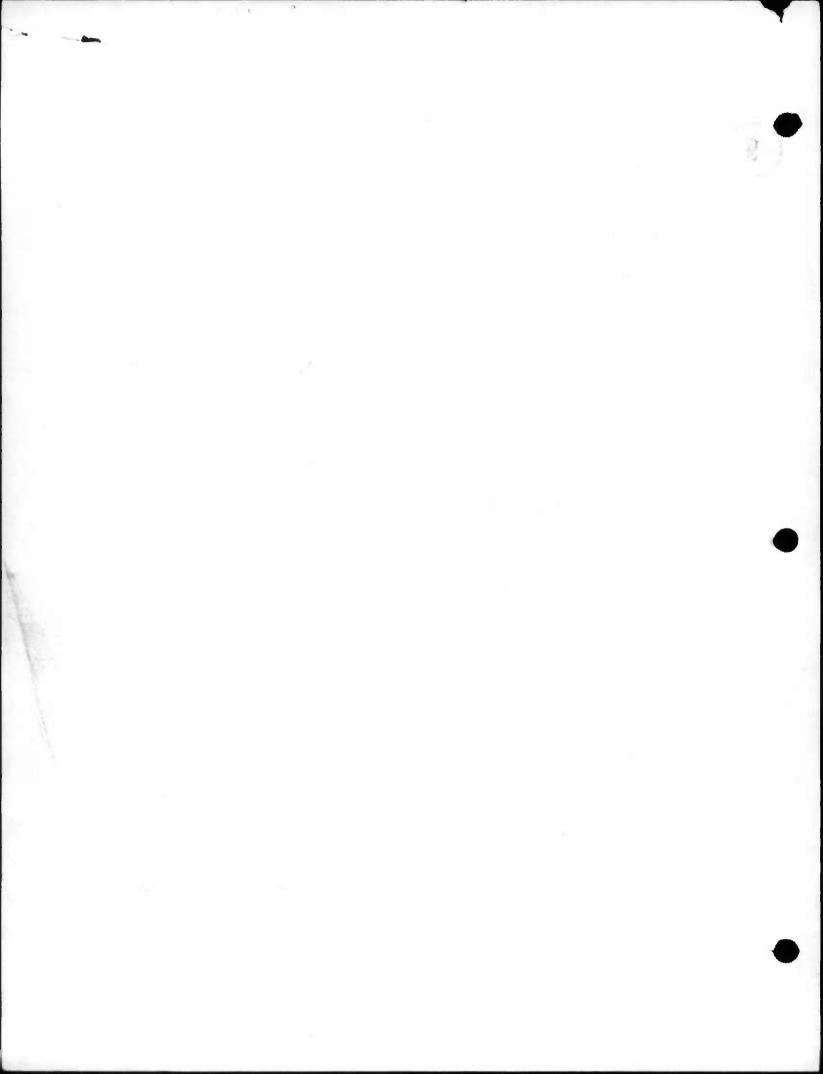
FOR

| • | 1 - STATE STATE OF REGISTRAR | CERT | | OF DEATH | | G. NO. | | |
|----------------------|---|---|--------------------|--|-------------------------------|--------------------------------|---------------------------|---|
| į | 1. DECEOENT'S NAME (First, Middle, Last) | SADIE | STEUE | R | 2. DATE OF DI | EATH DAY | YEAR | 3. TIME OF DEATH |
| | 4. SOCIAL SECURITY NUMBER 5. SEX 5. D 42 - 7 D 1 M 2 F | 6. AGE (In yrs. lest birtho | MONTHS | YEAR IF UNDER 24 HRS. DAYS HOURS MIN. | 7. DATE OF BI (Month, Day, | | Count | |
| 1 | Sa. FACILITY NAME (If not institution, give street and number) | | 9b. CITY, | TOWN OR LOCATION OF E | DEATH . | 9c. C | COUNTY OF I | W York DEATH |
| TOR | PAIR AND NURSING | Home | Silo | er Speil | 9 MI | 2/ | Mont | gomesy |
| DIRECTOR | Maryland Montgomery | | city, town of | | | | | 10d. INSIDE CITY LIMITS? 1 YES 2 NO |
| FUNERAL | 100. STREET AND NUMBER 2101 Fairland Road | | | 10f. ZIP CODE 20904 | | 10g. | CITIZEN OF U.S | WHAT COUNTRY? |
| BY | 11. MARITAL STATUS 12. WAS DECEO FORCES? | ENT EVER IN U.S. ARMED 1 YES 2 XNO WAR OR DATES | H | RS DECENDENT OF HISPA yes, specify Cuben, Mexic YES 2X NO Spec | an, Puerto Rican, | | — 14. RAC Blec Spec | E — American Indian, ik, White, atc. in: White |
| COMPLETED | 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or | (Give kind file. Do Ni | OT use retired.) | uring most of working | | of Business Private | | etry |
| MP | 9th 17. FATHER'S NAME (First, Middle, Lest) | Sale | sperso | | AME (First, Middle | | | Stly |
| | Max David Steuer | | | | Weiner | | rra) | |
| BE | 190. INFORMANT'S NAME (Type/Print) | 19b. MAI | LING AODRESS | (Street and Number or Rura | | | s, Zip Code) | |
| 2 | Debbie Mach | 210 |)l Fair | land Road, | Silver | Spring | , Mar | yland 20904 |
| | 20a. METHOD OF DISPOSITION 1 | | | ne of cemetery, crematory or | 7 | 20c. LOCATION | | |
| | 4 \(\overline{\text{Donation}} \) Donation 5 \(\overline{\text{Other (Specify)}} \) | | | v. Med. Sch | | Washin | gton, | D. C. |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Leander M. C. | (Pa-) # | Ro Ro | hame and address of F bert G. Mas 61 Good Hop | son Fune | | | · · |
| | 23. PART I. Enter the diseases, or complications t | het caused the death. | | ^ | | | | Approximate |
| | ehock, or heert failure. List only one of IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) | O AND PENTO OF AS A CONSEQUEN | ٤ | | | | | Interval Between Onset and Death |
| NOI | | ALTENIUS TO (OR AS A CONSEQUENCE | CLENC | 13/5 | | | | |
| CERTIFICATION | CAUSE (Disease or Injury | TO (OR AS A CONSEQUEN | CE OF): | | | | | |
| 5 | d | | | | | | | |
| PHYSICIAN: MEDICAL (| PART II. Other algnificent conditions contributing | to death but not result | ing in the un | derlying cause given i | | WAS AN AUTOR PERFORMED? | | b. WERE AUTOPSY FINDINGS AMILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? |
| M | | | | | - | | - 1 | 1 YES 2 NO |
| AN | 25. WAS CASE REFERRED TO MEDICAL | | _ | 26. PLACE OF DEATH (C | Check only one) | - | | |
| SIC | EXAMINER? 1 YES 2 NO 1 Inputient | ER/Outpatient 3 D | OA 4 Num | : Ing Home 6 □ Rasidence | 6 Other (Spi | eatfy) | | |
| ВУ РНУ | | OF INJURY 28b | TIME OF INJURY | 28c. INJURY AT WORK? 1 YES 2 NO | 26d. OEŞCRIE | BE HOW INJURY | OCCURED | |
| | 2 Quiolde 28e. PLAC | E OF INJURY — At home, fing, atc. (Specify) | erm, etroet, facto | ory, office | 261. LOCATION | N (Street end Nu wn, State) | imber or Rural | Route Number, |
| COMPLETED | 29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the best of | | | | | | | (a) and manner as stated. |
| TO BE | 296. SIGNATURE AND TITLE OF CERTIFIER ANONE W KUNDLAT | / | | | 716 | 1 | 2 21 | (Month, Day, Year) |
| F | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED OF | 8317 CHE. | (Type, Print) | ANE L | AUNSL | MO | / | |
| | 0. DATE EU ED 41 4 D 1/ 1 | HAR'S SIGNATURE Davidson-Rand | | | | | | |
| | I TED U L 311 Sum | A 4 | | | | | | |

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FFB 0 1 '91



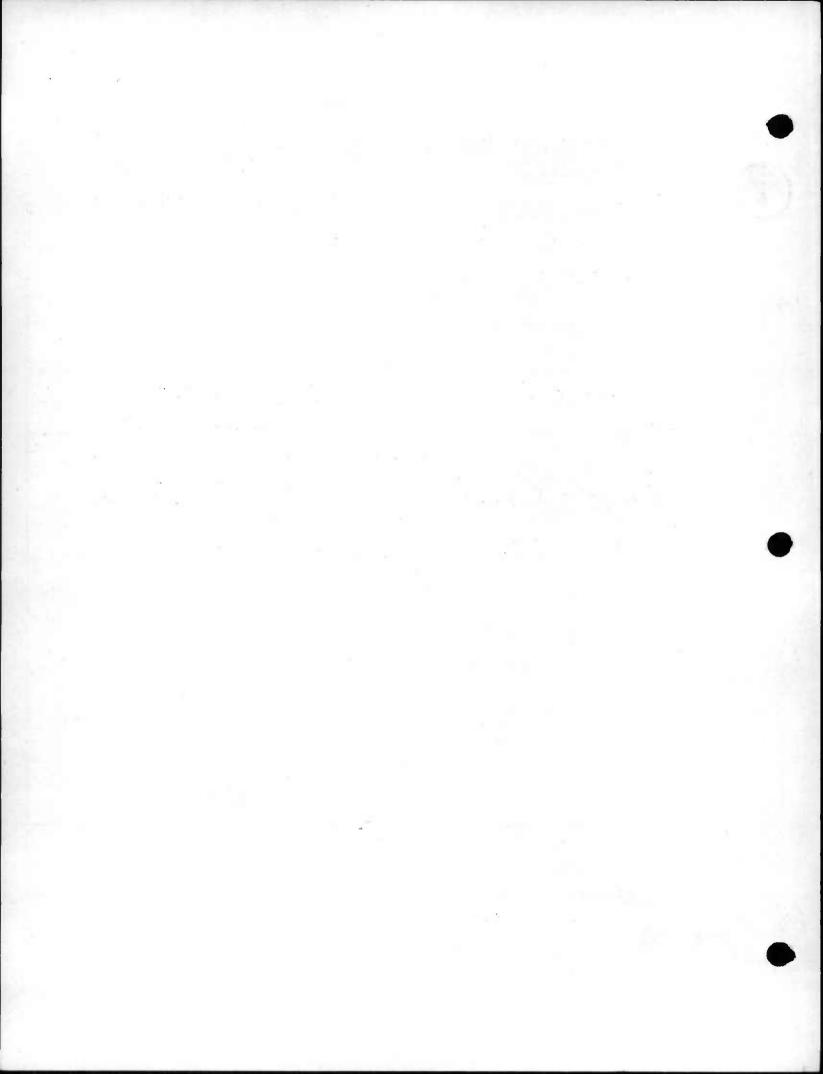
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year) FEB 0 1 '91

| REGISTRAR | | | | FICATE (| • | | | REG. NO. | | | |
|--|--|--|--|--|--|--|----------------------|--|---------------------|------------------------------|--|
| . DECEDENT'S NAME (First, Middle, La | st) | | | | | | 2. D. | ATE OF DEATH | a.v | WEAD | 3. TIME OF DEATH |
| Frank B | . Seal, Sr | r. | | | | | Fe | bruary | Ž7, | 1991 | 3;55 p |
| I. SOCIAL SECURITY NUMBER | 5. SEX | | yrs. lest birthday) | IF UNDER 1 Y | YEAR | IF UNDER 24 HRS. | 7. D/ | TE OF BIRTH | | 8. BIRT | THPLACE (State or Foreign |
| 215-01-7701 | 1 X M 2 □ F | 81 | YRS. | MONTHS D | DAYS | HOURS MIN. | 1 | 2-5-09 | | Ma | ryland |
| e. FACILITY NAME (If not institution, gi | ve street and number) | | | 96. CITY, TO | OWN O | R LOCATION OF | EATH | | 9c. CO | UNTY OF | DEATH |
| 6625 St. Barna | bas Road | | | 0x | con | Hill | | | Pri | nce | Georges |
| Oa. STATE 10b. COU | | | 10c. C/1 | TY, TOWN OR I | LOCATI | ON | | | | | 10d. INSIDE CITY LIMITS? |
| Maryland Pri | nce George | es | | Oxon | Hi | .11 | | | | | 1 TES 2 X NO |
| De. STREET AND NUMBER | | | | | 101. | ZIP CODE | | | 10g. CI | TIZEN OF | WNAT COUNTRY? |
| 6625 St. Barnab | as Road | | | | | 207 | 45 | | | US | SA |
| in MARITAL STATUS Never Married 2 Married Midowed 4 Divorced | 12. WAS DECEDED FORCES? IF YES, GIVE V | 1 YES | 2 NO | - If ye | yes, spe | ENDENT OF HISP/ edity Cuban, Maxie 2 XNO Spec | en, Pue | IGIN? (Specify Yer rto Rican, atc.) | or No— | Bla | CE — American Indian, lick, White, atc. |
| 15, OECEDENT'S E | DUCATION | 10 | 8e. DECEOENT'S | S USUAL OCCU | UPATIO | N | | 16b. KIND OF BU | SINESS/II | NDUSTRY | WILCO |
| (Specify only highest gi | College (1-4 or 5 | +) | life. Do NOT u | work done duri use retired.) | ring mos | st of working | | | | | |
| 5th | | |] | Pressm | nan | | | Feder | al G | over | nment |
| 7. FATHER'S NAME (First, Middle, Last) | | | | | | 18. MOTHER'S N | AME (FI | rst, Middle, Melden | Surname) | | |
| Fredri | ck G. Seal | L | | | | | В | 1anche | E. B | Burto | n |
| 9a. INFORMANT'S NAME (Type/Print) | | | 19b. MAILING | G ADDRESS (S | Street ar | nd Number or Flura | Route I | Number, City or Tow | rn, State, 2 | Zip Code) | |
| Doris J. Seal | | | 662 | 5 St. | Bar | nabas F | d. | Oxon Hi | 11, | Md. | 20745 |
| On METHOD OF DISPOSITION | lamoval from State | 20b. P | LACE OF DISPO | OSITION (Name | e of cem | etery, crematory or | | 20c. LC | CATION - | City or | Town, State |
| V Buriel 2 Cremetion 3 5 | IOINIOVAL HOILI STATE | 24 | Fort L | incoln | Ce | emetery | | Br | entw | ood, | Maryland |
| Donation 5 Other (Specify) | | - | - 01 0 - | | _ | | | | | | |
| 1 Donation 5 Other (Specify) H. BIGNATURE OF FUNERAL SERVICE HOUSE | Ptale | D | | 22. NA G 6 | eor 6160 | Oxon I | ala Mill | s Funer Rd. Ox | al H on H | li11, | Md. 20745 |
| Donation 5 Other (Specify) H. BIONAYUNE OF FUNERAL SERVICE 23. PART I. Enter the diseases, shock, or heart fallu IMMEDIATE CAUSE (Final disease or condition | or complications the | st caused to | he death. Do h line. | 22. NA G 6 | eor 6160 | ge P. k Oxon F de of dylng, su | ala lill ch as | s Funer Rd. Ox | al H on H | li11, | Approximate interval Between |
| Donetten 5 Other (Specify) H. BIGHAY THE OF FUNERAL SERVICE 23. PART I. Enter the diseases, shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | or complications there. List only one ca | st caused to uuse on each of the control of the con | he death. Do h line. | 22. NA G G 6 not enter th | eor 6160 | ge P. k Oxon F de of dylng, su | ala lill ch as | s Funer Rd. Ox | al H on H | li11, | Approximate interval Between |
| 23. PART i. Enter the diseases, shock, or heart failu immediate conditions, temperature or conditions, | or complications there. List only one can be used to be | st caused touse on each of the cause of the | he death. Do h line. CER ONSEQUENCE O ONSEQUENCE O | 22. NA G G 6 not enter th | ame and George 160 to the model of the model | rge P. K Oxon F de of dying, su istatic | ala lill ch as | s Funer Rd. Ox cardiac or reap | al Hon Heliretory | lill, | |
| Donetion 5 Other (Specify) H. BIGHAY THE OF FUNERAL SERVICE 23. PART I. Enter the diseases, shock, or heart failus IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | or complications there. List only one can be used to be | st caused touse on each of the cause of the | he death. Do h line. CER ONSEQUENCE O ONSEQUENCE O | 22. NA G G 6 not enter th | George And Secretary Secre | ge P. K Oxon F de of dying, su Static | alalalill Alach as | s Funer Rd. Ox cardiac or reap Roll | al Hon Heliretory | lill, | Approximate Interval Betwee Onset and Del Acceptance of the Control of Cause of Course of Cau |
| Donation 5 Other (Specify) 1. Bighartha of Funerial Service 23. PART i. Enter the diseases, shock, or heart failu MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, fi any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | or complications there. List only one can be used to be | st caused thuse on each of the control of the contr | he death. Do h line. CORREQUENCE OF THE PROPERTY OF THE PROPE | 22. NA G G 6 not enter th OF): DF): OF): OTHER: | Secretary ing | rge P. K Oxon F de of dying, su istatic | alalalillich as | S Funer Rd. Ox cardiac or reap Ada A J. 24a. WAS AP PERFO 1 UYES | al Hon Heliretory | lill, | Approximate Interval Betwee Onset and Del Acceptance of the Control of Cause of Course of Cau |
| Donetion 5 Other (Specify) 1. BIGHARUPE OF FUNERAL SERVICE 23. PART i. Enter the diseases, shock, or heart failu MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, fary, leading to immediate suse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions, fary, leading to immediate suse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions, fary, leading to the conditions of t | or complications three. List only one can be desired to the can be | st caused thuse on each of the control of the contr | he death. Do h line. CERCONSEQUENCE (ONSEQUENCE NA G G 6 not enter th OF): OF): OTHER: 4 Nursin NJURY NJURY 22. NA | AME AN GEORGE STATE OF THE STAT | Ge P. K Oxon F de of dying, su Static Savy 7/4 General Cause given in ACE OF DEATH (1) 5 \$\frac{1}{2}\$ Residence | alalalillich as | S Funer Rd. Ox cardiac or reap Ada A J. 24a. WAS AP PERFO 1 UYES | al Hon Heliretory a | Iiil, serest, | Approximate Interval Betwee Onset and Del Account of Account of Course of Principle (Course) (Course of Course Denetion 5 Other (Specify) H. BIGHARTHE OF FUNERAL SERVICE 23. PART I. Enter the diseases, shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions, if any season in the conditions of the cause | or complications the re. List only one can be contributing to the can be contributing to the can be contributing to the can be contributing to the can be contributing to the can be contributing to the can be contributing to the can be contributed to th | of caused thuse on each of the caused thuse on each of the caused thuse on each of the caused thus of the ca | ONSEQUENCE CONSEQUENCE . NA G G O not enter th OF): OF): OTHER: 4 Nursin IME OF NJURY M | AME AN GEORGE STATE OF THE STAT | ACE OF DEATH (1) STORY THE STORY AT THE STO | alalalillich as | S Funer Rd. Ox cardiac or reap Add. J. 24a. WAS AP PERFO 1 YES Ny one) Other (Specify) | al Hon Hiretory a | Jill, Brrest, | Approximate Interval Betwee Opaet and Del Plant Approximate Approx |
| Donetion 5 Other (Specify) H. BIGHARTHE OF FUNERAL SERVICE 23. PART I. Enter the diseases, shock, or heart failu shock, or heart failu immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions, in the cause of t | or complications there. List only one can be a List only one can be a List only one can be a List only one can be a List only one can be a List on the best of the best of the can be a List on the best of the can be a List on the best of the can be a List on the best of the can be a List on the best of the can be a List on the best of the can be a List on the best of the can be a List on the best of the can be a List on the best of the can be a List on the best of the can be a List on the best of the can be a List on the best of the can be a List on | of my knowled | ONSEQUENCE CONSEQUENCE . NA G G OF): DF): OF): OTHER: 4 Nursin ME OF NJURY M , street, fectory | AME AN GEORGE STATE OF THE STAT | Ge P. K Oxon F Oxon F de of dying, su Static Say 7/4 George Grant (1) ACE OF DEATH (1) S M Residence URKY (ES 2 \square NO and place, and delete, and delete.) | alalalillich as | S Funer Rd. Ox cardiac or reap Location (Specify) Describe How Location (Street City or Town, State | al Hon Hilretory s | DOCCURED ber or Rura stated. | Approximate Interval Betwee Opaet and Del Plant Approximate Approx |

32 REGISTRAT'S SIGNATURE
Julia Davidson-Randalle



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BE COMPLETED BY FUNERAL DIRECTOR

2

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

| FOR 1 - STATE REGISTRAR | STATE OF MA | | | TMENT OF I | | | MENTAL HYGI | ENE | ! (| 07840 |
|--|--|---------------------|----------------------------|--------------------------------|----------------------|-------------------|---|---------------------------|----------|--|
| 1. DECEDENT'S NAME (First, Middle, Lest) LAWLENCE A | Lawrence | | | | | | 2. DATE OF DEATH | 1 | YEAR 3. | TIME OF DEATH |
| 4. SOCIAL SECURITY NUMBER 577-24-1344 | 5. SEX | 6. AGE (In yrs. les | | IF UNDER 1 YEAR MONTHS DAYS | IF UNDEF | R 24 HRS. MIN. | 7. DATE OF BIRTH (Month, Day, Year | 23 | North | CE (State or Foreign |
| 9a. FACILITY NAME (If not institution, give a 3807 Quincy Street RESIDENCE OF DECEDENT | | | | Bren | | | EATH | Sc. COUNT | OF DEATI | И |
| 10e. STATE 10b. COUNT PG | | | | ENTWZ | | | | | 100 | d. INSIDE CITY LIMITS? YES 2 \[\] NO |
| | cy stre | | | | _ | 72 | | Unit | ed St | |
| 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed Divorced | 12. WAS DECEDENT FORCES? X IF YES, GIVE WA | | MED 10 | If yes, s | | en, Mexico | NIC ORIGIN? (Specify an, Puerto Rican, etc. fy: | | Specify: | American Indian, Phita, etc. |
| 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th | CATION completed) College (1-4 or 5+) | 16a. DE (G | ive kind of v Do NOT us | vork done during no retired.) | ION last of world | ing | | body r | | co. |
| 17. FATHER'S NAME (First, Middle, Leet) Lawrence A. Seag | lle, Sr. | | | | St | ella | ME (First, Middle, Ma M. Huns | ucker | | |
| STEVEN A.SE | * * | | | 11-14-1 | | | Route Number, CITY or rentwood | , Md. | 20722 | |
| 20a METHOD OF DISPOSITION A Surfel 2 Crymatton 3 Rem 4 Donatton 8 Other (Specify) | | | | | tery | | 27-91 B | | od, M | laryland |
| MAC STATUTE OF WHETHAN SERVICE AN | 130 | roun | | | | | CH'S SOI | | | L HOME land 2078 |
| 23. PART I. Enter tha diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) | a. MYOC | PARDIA | | IN FA | pct, | on | | espiratory arre | et, | Approximata interval Between Onset and Death |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING | b. ATHE | OR AS A CONSE | OUENCE OF | FI: Otie / FI: | YEAR | 7 2 | 1,5EASE | | | |
| CAUSE (Disease or injury thet initiated events resulting in deeth) LAST | DUE TO (| OR AS A CONSE | OUENCE O | F): | | | | | | |
| PART II. Other algorificent condition | | | | | | given ir | PEI | S AN AUTOPSY REFORMED? | AM CC | ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? |

1 YES 2 NO

| 5. | WAS CASE REFERRED TO MEDICAL | |
|----|------------------------------|---|
| | EXAMINER? | |
| | 123 2 10 | L |

6 Could not be determined

Netural
Description
Netural
Suicident
Suicide

4 | Homicide

HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 26a. DATE OF INJURY (Month, Day, Year)

OTHER: 28b. TIME OF

5 Residence 8 - Other (Specify) 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

19815

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

28. PLACE OF DEATH (Check only one)

29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

LYPKIN 13544 R. mil

31. DATE FILEO (Month, Day, FFB 0 1 '91

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall

DHMH-18 Rev 1/89

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

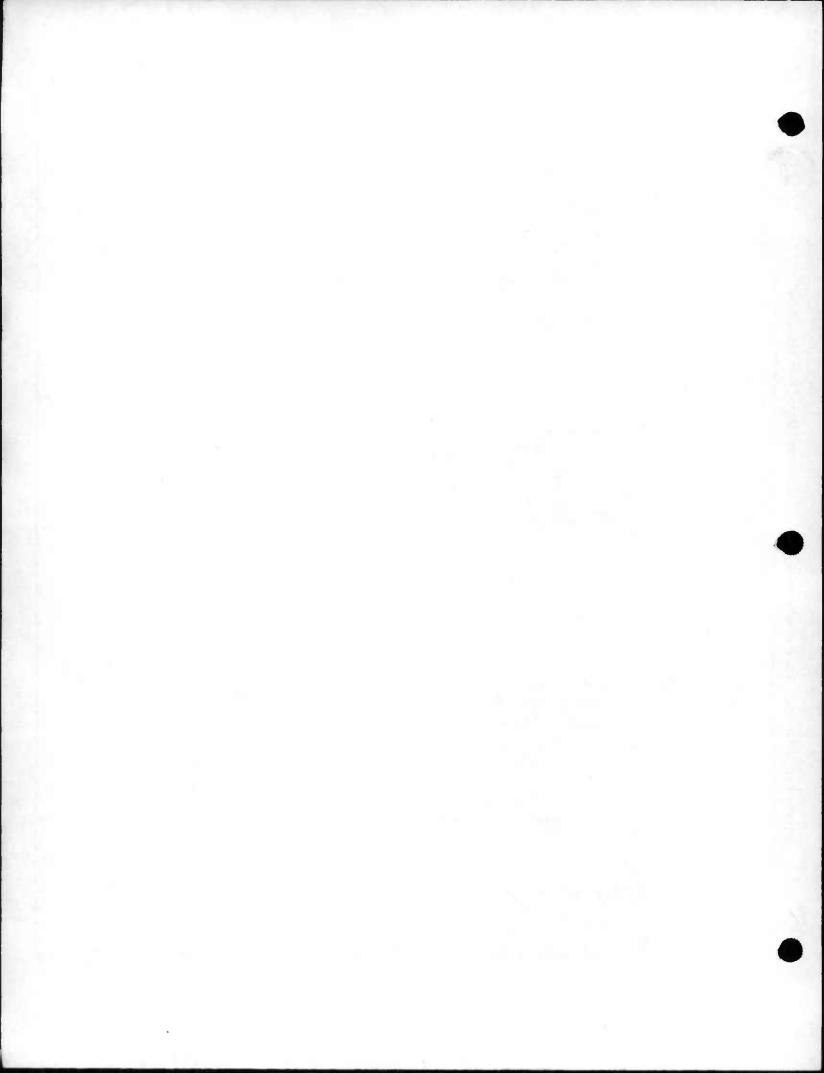
TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

| - STATE REGISTRAR | | | CERTIFI | CATE OF | DEATH | REG. NO | | | | | |
|--|-------------------------------|------------------------|-------------------------------------|-----------------------|---|---|-------------------|------------------|--|------------|--|
| I. DECEDENT'S NAME (First, Middle, Lest) | | - | | | | 2. DATE OF OEATH | | | 3. TIME OF DEATH | 1 | |
| Stephen Sutty | | | | | | | AY Z | YEAR | 4:00 | PM | |
| SOCIAL SECURITY NUMBER | 5. SEX | 8. AQT (In yrs | . lest birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF BIRTH | | 8. BIRTI | PLACE (State or Fort | sign | |
| .91-03-5091 | 1 🚰 M 2 🗌 F | 83 | YRS. | MONTHS DAYS | HOURS MIN. | Nov. 18, | 1907 | Count | orado | | |
| a. FACILITY NAME (If not institution, give st | reet and number) | | | 9b. CITY, TOWN | OR LOCATION OF DE | | 9c. COU | NTY OF D | PEATH | | |
| Anne Arundel Medi | cal Cent | er | | Annapo | olis | | Ann | e Ar | unde1 | | |
| RESIDENCE OF DECEDENT 106. STATE 106. COUNTY | | | | | | | | | | | |
| MATERIAL TOTAL STATE OF THE STA | Arunde1 | | | town or Loca ofton | HON | | | | 10d. INSIDE CITY LIMITS? | | |
| De. STREET AND NUMBER | | | 021 | | of, ZIP CODE | | 10a CITI | ZEN OF 1 | 1 YES 2 1 N | | |
| 5000 Birdwood Co | urt | | | | 21114 | | | | States | | |
| 1. MARITAL STATUS | 12. WAS DECEDEN FORCES? 1 | T EVER IN U.S. | | 13. WAS DE | CENDENT OF HISPAN pecify Cuben, Mexice | IIC ORIOIN? (Specify Yen, Puerto Rican, etc.) | s or No— | 14. RACI Blac | E — American Indies k, White, etc. | 1, | |
| Never Merried 2 Merried Wildowed 4 Divorced | IF YES, GIVE | MAR OR DATES | | | S 2 NO Specify | | | Spec | _{my:} asian | | |
| 15. DECEDENT'S EDUC | CATION | 184 | DECEDENT'S | USUAL OCCUPAT | ION | 16b. KIND OF BU | | | astall | | |
| (Specify only highest grade Elementary/Secondery (0-12) | completed) College (1-4 or 5 | | (Give kind of w life, Do NOT use | rork done during m | iost of working | | | | | | |
| 12 | Conege (1-4 or 5 | | Miner | | | Steel (| Compa | ny | | | |
| 7. FATHER'S NAME (First, Middle, Lest) | | | | | 18. MOTHER'S NA | ME (First, Middle, Maiden | Surname) | - | | | |
| Michael Sutty | | | | | Anna L | acey | | | | | |
| 9e. INFORMANT'S NAME (Type/Print) | | .e. | | | | Route Number, City or Tox | | Code) | | | |
| Thomas A. Sutty | | | 1573 I | Eaton W | ay Crofto | n, MD 211: | 14 | | | | |
| 6e. METHOD OF DISPOSITION Burtel 2 December 3 Rem | oval from State | oth | er piece) | tan Cre | matory | | cation – kandr | - | own, State Virginia | | |
| 1. SIONATURE OF FUNERAL SERVICE LIC | ENSEE | | | 22. NAME | AND ADDRESS OF FA | | | | | | |
| * Robert & | ELVIN | wit | now | | | uneral Hours is Rd. Boy | | | 1715 | | |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | c | OR AS A CO | NSEQUENCE OF | ን: | culeur | (UnKnow | | (| H | | |
| PART II. Other algnificent condition Myo candial is HIO Bladele S. WAS CASE REFERRED TO MEDICAL EXAMINER? | Lung A Lung A HOSPITAL: | esem ur/ | atria | cor | holution | PERFO | RMED? | 24 | b. WERE AUTOPSY FINANLABLE PRIOR 1 COMPLETION OF COMPLETION OF DEATH? | TO AUSE | |
| 1 YES 2 NO 7. MANNER OF DEATH | 1 Sinpatient 2 | | - | 4 - Nursing Ho | me 5 - Residence | | thi Hames a - | VO I I I I | | _ | |
| 1 Natural 5 Pending 2 Accident Investigation | 28a. DATE O (Month, | F INJURY Day, Year) | 28b. TIM INJ | URY | NJURY AT YORK? YES 2 ND | 28d. OESCRIBE HOW INJURY OCCURED | | | | | |
| 2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) | | | | | | 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | | | | |
| one) 2 MEDICAL EXAMINE | ER: On the beels of | | | | death occured at the | _ | and due to t | he cause | | ated. | |
| 9b. SIGNATURE AND TITLE OF CERTIFIE | | / 10- | 11 | | 29c. LICENSE NU | | | TE SIONE | D (Month, Day, Year) | | |
| O. NAME AND ADDRESS OF PERSON WI | LA CONSTRUCT | IN. | OTEN OF T | Shrintti | 103 | 160Z 18 Z1114 | | 4/ | 22/1/ | | |
| / . | | SE UT DEATH | (1 IEM 27) (7/00) | , ranti | 11 | // 2 | / | | | | |
| 11. DATE FILED (Month, Day, Year) | 1/age | AR'S SIGNATU | DF . | Cn. | or ton, M | d 41114 | | | | _ | |
| and the same of th | | ALL O GIGHALO | *116 | | | | | | | | |
| FEB 0 1 '91 | 1.0 | · Maria | n-Randa | 00 | | | | | | | |

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



| | 1 - STATE REGISTRAR | SIAIE UF MAK | CERTIF | ICATE O | F DEATH | REG. | | | | | | |
|---|--|--------------------------------------|--|----------------------------------|-----------------------|-------------------------|---------------|--|---|--|--|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | 2. DATE OF DEA | TH | | 3. TIME OF DEATN | | | |
| | Margaret R. Schweitzer 02 25 91 | | | | | | | | 6:05 p M | | | |
| | 4. SOCIAL SECURITY NUMBER 5. SEX Fem / 6. AGE (In yrs. Ins | | | IF UNDER 1 YEAR | - | 7. OATE OF BIRTH | | 8. BIRTNP | LACE (State or Foreign | | | |
| | 203 18 0275 | 1 □ M 2 X F | 83 YRS. | MONTHS DAYS | HOURS MIN. | Feb. 11, | | Phil | a. Pa | | | |
| | 9a. FACILITY NAME (If not institution, give s | treet and number) | | 9b. CITY, TOW | OR LOCATION OF DE | - | | NTY OF DE | | | | |
| S. | Kent & Oueen Anne | 's Hospita | 1 Inc. | Cheste | rtown, MD | | Ken | t Cou | ntw | | | |
| DIRECTOR | Kent & Queen Anne | | | | | | 1 110 11 | | | | | |
| 8 | Maryland Ke | ent | | Y, TOWN OR LOC | | Chant | | L M | 10d. INSIDE CITY LIMITS? | | | |
| | | | | | Queen St | . Cheste | | | CXYES 2 NO | | | |
| FUNERAL | 10e. STREET AND NUMBER | N. Queen St | | | IOI. ZIP CODE | 10g. CITIZEN OF | | | 1.7.04 | | | |
| N. | | 12. WAS DECEDENT EVE | | 1 | 21620 | Usa | | | | | | |
| | 11. MARITAL STATUS Widowed | FORCES? 1 Y | ES 2 NO | If yes, | specify Cuban, Maxica | nn, Puarto Rican, etc.) | | Black, | 14. RACE — American Indian, Black, White, etc. SpecifyWhite | | | |
| B≼ | ¥ Widowed 4 □ Divorced | IF YES, GIVE WAR O | n dates no | 1 U Y | ES 2 NO Specifi | NO NO | NO | | | | | |
| | 15. DECEDENT'S EDU | | 16a. DECEDENT'S | USUAL OCCUPA | TION | 16b. KIND 0 | F BUSINESS/IN | DUSTRY | | | | |
| <u> </u> | (Specify only highest grade Elementary/Secondary (0-12) | College (1-4 or 5+) | life. Do NOT u | work done during se retired.) | nost or working | ì | | | | | | |
| 립 | 10 | | Clerk | & Manag | er | Dru | mployee) | | | | | |
| COMPLETED | 17. FATHER'S NAME (First, Middle, Last) | | | | | ME (First, Middle, M | | | | | | |
| BE (| William Andrew M | lc Cann | | | Cather | rine Har | dy | | | | | |
| 0 | 19a. INFORMANT'S NAME (Type/Print) | | | | t and Number or Rural | | | | | | | |
| - | Bernadette Ste | | 201 N | North Qu | ieen – Che | estertow | n, MD. | 21620 |) | | | |
| | 20a. METHOD OF OISPOSITION 1 Burial 2 Cremation 3 Ram | Burial | 20b. PLACE OF DISPO | | | | c. LOCATION - | | 13" | | | |
| | 4 Donation 5 Other (Specify) | | Chester C | | | / | Chester | | | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LIC | ENSEE / \ | 00 | 22. NAME | AND ADDRESS OF FA | CILITY P | .O. Bo | x # 2 | 64 | | | |
| | * Fluill | is We | ells | J. | Willis We | 11s Che | sterto | wn, M | d. 21620 | | | |
| NOI | 23. PARY Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert fellure. List only one ceuse on each line. Approximate interval Between Onset end Death disease or condition resulting in death) a. pe sp. categories of the conditions, one to co | | | | | | | | | | | |
| CERTIFICATION | If sny, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | | | | | | | | | | | |
| | PART il. Other aignificant condition | e contributing to dea | th but not resulting | in the underly | ing cause given in | Part I. 24a. W | AS AN AUTOPSY | | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO | | | |
| PHYSICIAN: MEDICAL | | | | | | | | | COMPLETION OF CAUSE OF DEATH? | | | |
| ME | acterios cleration heart designe | | | | | | | | | | | |
| ä | | | | | | | | | | | | |
| CIA | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | OTHER: | PLACE OF DEATH (C/ | neck only one) | | | | | | |
| YSI | 1 TYES 2 THO | 1 Inpetient 2 ER/ | | 4 - Nursing H | ome 5 - Raeldence | | , · | | | | | |
| | 27. MANNER OF DEATN 1 Netural 5 Pending | 28s. DATE DF INJU (Month, Day, Ye | | JURY | NJURY AT WORK? | 28d. DESCRIBE | NOW INJURY O | CCURED | | | | |
| BY | 2 Accident Investigation | YES 2 NO | DALLOCATION (Chart and Mumber or Charl Courts Mumber | | | | | | | | | |
| | | | | | | | | | oute (various, | | | |
| E | 29a. CERTIFIER | An CERTIFIED | | | | | | | | | | |
| MP | (Check only One) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated. | | | | | | | | | | | |
| COMPLETED | | | | | | | | | | | | |
| BE | 29b. SIGNATURE AND TITLE OF CERTIFIER | | | | D-33514 | | | DATE SIGNED (Month, Day, Year) 2 - 25 - 9 | | | | |
| D=33514 D=33514 D=33514 | | | | | | | | | 1/ | | | |
| Michael Bienenfeld (D-33514) Chestertown, Md. 21620 | | | | | | | | | | | | |
| | 31. DATE FILED (Month, Day, Year) | 32. REGISTRAR'S | | | | | | | | | | |
| 3 | FEB 27 '91 | | widson-Rand | .02 | | | | | | | | |
| | 1102/31 | January | A (ACO) - 1 - 184 | | | | | | DHMH-18 Rev 1/89 | | | |

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

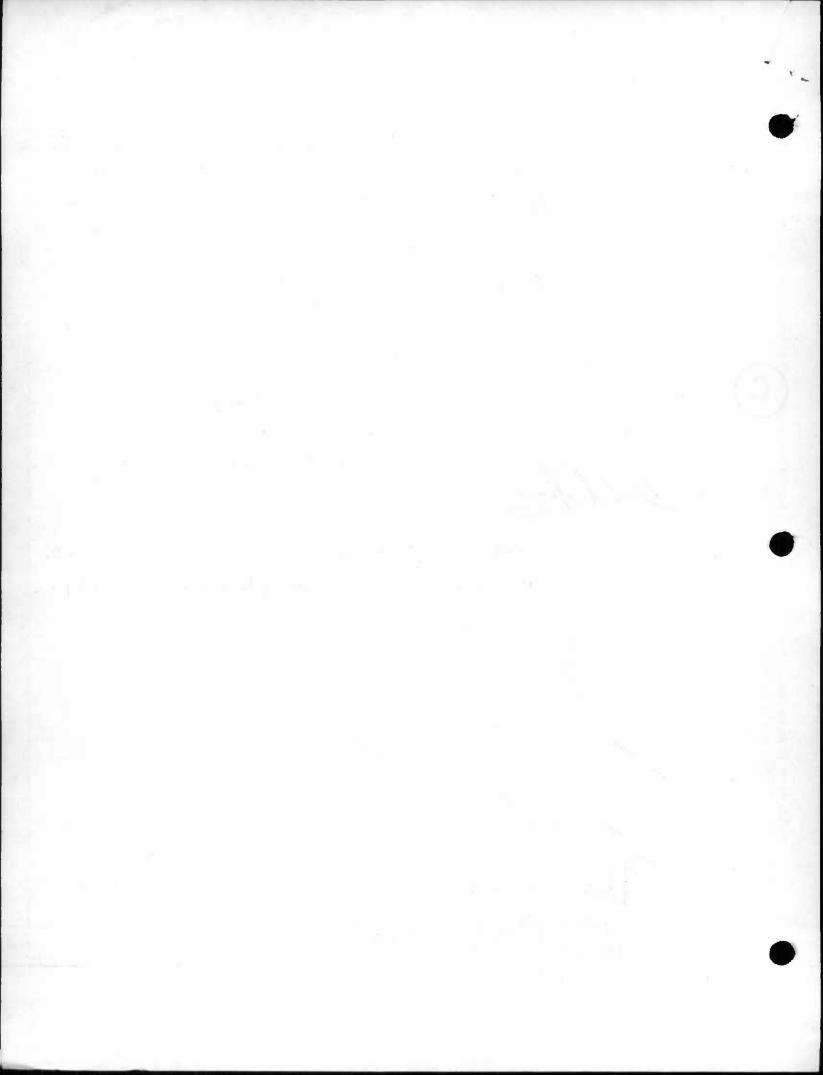
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

| BALTIMORE, id within 24 hours after death. Page 6 may be mapletely filled in by the funeral director, page 4. cremation, or removal. | TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION |
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|--|---|

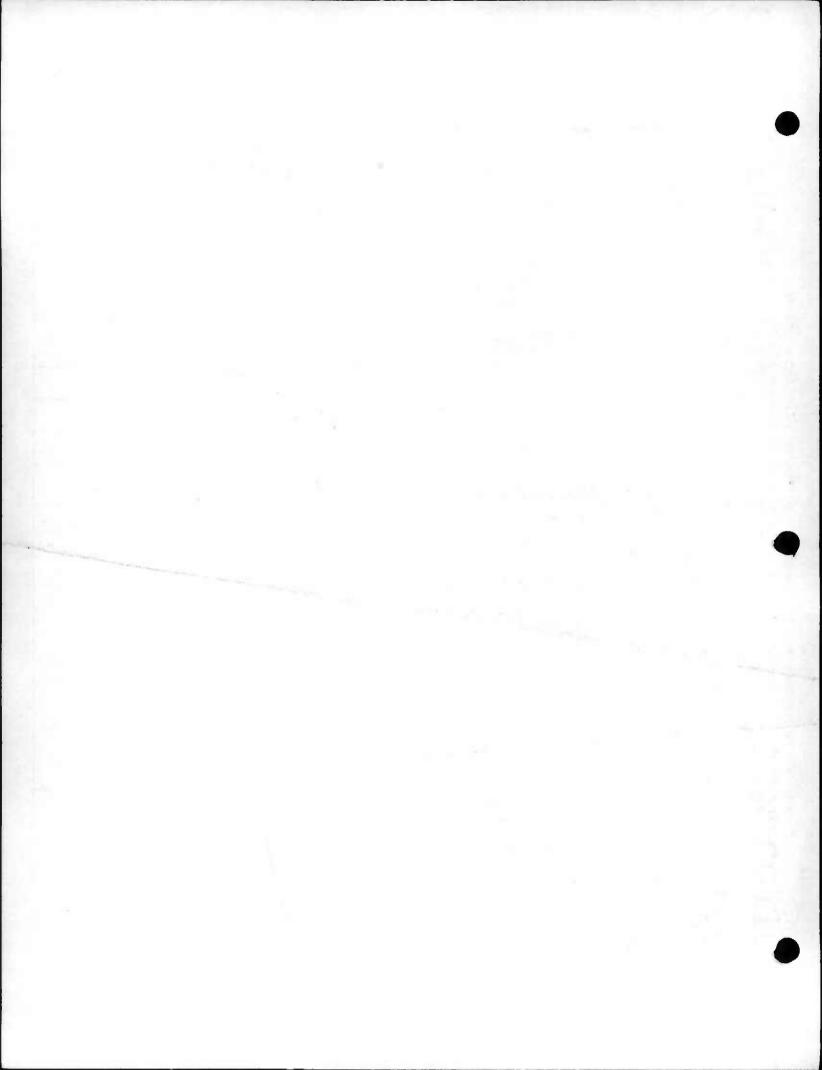
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| - STATE REGISTRAR | | CE | RTIF | CATE O | F DEATH | 1 | REG. NO. | | |
|---|--|---------------------------|---------------|-------------------|--|---------------------|-----------------------------------|---------------|--|
| 1. DECEDENT'S NAME (First, Middle, Last) | | | | | | 2. DATE OF MONTN | DEATH DAY | VEAR | 3. TIME OF DEATH |
| IDA (N | MN) | | SEXTO | N | | | H 12, 1 | 991 YEAR | 1:50 A.M. |
| . SOCIAL SECURITY NUMBER | 6. SEX 6. / | GE (In yrs. last | | IF UNDER 1 YEAR | | 7 DATE OF | BIOTH | 4 9197 | HPLACE (State or Foreign |
| 213-46-8011 | 1 🗆 M 2 💢 F | 80 | YRS. | WONTHS DAYS | HOURS MIN. | MARCH | 9,1911 | VI | RGINIA |
| . FACILITY NAME (If not institution, give st | reet and number) | | | 9b. CITY, TOW | OR LOCATION OF D | EATH | 9c. 0 | OUNTY OF | DEATH |
| ST. MARY'S NURSI | NG CENTER | | | LEONA | RDTOWN | | | ST. M | ARY'S CO. |
| e. STATE 10b. COUNTY | | | 10c. CITY, | TOWN OR LOC | ATION | | | | 10d. INSIDE CITY LIMITS? |
| MD. ST. M | IARY'S CO. | | V | ALLEY | LEE | | | | 1 TYES 2 XNO |
| e, STREET AND NUMBER | | | | | 10f. ZIP CODE | | 10g. | CITIZEN OF | WHAT COUNTRY? |
| STAR ROUTE 2, BOX | 5 | | | | 20692 | | | U.S. | A. |
| . MARITAL STATUS Never Married 2 Married Widowed 4 Divorced | 12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR (| YES 2 N | | If yes, | ECENDENT OF HISPA apocity Cuban, Maxico ES 2 NO Specia | en, Puerto Rica | | Spe | E — American Indian, ck, Whita, etc. city: VHITE |
| 15. DECEDENT'S EDUC (Specify only highest grade | | (Gi | ve kind of wo | SUAL OCCUPA | | 16b. KI | ND OF BUSINESS | /INDUSTRY | |
| Elementary/Secondary (0-12) | College (1-4 or 5+) | life. | Do NOT use | retired.) | | | | | |
| 3RD. GRADE | | HOU | JSEWI | FE. | 7.111 | | HOME | | |
| FATHER'S NAME (First, Middle, Last) | | | | | 16. MOTHER'S NA | AME (First, Midd | fle, Maiden Surnan | 10) | |
| BILL SEXTON | | | | | MARY S | EXTON | | | |
| a. INFORMANT'S NAME (Type/Print) | | 196 | . MAILING | ADDRESS (Street | t and Number or Rural | Route Number, | City or Town, State | , Zip Code) | |
| EUGENE SEXTON | | | | | BOX 5. V | ALLEY | | | |
| a. METHOD OF DISPOSITION METHOD OF DISPOSITION Remo | oval from Stata | 20b. PLACE other pie | OF DISPOSI | TION (Name of | cemetery, cremetory or | | 20c. LOCATION | l — City or 1 | lown, State |
| Donation 5 1 Other (Specify) | Acr | HOLLY | MOOD | | NE CHURCH | | HOLL | YWOOD | MARYLAND |
| 11111 | / | _ | | | TINGLEY-C | | ER FINEI | RAT. HO | ME PA |
| Court to | mon. | 2 | | | BOX 270 | | | | |
| ehock, or heert failure. I | DUE TO (OR | | | line: | | | | | Interval Betwee |
| equentially list conditions, any, leading to immediate ause. Enter UNDERLYING | DUE TO (OR | AS A CONSEC | LS L | me tu | re lun | 5 Des | eone | | 104. |
| hat initiated events esulting in deeth) LAST | DUE TO (OR | AS A CONSEC | DUENCE OF | : | | | | | |
| ART II. Other aignificant condition | contributing to dea | th but not r | eaulting in | the underly | ing cause given in | | PERFORMED? | | b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| S. WAS CASE REFERRED TO MEDICAL | | | | 26. | PLACE OF DEATH (C | heck only one) | | | |
| 1 YES 2 NO | HOSPITAL: | /Outpatient 3 | □ DOA | OTHER: | ome 6 - Residence | 6 Other (S | Specify) | | |
| MANNER OF DEATH 1 Natural 6 Pending | 26a. DATE OF INJ (Month, Day, Y | | 26b. TIME | OF 28c. | NJURY AT WORK? | _ | IBE HOW INJURY | OCCURED | |
| 2 Accident Investigation 3 Buicide 6 Could not be determined | 28e. PLACE OF IN building, atc. | JURY — At ho (Specify) | me, farm, si | reet, factory, of | ffica | | ON (Street and Nu Town, State) | mber or Rura | Route Number, |
| CERTIFIER 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINE | CIAN: To the best of my | | | | | | | | (a) and manner as stated |
| H. BHEHATURE AND THILE OF CERTIFIED | | | | | 29c, LICENSE NU | IMBER | | | D (Month, Day, Year) |
| 1 / the | - lus |) | | | 1001 | 380 | | 3-1 | 2-91 |
| JOHN F. FENWICK, | | | | | AND 20650 |) | | | |
| . DATE FILED (Month, Day, Year) | | SIGNATURE | TONIA' | 1171-11 | AND ZUOSE | | | · | |
| MAR 1 4 '9' | 32. REGISTRAR'S | Davidson | -Nana | | | | | | |



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| DIVISION OF VITAL RECORDS, F.O. BOA 13146, | DR | Den | iten |
| | TA | 以下 | - |
| | OSP | This this | IM |
| | THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an incur death. Page 6 may be retained by the | THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detable within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one |
| | H | 五十二 | 5 |
| - | - | RE | = |

| | FOR STATE REGISTRAR | STATE OF MARYLA | ND / DEPARTM | | | MENTAL | HYGIENE REG. NO. | 3 | | 11044 |
|---------------|--|--|--|---------------------------|--|---------------------|---|---------------|--------------------------------|---|
| | 1. DECEOENT'S NAME (First, Middle, Last) | DELONTE E | RIC SMIT | Н | | 2. OATE MONTH | of OEATH DAY 22 | YEAF 91 | 1 | 2:30 M |
| | 4. SOCIAL SECURITY NUMBER 215-27-5036 | 1 (XM 2 □ F 1 | | UNDER 1 YEAR | IF UNDER 24 HRS. HOURS MIN. | (Month | DE BIRTH , Day, Year) 27—39 | 8. BIF | Tver | State or Foreign Spring, l |
| TOR | 96. FACILITY NAME (If not institution, give s Holy Cross Hospi | | | | Spring, | ATH | 9c. | Monts | oeath comer | у |
| DIRECTOR | 10e. STATE 10b. COUNTY Print | nce George | | own on Locat | | | | | LIN | BIDE CITY HITS? ES 2 NO |
| FUNERAL | 100. STREET AND NUMBER 3516 Silver Park | Drive #2 | | 101 | 20746 | | 10g | | SA | UNTRY? |
| ВҰ | 11. MARITAL STATUS 12 Never Merried 2 Merried 3 Widowed 4 Olvorced | 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DAT | 2 NO | If yes, sp | ENDENT OF HISPAN ocity Cubert, Mexice 2 NO Specifi | n, Puerto F | ? (Specify Yee or No Ricen, etc.) | BI | ACE — Ameriack, White, pecify: | |
| COMPLETED | 15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12) | | 16a. DECEDENT'S USL (Give kind of work life, Do NOT use re | done during mo lired.) | | 16b. | KIND OF BUSINES | S/INOUSTRY | | |
| MO | 17. FATHER'S NAME (First, Middle, Last) | | N, | Α | 18. MOTHER'S NA | ME (First, A | Aiddle, Malden Surna | me) | | |
| BE C | Eric B | Blue | | | Arlet | t | Smith | | | |
| TO B | 194. INFORMANT'S NAME (Type/Print) Arlett Smith | | 3516 Si Suitlan | Iver I d, Mo | nd Number of Augel ark Driv 20746 | Route Numb 7e #. | er, City or Town, Ste 2 | te, Zip Code) | | |
| | 26g METHOD OF DISPOSITION 1 Septicial 2 Cremation 3 Rem 4 Donation 5 Other (Specify) | oval from State 20b. I | PLACE OF DISPOSITION OF PLACE OF DISPOSITION OF PLACE OF DISPOSITION OF PLACE OF PLA | MORIAL | PARK | | 20c. LOCATIO | DOVER. | MD | |
| | 21. SIGNATURE OF FUNERAL SERVICE LIC | rshall | | 22. NAME AN | 10 AODRESS OF FA 217 9 ashingto | th | arshall's D. C. | s Fun | eral | Home |
| | IMMEDIATE CAUSE (Fine) | Cardio Resp. Cardio Resp. DUE TO (OR AS A C | iratory A | rrest | 121 | h ss card | ilac or respirator | y arrest, | In | pproximata Iterval Between Inset and Death |
| CERTIFICATION | Sequentially list conditiona, if sny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST | c. DUE TO (OR AS A C | CONSEQUENCE OF): | |) | | | | | |
| MEDICAL | PART II. Other significant condition | a contributing to death but | t not resulting in t | he underlyln | g cause given in | Part I. | 24e. WAS AN AUTO PERFORMED 1 YES 23 N | 7 | COMPLI OF DEA | UTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE TH? ES 2 NO |
| AN | 25. WAS CASE REFERRED TO MEDICAL | | | 26. PI | ACE OF DEATH (CA | neck only on | ne) | | | |
| SIC | EXAMINER? 1 YES 2 NO | HOSPITAL: 1 Inpatient 2 ER/Outpat | | THER: | e 5 🗆 Residence | | | | - | |
| BY PHYSICIAN: | 27. MANNER OF OEATH 1 Netural 5 Pending 2 Paccident Investigation | 28e, DATE OF INJURY (Month, Day, Year) | 28b. TIME O | wo | URY AT PRK? YES 2 NO | 28d. DES | SCRIBE HOW INJUR | Y OCCURED |) | |
| | 3 Suicide 6 Could not be 4 Homicide datermined | 28e. PLACE OF INJURY - building, etc. (Specifi | | et, factory, offic | • | | ATION (Street and Nor Town, State) | umber of Ru | rel Route Nur | mber, |
| COMPLETED | (onto only | ICIAN: To the best of my knowle | | | | | | | se(s) and mi | anner se stated. |
| BE | 29b. SIGNATURE AND TITLE OF CERTIFIE | Sanfull in | ido | | 29c. LICENSE NU | MBER | 290 | . DATE SIGN | NED (Month, | Day, Year) |
| TO | 30. NAME AND ADDRESS OF PERSON WE | R. Cample | | ": 1500 | Forest | Glen | Rd: Sil | ver S | pring | g,Md. |
| 14.3 | 31. DATE FILED (Month, Day, Year) | 32. REGISTRAR'S SIGNA | TURE | | | | | | | |



DIVISION OF VITAL RECORDS, P.O. BOX 13146,
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cardificate be executed within

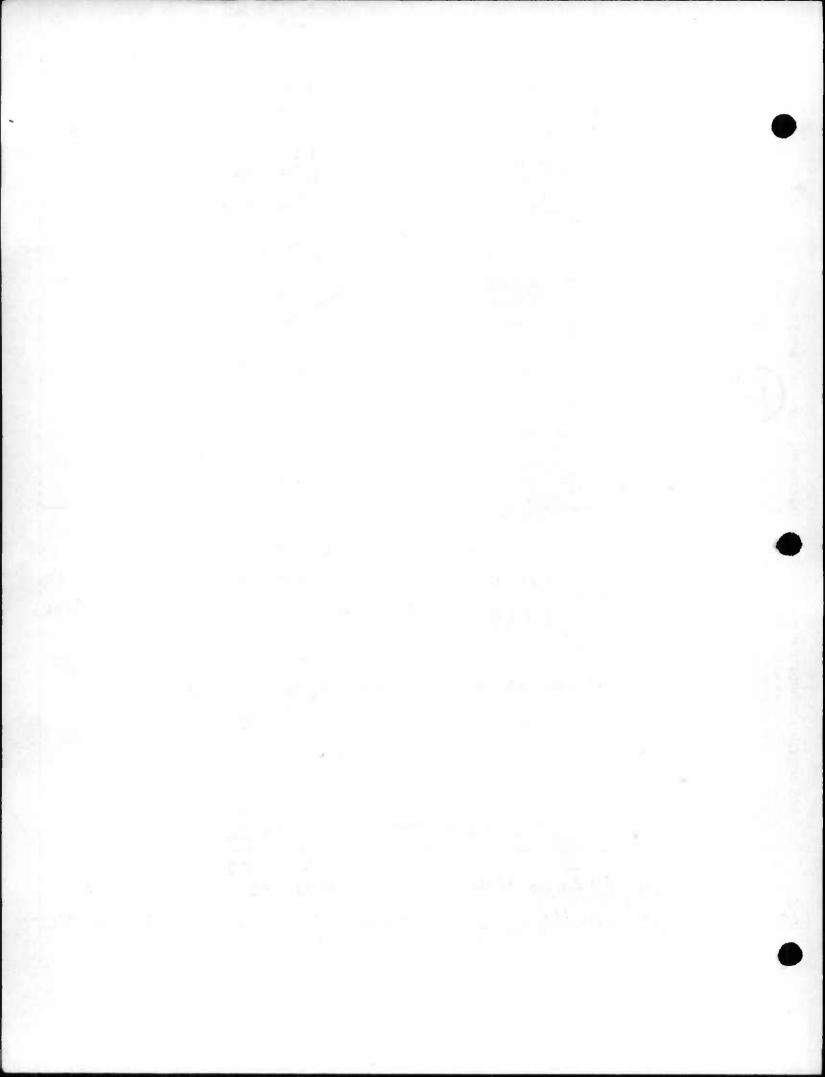
| BALTIMORE, MARYLAND 21203-3146 | urs after death. Page 6 may be in the first that the last or attending physician. | in by the funeral director, page 5 mount in comment for use as the bunial-transit or removal. | nedical examiner must be notified at once. |
|--|---|--|--|
| | 011 | Filled Ion, o | he m |
| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within circuits after death. Page 6 may be in a fine from the manual or attending physician. | THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 must be presented for use as the bunial-bransit it has after beath with the State Debt, of Health and Mental Hydere prior to bunial, cremation, or removal. | PORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at one |

JOHN CO

permit, Pages 1, 2, 3 should

| | FOR | STATE OF MARYL | AND / DEPAR | RTMENT OF | HEALTH AND M | ENTAL HYGIEN | F | 91 07845 |
|---------------|--|---|--|---------------------|---|--|---------------|---|
| | 1 - STATE REGISTRAR | | | ICATE O | | REG. NO. | | |
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | 2. DATE OF DEATH | AV Y | 3. TIME OF DEATH |
| | Clara V. Siga | | | | | FEb. 23 | 1991 | 11:45 PM M |
| | 4. SOCIAL SECURITY NUMBER 234 09 0802 | 1 □ M 2 🔯 F | In yrs. lest birthday) 83 YRS. | MONTHS DAYS | HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) Dec. 22 19 | | BIRTHPLACE (State or Foreign Country) est_Virginia |
| OR | 9a. FACILITY NAME (If not institution, give s 12319 Stonehaven | | | Bowie | OR LOCATION OF DEA | | 9c. COUNTY | ce Georges |
| 5 | RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT | v | 100 CIT | Y, TOWN OR LOC | ATION | | | 10d, INSIDE CITY |
| DIRECTOR | Maryland Princ | ce Georges | Boy | vie | | | | LIMITS? |
| FUNERAL | 12319 Stonehaven | Lane | | | 20715 | | - | n of what country? ed States |
| BY FUN | 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D | 2 XNO | If yes, | ECENDENT OF HISPANIC specify Cuban, Mexican, ES 2 X NO Specify: | ORIGIN? (Specify Year Puerto Rican, etc.) | or No- 14 | RACE — American Indien, Black, White, etc. Specify: White |
| COMPLETED | 15. DECEDENT'S EDU (Specify only highest grade | JCATION e completed) | 16e. DECEDENT'S (Give kind of life. Do NOT u | work done during | TION most of working | 16b. KIND OF BUS | SINESS/INDUS | STRY |
| MPLI | Elementary/Secondary (0-12) | 4 | Researc | ch Analy | yst | U.S. G | overnm | ent |
| 00 | 17. FATHER'S NAME (First, Middle, Last) | | | | | E (First, Middle, Malden | Sumame) | |
| BE | Frank D. Sigafor | ose | District Control | | Madge M | | - | |
| 2 | Howard C. Lem | | 1 | | wick Lane | | | |
| | 20e. METHOD OF DISPOSITION 1 Seriel 2 Cremetton 3 Rem 4 Donation 8 Other (Specify) | noval from State | other place) reenlawn | | cemetery, crematory or | | | y or Town, State |
| | 21. SIGNATURE OF FUNERAL SERVICE LA | | reentawn | 22. NAME | AND ADDRESS OF FACI | LITY | | le West Virgini |
| | · Robert E. | Jamo 1 | Pres | 1600 | | is Rd. Boy | wie Ma | ryland 20715 |
| | 23. PART I. Enter the disease, or shock, or heart feilure. | compilections that course. Liet only one cause on e | the deeth. Do | not enter the r | node of dying, such | ss cardiec or respi | iratory srres | t, Approximate interval Between |
| | IMMEDIATE CAUSE (Finel disease or condition | 11 | LR DIA | A A | RREST | _ | | Onset and Death |
| | resulting in deeth) | DUE TO (OR AS A | CONSEQUENCE O |)F): | RREST | | | 10111010 |
| NO | Sequentially list conditions, | b. CORONA | RY AT | HERO | SELER | dsis | | 10 TEARS |
| ATI | If any, leading to immediate cause. Enter UNDERLYING | | TEA | | | | | 20 TEAD |
| CERTIFICATION | CAUSE (Disease or injury that initieted events | | CONSEQUENCE O | | 17 | | | |
| EH | resulting in death) LAST | d | | | | | | |
| - | PART II. Other significent condition | ne contributing to deeth b | ut not resulting | In the underly | Ing cause given in P | Part I. 24a, WAS AN | | 24b. WERE AUTOPSY FINDINGS |
| S | CONGESTIL | IE HEAR | TF | AILU | RE | PERFOR | | AVAILABLE PRIOR TO COMPLETION OF CAUSE |
| MEDICAL | | | | | | | | OF DEATH? |
| ž | | | | | | | | |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | 26. OTHER: | PLACE OF DEATH (Chec | ck only one) | | |
| HYS | 1 YES 2 KNO 27. MANNER OF DEATH | 1 Inpatient 2 ER/Out | patient 3 DOA | 4 - Nursing H | ome 5 Residence 8 | Other (Specify) 28d. DESCRIBE HOW I | N IURY OCCU | nen |
| | 1 Natural 5 Pending | (Month, Day, Year) | | JURY | WORK? | 200. DESCRIBE NOW I | NJOHT OCCU | HEO |
| Ер ВУ | 2 Accident investigation 3 Builcide 8 Could not be 4 Homicide determined | 28a. PLACE OF INJURY building, etc. (Spe | — At home, farm, | etreet, fectory, of | ffice | 28f. LOCATION (Street City or Town, State) | | Rural Route Number, |
| COMPLETED | | BICIAN: To the best of my know | | | | | | |
| 00 | | | n and/or investigati | on, in my opinior | | | | cause(e) and menner as stated. |
| BE | 296, SIGNATURE AND TITLE OF CERTIFIE | ma HA | | | D & L & | 46 | ≥ 29d. DATE 8 | -25-91 |
| 5 | 30. NAME AND ADDRESS OF PERSON WI | HO COMPLETED CAUSE OF DE | ATH (ITEM 27) (Type | - | | | | |
| | JOHN COS | MA MEGISTRAPIS SIGN | 14300 | GALL | ANTFO | X LA. | BO 41 | IE, HD20715 |

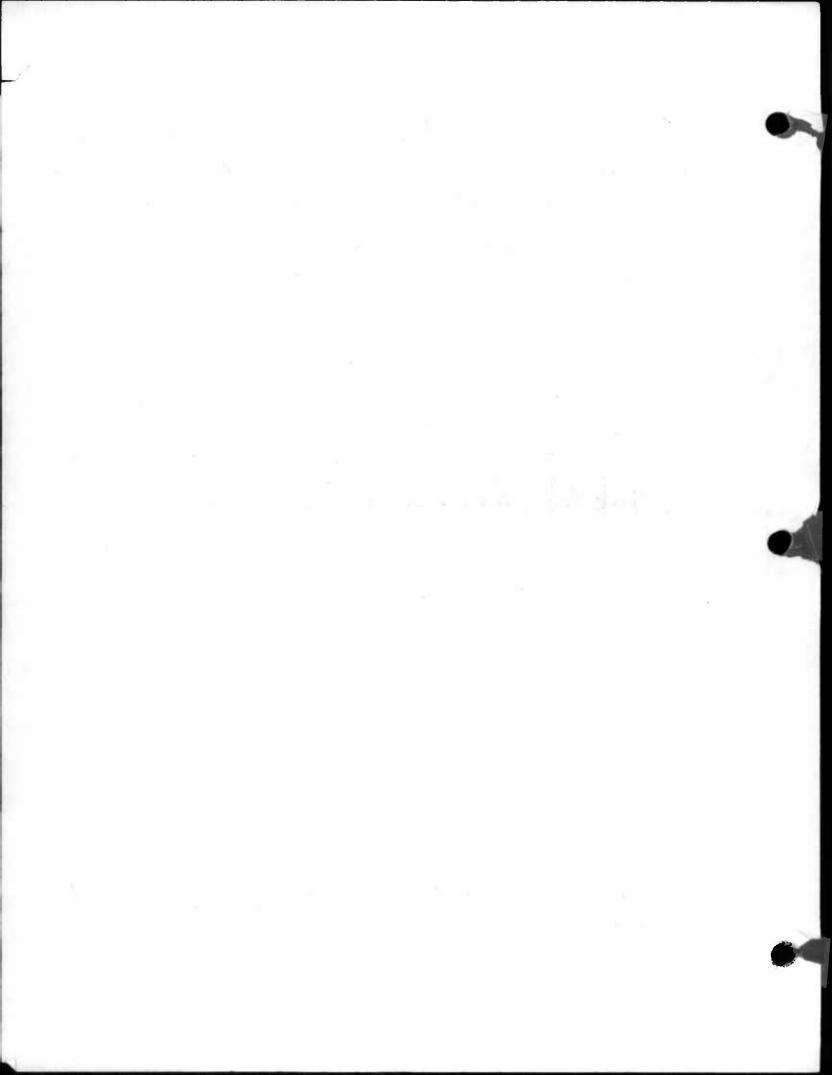
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DHMH-16 Rev 1/89

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| page | | P |
| lirector. | | r must |
| funeral c | rurs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | on so to marked or item 23 shows any injury or other fraumatic event the medical examinar must be notifi- |
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| | 1 - FOR STATE REGISTRAR | STATE OF MARYLAND / CE | DEPARTMENT OF ERTIFICATE O | | MENTAL HYGIEN REG. NO. | E | |
|------------------------------------|--|--|--|--|--|-----------------|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | t: | | 2. DATE OF DEATH MONTH DA | Y YEAS | 3. TIME OF DEATH |
| 1 1 | ROBE | RT JOHN STANKOV | WSKI. Jr. | | | 1991 | 1:15 A _M |
| | | SEX 8. AGE (In yrs. lest | | | 7. DATE OF BIRTH (Month, Day, Year) | | RTHPLACE (State or Foreign untry) |
| | 131-34-9828 | M 2 □ F 46 | YRS. MONTHS DAY | HOURS MIN. | JUNE 26 1 | | NNSYLVANIA |
| 1 1 | 9a. FACILITY NAME (if not institution, give street | | 9b. CITY, TOW | N OR LOCATION OF DE | | 9c. COUNTY O | |
| DIRECTOR | NATIONAL NAVAL ME | DICAL CENTER | В | ETHESDA | | MONTG | OMERY |
|) H | 10e. STATE 10b. COUNTY | | 10c. CITY, TOWN OR LO | CATION | | | 10d. INSIDE CITY LIMITS? |
| | MARYLAND PRINC | E GEORGE'S | | EVERLY | | | 1X YES 2 NO |
| AL AL | 10e. STREET AND NUMBER | | | 10f. ZIP CODE | | 10g. CITIZEN O | F WHAT COUNTRY? |
| FUNERAL | 3120 PARK WAY | | | 20785 | j | UNIT | ED STATES |
| 5 | | WAS DECEDENT EVER IN U.S. ARI FORCES? 1 VES 2 N | MEO 13. WAS 0 | ECENDENT OF HISPANI specify Cuban, Maxican | IC ORIGIN? (Specify Yea | or No- 14. R | ACE — American Indian, lack, White, etc. |
| BY | 1 Never Married 2 Married 3 Widowed 4 Divorced | IF YES, GIVE WAR OR DATES | 1 □ 1 | ES 2 XNO Specify: | | S | WHITE |
| ED E | 15. DECEDENT'S EDUCATION | 1962 - 1990 | CEDENT'S USUAL OCCUP | TION | 16b. KIND OF BUS | INESS/INDI ISTO | |
| | (Specify only highest grade com | apleted) (Gi | ive kind of work done during Do NOT use retired.) | most of working | IOU. KIND OF BOS | INESS/INDOS I N | ' |
| 1 2 | Elementary/Secondary (0-12) C | College (1-4 or 5+) 4 Yrs. | Captain | | U.S. 1 | Vavv | |
| COMPLET | 17. FATHER'S NAME (First, Middle, Last) | 7 yıs. | Captain | 18 MOTHER'S NAM | ME (First, Middle, Maiden | | |
| | ROBERT JOHN STA | ANKOWSKI Sr | | 102 | NCE J. Ze | | |
| H | 19a, INFORMANT'S NAME (Type/Print) | | b. MAILING ADDRESS (Stre | | | |) |
| 2 | MERCEDES STANKOWSK | | 3120 PARK W | | | | , |
| | | 20h BI ACE | OF DISPOSITION (Name of | comology completely of | 20c 1.0 | CATION — City o | r Town, State |
| | 20a METHOD OF DIP OSITION 1 X Burlel 2 | from State Ar In (| gton Nation | al Cemete | rv Arl | | Virginia |
| | 2 YHICE CHIPUNETUAL SERVICE LICENS | SEE | 22. NAME | AND ADDRESS OF FAC | CILITY | | |
| | 1 4 | 12.8. | | | | | ERAL HOME |
| | / for (-) | 1 store | | | e. Hyatt | | |
| | 23. PART i. Enter the diseases, or com | opiications thet caused tha da t only one cause on each lina | | mode of dying, euch | h ee cerdlec or respi | ratory arrest, | Approximate interval Batween |
| | IMMEDIATE CAUSE (Final | | | | | | Onset and Death |
| | disease or condition | WALTER REED ST | PAGE 6 | | | | |
| | | | | | | | |
| | | DUE TO (OR AS A CONSEC | | | | _ | |
| NO | Sequentially list conditions, | CACHEXIA | DUENCE OF): | | | | |
| ATION | if eny, leading to immediate | DUE TO (OR AS A CONSEC | DUENCE OF): | | | | |
| FICATION | if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury | CACHEXIA | DUENCE OF): | | | | |
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| E COMPLETED BY PHYSICIAN: MEDICAL | If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of the cause of the conditions of the cause of the conditions of the cause of the c | DUE TO (OR AS A CONSECT CACHEXIA OUE TO (OR AS A CONSECT CONTRIBUTION OF | DUENCE OF): DUENC | . PLACE OF DEATH (Chr. forme 5 Residence INJURY AT WORK? YES 2 NO wiffice | eck only one) 6 Other (Specify) 26d. DESCRIBE HOW City or Town, State, to the cause(a) and me time, date and place, an | NJURY OCCUREI | ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO D D D D D D D D D D D D D |
| BE COMPLETED BY PHYSICIAN: MEDICAL | If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of the cause of the conditions of the cause | DUE TO (OR AS A CONSECT CACHEXIA OUE TO (OR AS A CONSECT CONTRIBUTION OF | DUENCE OF): DUENC | . PLACE OF DEATH (Che tome 5 Residence INJURY AT WORK? YES 2 NO office | PERFOI TOTAL TOTAL PERFOI TOTAL TOTAL TOTAL PERFOI TOTAL | NJURY OCCUREI | AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO Note of the complete of the comp |
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| MARYLAND 21215-0020 | 21215-0 | 020 | (|
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| retained by the hospital or attending physician. | or attending | physician. | |
| 5 should be detached for use as the burial-transit permit. Pages 1, 2, | or use as the | burial-transit permit. | Pages 1, 2, 1 = 155 |
| notified at once. | | |) |
| TO BE COMPLETED BY FUNERAL DIRECTOR | ETED BY | FUNERAL D | DIRECTOR |

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

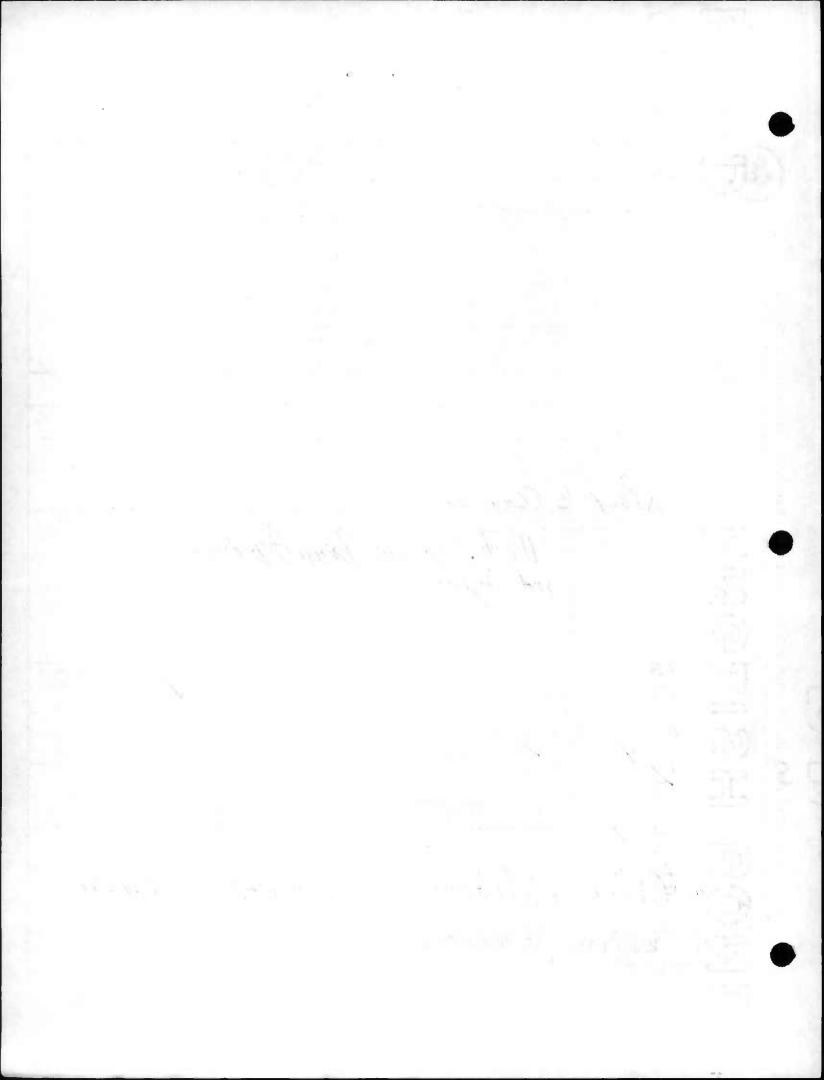
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

| - STATE REGISTRAR | A | | CERTIF | ICATE (| OF DEATH | | REG. NO. | | | | |
|---|--|--------------------------------------|---------------------|------------------|---|---------------|---------------------------------|----------------|---------------------|----------------------------------|-------|
| 1. OECEOENT'S NAME (First, Midd | | * | | | | 2. DATE O | OF OEATH DA | | YEAR | 3. TIME OF DEAT | /H |
| Elenor_ | | Leone | | Slide | | Mar | | 1 | 991 | 8:30 | P |
| 4. SOCIAL SECURITY NUMBER | 5. SEX | | yrs. lest birthday) | MONTHS DA | AR IF UNDER 24 HRS. | 7. DATE O | Day, Year) | | 8. BIRTH Country | PLACE (State or Fo | meign |
| 213-74-1655 | 1 □ M 2 🔀 | F 86 | YRS. | MONTHS | WS HOURS WIT. | Jan. | 25,19 | 05 | | Md. | |
| e. FACILITY NAME (If not instituti | on, give street and number; |) | | 9b. CITY, TO | WN OR LOCATION OF C | | | | NTY OF O | | |
| Mamarial Ua | andtal S Ma | diani | Contor | C | umberland | | | 1 | Alle | gany | |
| Momorial Hos | | dical | | | | | | | | | |
| | COUNTY | | 10c. CIT | Y, TOWN OR L | | | | | | 10d. INSIDE CITY | ' |
| Md. | Allegany | | 5.0 | 01dt | | | | | | 1 TYES 2 🔀 | NO |
| De. STREET AND NUMBER | | | | | 101. ZIP CODE | | | 10g. CITI | ZEN OF W | VHAT COUNTRY? | |
| Route #1 B | 324 324 | | | | 21555 | | | | U.S | .A. | |
| 1. MARITAL STATUS | EODOEGO | DENT EVER IN U | | | DECENDENT OF HISPA s, specify Cuban, Mexic | | | or No- | 14. RACE | — American Indi | en, |
| Never Merried 2 ☐ Merrical Midowed 4 ☐ Divorced | IF YES, GI | VE WAR OR DAT | | | YES 2 NO Speci | | rount, acc., | | Speci | | |
| 15 DECEDE | NT'S EQUICATION | | 16a. DECEDENT'S | HISHAL OCCU | DATION | 140 | KIND OF BU | PINESS/INF | HIETOV | WIIILLE | |
| (Specify only high | hest grade completed) | | (Give kind of a | work done durin | g most of working | 100. | KIND OF BU | SINESS/INL | JUSTAT | | |
| Elementary/Secondary (0-12) | College (1-4 c | ¥F 5 +} | | | T | Tar. 1 | - c - | | | | |
| 7, FATHER'S NAME (First, Middle. | Leeth | | | | 18. MOTHER'S N | | | | _ | | _ |
| Edgar Hat | , | | | | May | | land | Sumame) | | | |
| a, INFORMANT'S NAME (Type/F | 0 | | | | reet and Number or Rural | | | | | | |
| Ronald R. Sli | | | | Box 3. | | | id. 21 | | Code) | | |
| | Idel | | | | | | | | | | _ |
| De. METHOD OF DISPOSITION Burlel 2 Cremetion 3 | | | PLACE AND DAT | | 1 | DATE | | CATION — | | | |
| □ Donation 8 □ Other (Spe | ., | HT | licrest | | | | TAAT | Cumbe | erlai | nd, Md. | |
| 1. SIGNATURE OF FONERAL SE | RVICE LICENSEE | | | | ne and address of f 1cox-Merri | | maral | Sor | rioo | | |
| Kalent | (Class | ama | 1 | | 4 Decatur | | | | | d. 21502 |) |
| Sequentially list conditions if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury | · | • | CONSEQUENCE O | | | | | | | | |
| that initiated events resulting in deeth) LAST | | t 10 (oil As A (| CONSEQUENCE O | 96 | | | | | | 1 | |
| PART ii. Other algnificent c | conditions contributin | g to death bu | t not resulting | in the under | rlying ceuse given is | n Part I. | 24a. WAS AN | AUTOPSY | 24b | . WERE AUTOPSY F | INDIN |
| | | | | | | | PERFO | | | AVAILABLE PRIOR COMPLETION OF | |
| | | | | | - | | 1 TES 2 | 2 ILYNO | | OF DEATH? | |
| | | | | | | _ | | | | 1 YES 2 | NO |
| | | | | | | | | | | | |
| 5. WAS CASE REFERRED TO ME EXAMINER? | | _: 2 ☐ ER/Outpar | NAME OF THE OWNER. | OTHER: | 26. PLACE OF OEATH (C | Check only on | e) | | | | _ |
| 1 TYES 2 NO | | | | 4 - Nursing | Home 5 Residence | - | | | | | |
| 7. MANNER OF DEATH 1 Netural 5 Pend | (Mor | TE OF INJURY oth, Day, Year) | 26b. TIR | JURY | c. INJURY AT WORK? | 26d. OE\$ | CRIBE HOW | INJURY OC | CURED | | |
| | stigation | | | | YES 2 NO | | | | | | |
| 3 Suicide 6 Could 4 Homicide deter | ld not be 25e. PLA bulk | CE OF INJURY - ding, atc. (Specif | — At home, farm, | street, factory, | office | 261. LOCA | ATION (Street or Town, State | and Numbe) | r or Rural i | Route Number, | |
| Tomicros Oster | THIN SEC | | | | | | | | | | |
| CONTROL ONLY | ING PHYSICIAN: To the be EXAMINER: On the basis | | | | | | | | | e) and manner as | state |
| SO SOMETURE AND THE OF | септия . | 2 1 | | | 200 LICENSE NI | IMPER | | Land Day | E CIONEE | Adamsh Day Man | _ |
| GMillen | n'dolco | 1 dan | m | | 29c, LICENSE N | 1641 | | | 3-10 | 0 (Morith, Day, Year, 0-91 | |
| 0. NAME AND ADDRESS OF PE | | 4 | | | | | | | | | |
| Dr. Lamm | 47 Virgin | | | umber 1 | and, MD 2 | 1502 | | | | | |
| 1. DATE FILED Month Day Year | 991 A JUNE OF | STRAR'S SIGNA | andell | | | | | | | | |
| MULLIT T | 331 71000 | 00 (1000) - 8 | 100000 | | | | | | | | |



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| this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the | | nce. |
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| irector, | | ted or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
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| 1. DECEDENT'S NAME (First, Middle, Last |) | | | | | | 2. DATE | OF DEATN | DAY | YEAR | 3. TIME OF DEATN |
|--|--|--|--|---|--------------------|-----------------|--|---|--|-------------------|--|
| VICTOR ALBERT | SMITH | | | | | | MARC | | , 199 | | 12:05 P |
| 4. SOCIAL SECURITY NUMBER | 5. SEX | 6. AGE (In yrs. lest b | MO | UNDER 1 YEAR | IF UNDER | 24 HRS, MIN. | 7. DATE ((Month | Dey, Year) | | 8. BIRT | NPLACE (State or Foreign |
| 214 07 3112 | 1 X M 2 □ F | 74 | YRS. | | | | | 28-19 | _ | Coun | |
| 9a. FACILITY NAME (If not institution, give | | | 96 | CITY, TOWN | | | EATN | | 9c. COU | INTY OF | DEATH |
| SACRED HEART H | OSPITAL | | | CUMBI | RLAN | D | _ | | | ALI | LEGANY |
| 10a. STATE 10b. COUN | | | 10c. CITY, T | OWN OR LOCA | TION | | | | | | 10d. INSIDE CITY LIMITS? |
| MD Alleg | any | | LaVa] | e, | | | | | | | XX YES 2 NO |
| 10. STREET AND NUMBER | -3 | | | | f. ZIP COD | E | | | | | WHAT COUNTRY? |
| 14 Parkside Bly | | T EVER IN U.S. ARME | EO. | 13. WAS DEG | 1502 | DE AUGUA | NIC OBION | 2 (0 | US | | American Indian |
| 1 Never Married 2 Married | | YES 2 XMO | | If yes, sp | ecify Cubi | in, Mexico | in, Puerto f | | es or no— | | CE — American Indian, ck, White, atc. |
| 3 Widowed 4 Divorced | IF YES, GIVE W | MAN ON DATES | | I I TES | NO XX | Speci | у: | | | Spe | white |
| 15. DECEDENT'S ED (Specify only highest gra | | 16a. DECE | DENT'S US | UAL OCCUPATI | ON oat of worki | na | 16b | KIND OF B | USINESS/IN | DUSTRY | |
| Elementary/Secondary (0-12) | College (1-4 or 5 | +} | | done during modred.) | | | | Text | 410 | | |
| 12 | | re | t. sp | inning | _ | | | | | _ | |
| 17. FATHER'S NAME (First, Middle, Last) Albert Roland S | Smith | | | | | | | Alde, Maide | | | |
| 19a. INFORMANT'S NAME (Type/Print) | ALL CIT | T 10h | MAILING AD | DRESS (Street | | | | Murr | | in Code) | |
| Mr. S. Dale Sm | ith | | | Parksi | | | | | | | |
| 20g. METNOD OF DISPOSITION | | | | F DISPOSITION | | | OAT | | OCATION - | _ | Town, State |
| XLO Burial 2 Cremation 3 Ra 4 Donation 5 Other (Specify) | moval from Stata | _ resti | awn M | emoria | 1 Ga | rden | s | La | Vale, | MD | |
| 21. SIGNATURE OF FUNERAL SERVICE | LICENSEE | 11 | | 22. NAME A | ND ADDRE | SS OF F | CILITY | Llom | _ | | |
| > Yours 7 | Man | nell | 1 | Scar | berr | r _ru | nera. | . Hom | = | | |
| 00000 | X COU | | | Cumb | erla | nd. | MD 2 | 502 | | | |
| 23. PART . Enter the diseases, o | r complications the | caused the deat | th. Do not | | | | MD 2 | | piratory e | rreat, | Approximate |
| ehock, or heart fellur | | | | enter the m | ode of dy | | | | piratory e | rreat, | Approximate interval Betwee Onset and Deat |
| ehock, or heart fellun IMMEDIATE CAUSE (Final disease or condition | e. Liet only one cei | use on each line. | | enter the m | ode of dy | | | | piratory e | rreat, | interval Betwee |
| ehock, or heert fellum IMMEDIATE CAUSE (Final | e. Liet only one cei | use on each line. | | enter the m | ode of dy | ring, suc | ch ee card | liac or ree | | | Interval Betwee Onset and Dear |
| ' ehock, or heert fellum IMMEDIATE CAUSE (Final disease or condition resulting in death) | a. Cox | use on each line. | PENCE OF): | | ode of dy | ring, suc | ch ee card | liac or ree | | | Onset and Dea |
| ehock, or heert fellum IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate | a. Cox | use on each line. | PENCE OF): | enter the m | ode of dy | ring, suc | ch ee card | liac or ree | | | Interval Betwee |
| sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury | a. Column TO DUE TO C | use on each line. | O ? PENCE OF): | enter the m | ode of dy | ring, suc | ch ee card | liac or ree | | | Interval Betwee Onset and Dear |
| 'ehock, or heert fellum IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING | a. Column TO DUE TO C | USE ON SECULOR OF THE CONSECULOR OF AS A CONSECULOR OF AS A CONSECULOR OF THE CONSEC | O ? PENCE OF): | enter the m | ode of dy | ring, suc | ch ee card | liac or ree | | | Interval Betwee Onset and Dear |
| sequentially list conditions, if emy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST | a. Cd BUE TO DUE TO C. DUE TO d. U | O (OR AS A CONSEQUENCE OF | ON ON PENCE OF): | red f | ode of dy | T | Road P I | uefs | ros | er. | Interval Betwee Onset and Dear |
| sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) PART II. Other eignificant conditions. | a. Due to Due to Co. D | O (OR AS A CONSEQUENT OF AS A CO | ON TO THENCE OF): HENCE OF): HENCE OF): Builting in the second of the | red f | ode of dy | T | Road P I | Hac or ree | | er. | Interval Betwee Onset and Dear Dear Onset and Dear Dear Dear Dear Dear Dear Dear Dear |
| sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) PART II. Other eignificant conditions. | a. Cd BUE TO DUE TO C. DUE TO d. U | O (OR AS A CONSEQUENT OF AS A CO | ON TO THENCE OF): HENCE OF): HENCE OF): Builting in the second of the | red f | ode of dy | T | Road P I | Hac or ree | AN AUTOPSY ORMED? | er. | Interval Betwee Onset and Dear |
| sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) PART II. Other eignificant conditions. | a. Due to Due to Co. D | O (OR AS A CONSEQUENT OF AS A CO | ON TO THENCE OF): HENCE OF): HENCE OF): Builting in the second of the | red f | ode of dy | T | Road P I | Hac or ree | AN AUTOPSY ORMED? | er. | Interval Betwee Onset and Dear Dear Onset and Dear Dear Dear Dear Dear Dear Dear Dear |
| sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificant conditions. | a. Due to Due to Co. D | O (OR AS A CONSEQUENT OF AS A CO | ON TO THENCE OF): HENCE OF): HENCE OF): Builting in the second of the | enter the mo | ng cause | given in | P I | 24a. WAS PERF | AN AUTOPSY ORMED? | er. | Interval Betwee Onset and Deal Conset and Deal Conset and Deal Conset and Deal Conset and Conset an |
| sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other eignificant conditions. | a. Column To Due | O (OR AS A CONSEQUENT OF CONSE | DENCE OF): HENCE OF): HENCE OF): HENCE OF): | enter the mo | ng cause | given in | P I | 24a. WAS. PERF 1 TYPES | AN AUTOPSY ORMED? | er. | Interval Betwee Onset and Deal Conset and Deal |
| sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other eignificant conditions in the conditions in | a. Liet only one cei a. Due to b. Due to c. Due to d. Lu ona contributing to Ly Lu HOSPITAL: 12 Inpatient 2 | O (OR AS A CONSEQUENT OF DESCRIPTION | DOA C | the underlying 26. F | ng cause | given in | P I heck only or | 24a. WAS. PERF 1 TYPES | AN AUTOPSY ORMED? 2 NO | 7 24 | Interval Betwee Onset and Deal Conset and Deal Conset and Deal Conset and Deal Conset and Conset an |
| sequentially liet conditions, if eny, leeding to immediate cause. Enter UNDERCYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PINO 27. MANNER OF DEATH 1 Netural 8 Pending | a. Due to b. Due to c. Due to d. Que ona contributing to Population 2 10 Inpatient 2 28a. DATE Of (Month, & | O (OR AS A CONSEQUENT OF DESCRIPTION | DENCE OF): HENCE OF): HENCE OF): HENCE OF): | the underlying No. OF 28c. N. N. N. N. N. N. N. N. N. N. N. N. N. | ng cause | given in | P I heck only or | 24a. WAS. PERF 1 TYPES | AN AUTOPSY ORMED? | 7 24 | Interval Betwee Onset and Deal Conset and Deal Conset and Deal Conset and Deal Conset and Conset an |
| sequentially liet conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PANO 27. MANNER OF DEATH 1 Netural 8 Pending Investigation | B. Liet only one cei a. Due to b. Due to c. Due to d. Lu one contributing to Ly Lu in inpatient 2 28a. DATE Of (Month, L) 28a. PLACE O | DO (OR AS A CONSEQUENT OF INJURY Day, Year) | PENCE OF): JENCE | the underlying North ER: Nursing North W M 1 | ode of dy | given in | Part 1. Pert 1. 8 Other 286, DE: | 24a. WAS 1 PERF 1 YES | AN AUTOPSY ORMED? 2 NO | 2 24 | Interval Betwee Onset and Deal Conset and Deal Conset and Deal Conset and Deal Conset and Conset an |
| sequentially liet conditions, if eny, leeding to immediate cause. Enter UNDERCYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PINO 27. MANNER OF DEATH 1 Netural 8 Pending | B. Liet only one cei a. Due to b. Due to c. Due to d. Lu one contributing to Ly Lu in inpatient 2 28a. DATE Of (Month, L) 28a. PLACE O | O (OR AS A CONSEQUENT OF THE C | PENCE OF): JENCE | the underlying North ER: Nursing North W M 1 | ode of dy | given in | Part 1. Pert 1. 8 Other 286, DE: | 24a. WAS PERF 1 VES | AN AUTOPSY ORMED? 2 NO | 2 24 | Interval Betwee Onset and Deal Conset and Deal Conset and Deal Conset and Deal Conset and Conset an |
| shock, or heert fellum IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PANO 27. MANNER OF DEATH 1 Natural 8 Pending Investigation 3 Suicide 6 Could not the determined determined. | B. Liet only one cei a. Due to b. Due to c. Due to d. Lu one contributing to lu lu lu lu lu lu lu lu lu l | DO (OR AS A CONSEQUENT OF INJURY Day, Year, 1, etc. (Specify) | DOA CALLED TIME CONTRACTOR STATES | the underlying 26. F THER: Nursing No. SF Y M 1 cet, factory, offile | PLACE OF 6 | given in | Part 1. Peck only or 8 Other 286, DE: | 24a. WAS PERF 1 YES | AN AUTOPSY ORMED? 2 NO W INJURY OF | CCUREO OF RUTH | Interval Betwee Onset and Deal Conset and Deal Conset and Deal Conset and Deal Conset and Conset an |
| sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pending investigation investigation in the investigation | B. Liet only one cei a. Due to b. Due to c. Due to d. Lu ona contributing to lipstent 2 28a. DATE Of (Month, & | DO (OR AS A CONSEQUENT OF INJURY Day, Year) OF INJURY Day, Year, Security of my knowledge, death | DOA 4 DOA 4 DOA 4 THE CE OF): | the underlying 26. F THER: Nursing No. SF YM 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | PLACE OF 6 | given in | Part 1. Peck only or 8 Other 286, DE: | 24a. WAS. PERF 1 YES ATION (Street Found of Town, States and response) | AN AUTOPSY ORMED? 2 NO W INJURY OF Manual Properties of and Numbers of and Numbers of an anner as at an anner an an an anner an anner an anner an an anner an an anner an anner an an anner an an anner an an anner an an anner an an anner an an anner an anner an anner an an anner an an anner an an anner an an anner an anner an anner an anner an anner an anner an anner an anner an anner an anner an anner an anner an anner an anner an anner an anner an anner an | CCUREO or or Rura | Interval Betwee Onset and Deal Conset and Deal Conset and Deal Conset and Deal Conset and Conset an |
| sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pending investigation investigation in the investigation | B. Liet only one ceit a. Due to b. Due to c. Due to d. Liet only one ceit b. Due to c. Due to d. Liet only one ceit pure to d. Liet one ceit pure to d. Liet one ceit pure to d. Liet one ceit pure to d. Liet one ceit pure to d. Liet one ceit pure to d. Liet one ceit pure to d. Liet one ceit pure to d. Liet one ceit pure to d. Liet one ceit pure to d. Liet one ceit pure to d. Liet one ceit pure to d. Liet one ceit pure to d. Liet one ceit pure to d. Liet one ceit pure to d. Liet one ceit pure to d. L | DO (OR AS A CONSEQUENT OF INJURY Day, Year) OF INJURY Day, Year, Security of my knowledge, death | DOA 4 DOA 4 DOA 4 THE CE OF): | the underlying 26. F THER: Nursing No. SF YM 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | place of dy | given in | Part 1. Pert 1. B Other 28d, Dec. City e to the cae e tima, date | 24a. WAS. PERF 1 YES ATION (Street Found of Town, States and response) | AN AUTOPSY ORMED? 2 M NO W INJURY Of the set and Number (e) | CCUREO or or Rura | Interval Betwee Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset On |
| shock, or heert fellum IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | B. Liet only one ceit a. Due to b. Due to c. Due to d. Liet only one ceit b. Due to c. Due to d. Liet only one ceit pure to d. Liet one ceit pure to d. Liet one ceit pure to d. Liet one ceit pure to d. Liet one ceit pure to d. Liet one ceit pure to d. Liet one ceit pure to d. Liet one ceit pure to d. Liet one ceit pure to d. Liet one ceit pure to d. Liet one ceit pure to d. Liet one ceit pure to d. Liet one ceit pure to d. Liet one ceit pure to d. Liet one ceit pure to d. Liet one ceit pure to d. L | DO (OR AS A CONSEQUENT OF INJURY Day, Year) OF INJURY Day, Year, Security of my knowledge, death | DOA 4 DOA 4 DOA 4 THE CE OF): | the underlying 28. For THER: Nursing No. OF 28c. IN Y M 1 set, factory, offile in my opinion, | place of dy | given in NO | Part 1. Part 1. B Other 28d, Dec. City to the care to the care to the care to the care to the care to the care | 24a. WAS. PERF 1 YES ATION (Street Found of Town, States and response) | AN AUTOPSY ORMED? 2 M NO W INJURY Of the set and Number (e) | CCUREO or or Rura | Interval Betwee Onset and Deal Conset and Deal Conset and Deal Conset and Deal Conset and Conset an |
| shock, or heert fellum IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | HOSPITAL: 1 28a. DATE Of Month, 2 28a. PLACE Coulding YSICIAN: To the beels of a | DO (OR AS A CONSEQUENT) O (OR | DOA CALLED TIME CONTROL OF SINGUING CONTROL OF | the underlying the underlying the underlying the underlying Noo DF 28c. IN W 1 | place of dy | given in NO | Part 1. Part 1. B Other 28d, Dec. City to the care to the care to the care to the care to the care to the care | 24a. WAS. PERF 1 YES ATION (Street Found of Town, States and response) | AN AUTOPSY ORMED? 2 M NO W INJURY Of the set and Number (e) | CCUREO or or Rura | Interval Betwee Onset and Deal Conset and Deal Conset and Deal Conset and Deal Conset and Conset an |

SON COLTON

| DIVISION OF VIAL ACCORDS, T.C. BOX 13146, | BALLIMORE, MANILAND 21203-3140 |
|---|---|
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mours after death. Page 6 may be retained by the hospital or attending physician. | death. Page 6 may be retained by the hospital or attending physician. |
| TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal. | funeral director, page 5 should be detached for use as the burial-transit permit. Pages |
| IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. | examiner must be notified at once. |
| MOLTACIDITATION OF DEVOICION WEDICAL DEGLES ATTENDED | SOUND INCOME TO BY BINEDAL DIDE |

| | 1 - STATE REGISTRAR | SIAIL OF MAN | | | F DEATH | | EG. NO. | | | | | | |
|--|--|------------------------|--|--------------------|--|---|-------------|-------------|--------------------|--|--|--|--|
| 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR | | | | | | | | | | | | | |
| | GERTRUDE | MAE SI | NSHEIME | R | | March | | 1991 | I EAN | 6:30 am w | | | |
| | 4. SOCIAL SECURITY NUMBER 5. | . SEX 6. A | GE (In yrs. last birthday | | | 7. DATE OF E (Month, De | | | 8. BIRTH Countr | PLACE (State or Foreign | | | |
| | 213-22-7251 | □ M 2 7 F | 90 YRS. | MONTHS DAY | B HOURS MIN. | 02-9 | |)1 | | rvland | | | |
| | 9a. FACILITY NAME (If not institution, give street | and number) | | 9b. CITY, TOW | N OR LOCATION OF D | | OF DEATH | | | | | | |
| DIRECTOR | Mallard Bay | | | Camb | rche | ester | | | | | | | |
| 5 | RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY | | 100 0 | TY, TOWN OR LO | | | Dorcheste | | | | | | |
| Ē | Maryland Dorch | ester | | Cambri | | | | | | 10d, INSIDE CITY LIMITS? 1)(1) YES 2 NO | | | |
| | 10e. STREET AND NUMBER | | | Cambii | 101. ZIP CODE | | | IZEN OF V | WHAT COUNTRY? | | | | |
| A | 112 Sandy Hill | Dood | | | 21613 | | | | USA | | | | |
| ž | | . WAS DECEDENT EVE | | 13. WAS I | ECENDENT OF HISPA | NIC ORIGIN? (S | pecify Yes | or No | 14. RACE | - American Indian. | | | |
| BY FUNERAL | 1 Never Married 2 Married 3 Widowed 4 Divorced | FORCES? 1 Y | R DATES | If yes | specify Cuban, Maxico 'ES 2 NO Specif | en, Puerto Ricar | | | | white, etc. White | | | |
| COMPLETED | 15. DECEDENT'S EDUCAT (Specify only highest grade con | ION molecusti | 18a. DECEDENT | S USUAL OCCUP | ATION | 16b. KIN | D OF BUS | INESS/IN | DUSTRY | | | | |
| Щ | | College (1-4 or 5+) | life. Do NOT | use retired.) | most of working | | | | | | | | |
| MP | 11 years | | Homem | aker | | | | | | | | | |
| S | 17. FATHER'S NAME (First, Middle, Last) | | | | 18. MOTHER'S NA | | | | | | | | |
| BE | William Elbrid | ge Phill | | | | izabe | | | | | | | |
| 2 | 19a. INFORMANT'S NAME (Type/Print) | | | | et and Number or Rural | | | | | | | | |
| | Martin Sinshei | mer | | | dy Hill | Road, | Cum | | | Md. 21613 | | | |
| | 20a. METHOD OF DISPOSITION 1 Burlat 2 □ Cremation 3 □ Remova | I from State | other place) | | cemetery, crematory or | | | | City or To | | | | |
| | 4 Donation S Other (Specify) | SEE | Md. Ve | | | | Hu | irlo | ck, | Md. | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Thomas Funoral Home | | | | | | | | | | | | |
| | Neuth Thams 7 700 Locust St. Cambridge, Md. 21613 | | | | | | | | | | | | |
| | 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate | | | | | | | | | | | | |
| | ahock, or heart failure. List only one cause on each line. Intervel Between Onset and Death IMMEDIATE CAUSE (Final | | | | | | | | | | | | |
| | disease or condition resulting in death) s. Alaham Ditessa Tans | | | | | | | | | | | | |
| | resulting in desth) s | | | | | | | | | | | | |
| 2 | Sequentisity list conditions, Due TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | | |
| AŢ | Sequentisity list conditions, If any, leading to immediate cause. Enter UNDERLYING | | | | | | | | | | | | |
| 원 | CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | | |
| CERTIFICATION | resulting in deeth) LAST | | | | | | | | | | | | |
| 2 | d | | | | | | | | | | | | |
| MEDICAL | PANT II. Other aignincent conditions of | 1 Part 1. 24 | Part I. 24s. WAS AN AUTOPSY PERFORMED? | | | 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE | | | | | | | |
| ă | 1 YES 2 | | | | | | | | | OF DEATH? | | | |
| Z | | | | | | | | | | 1 TES 2 NO | | | |
| AN | 25. WAS CASE REFERRED TO MEDICAL | | | 20 | . PLACE OF DEATH (C | hack only one) | | | | | | | |
| PHYSICIAN: | EXAMINER? | IOSPITAL: | Outnotlant 4 - 504 | OTHER: | | | | | | | | | |
| ¥ | 27. MANNER OF DEATH | 28a. DATE OF INJU | | | iome 5 Residence | 28d. DESCRI | | NJURY OC | CURED | | | | |
| | 1 Natural 5 Pending | (Month, Day, Ye | ear) | M 1 | WORK? YES 2 NO | | | | | | | | |
| BY | 2 Accident Investigation 3 Suicide 6 Could not be | 26e. PLACE OF IN- | IURY — At home, farm | , street, factory, | office | | | | or Runal | Route Number, | | | |
| | 4 Homicide determined | building, etc. | (Specify) | | | City or To | own, State) | | | | | | |
| 삗 | 29a. CERTIFIER 1 CERTIFYING PHYSICIA | N: To the heat of my [| rnowledge death nee | erred at the time | date and place, and du | a to the cause/ | e) and mar | nner se str | etad. | | | | |
| COMPLETED | (Check only one) 2 MEDICAL EXAMINER: | | | | | | | | | a) and manner as stated. | | | |
| | 296. SIGNATURE AND STILL OF CERTIFIER | | | | 29c. LICENSE NU | | - | | | (Month, Day, Year) | | | |
| 8 | ADA THA | w | | | / - | 18 | | • | 3/ | 7/1 | | | |
| 5 | 30. NAME AND ADDRESS OF PERSON WHO | COMPLETED CAUSE O | FORTH (ITEM 27) (7) | pe, Print) | 10 | 1 | dge | , // | 21 | 21613 | | | |
| | 31. DATE FILED (Month), Day, Year) 1 91 | 32. REGISTRANS | BIGNATURE LA PARTICIONALI | Pandell. | , | 111/11/1 | 7 | , | , | -10/2 | | | |
| 31. DATE FILED (Mohin Day 1681) 1 91 32. REGISTRATS SIGNATURE Julia Day door - Randalle | | | | | | | | | | | | | |

1,147

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

| REGISTRAR | | CERTIFIC | CATE OF | DEATH | RI | EG. NO. | | |
|---|---|---|------------------------------|---|-----------------------------|----------------------------------|-------------|---|
| 1. DECEDENT'S NAME (First, Middle, Last) | | | | | 2. DATE OF D | EATH | YEAR | 3. TIME OF GEATH |
| NEIL GORDON | SANDERS | | | | 3 | W771 | 991 | 11:58 p |
| 4. SOCIAL SECURITY NUMBER 212-14-1257 | | | F UNDER 1 YEAR ONTHS DAYS | IF UNDER 24 HRS, HOURS MIN. | 7. DATE OF B (Month, Day | 18TH (16ar) 1914 | Count | HPLACE (State or Foreign |
| 9a. FACILITY NAME (If not institution, give a | treet and number) | 9 | b. CITY, TOWN | OR LOCATION OF DE | | | UNTY OF C | 2 |
| Garrett County Me | emorial Hosp | ital | 0aklan | d | | Ga | rret | t |
| Maryland Gai | rett | | town on Loca Lland | TION | | | | 10d. INSIDE CITY LIMITS? 1 VES 2 NO |
| 100. STREET AND NUMBER 517 South Third | Street | | 10 | 21550 | | | TIZEN OF | WHAT COUNTRY? |
| 11. MARITAL STATUS 1 Never Merried 2 X Married 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D | 2 XNO | If yes, sp | CENDENT OF HISPAN secify Cuben, Maxica 2 NO Specify | n, Puerto Rican | ecify Yea or No- | 14. BAC | E American Indian, k, White, etc. |
| 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) | CATION completed) College (1-4 or 5 +) | 16a. DECEDENT'S US (Give kind of wor life. Do NOT use | k done during me | ON ost of working | | O OF BUSINESS/IN | OUSTRY | |
| 10 | | Reposse | essor | | H | Banking | | |
| ir. FATHER'S NAME (First, Middle, Last) William Franklii | n Sanders | | | 18. MOTHER'S NA Nellie | ME (First, Middle | , Maiden Surname) Co | nnew | ay |
| 19a. INFORMANT'S NAME (Type/Print) | | 196. MAILING A | DDRESS (Street | and Number or Rural | Route Number, C | ity or Town, State, Z | (Ip Code) | |
| Mrs. Virginia Sa | anders | 517 S. | Third | St. Oa | kland, | Marylan | d 21. | 550 |
| 20a. METHOD OF DISPOSITION 1 XX Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify) | oval from State | other place) Oakland Ce | | | | 20c. LOCATION - | | |
| 21. SIONATURE OF FUNERAL SERVICE LI | | | 22. NAME A | NO ADDRESS OF FA | | P.O. B | ox 2 | 43 |
| 23. PART I. Enter the diseases, or o | complications that cause | M00167 | | Funeral | | | | d. 2155U |
| IMMEDIATE CAUSE (Fins) | List only one cause on o | | | | | | | Interval Betwee Onset and Deat |
| resulting in death) | s. Cerebral H | emorrhage | | hemisphe | re, act | ute | | 7 days |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING | b. Hypertensi DUE TO (OR AS | ve cardio | | ar disea | se | | | Unknown |
| CAUSE (Disesse or Injury that initiated events resulting in death) LAST | DUE TO (OR AS | A CONSEQUENCE OF): | | | | | | |
| PART II. Other significent condition | ns contributing to death | but not resulting in | the underlyin | a cause given in | Part I. 24e | . WAS AN AUTOPS | y 24 | b. WERE AUTOPSY FINDING |
| Upper gastro-i Chronic Obstru | ntestinal he | morrhage o | | of deat | h | PERFORMED? YES 2 | | AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| | | | | | | | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | 1. | 26. P | LACE OF DEATH (Ch | neck only one) | | | |
| 1 TYES 2 X NO | 1 XInpetient 2 ER/Out | petient 3 DOA 4 | ☐ Nursing Hor | ne 5 🗆 Residence | | | | |
| 27, MANNER OF DEATH XX Natural 5 Pending 2 Accident Investigation | 28a. DATE OF INJURY (Month, Day, Year) | 28b. TIME INJUI | RY W | JURY AT DRK? YES 2 NO | 28d. DESCRIE | BE HOW INJURY O | CCUREO | |
| 3 Suicide 6 Could not be 4 Homicide determined | 28e. PLACE OF INJUR building, etc. (Spe | Y — A1 home, farm, str icify) | eet, factory, offic | De . | | N (Street and Numb wn, State) | er or Rural | Route Number, |
| ana) | ICIAN: To the best of my know | | | | | | | (a) and manner as stated. |
| 29b. SIGNATURE AND TITLE OF CERTIFIE | _// | 10 | 1 | 29c. LICENSE NUI | | | | D (Month, Day, Year) |
| Kufut | A Leign | blon, | 24 | THE RESIDENCE | 658 | | | 9, 1991 |
| Herbert H. Leigh | | | | , Oaklan | d, Mar | yland 2 | 21550 | |
| MAR 1 0 1991 | Suna Welland | Constant. | | | | | | |

12

- Eta William

TREE O

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

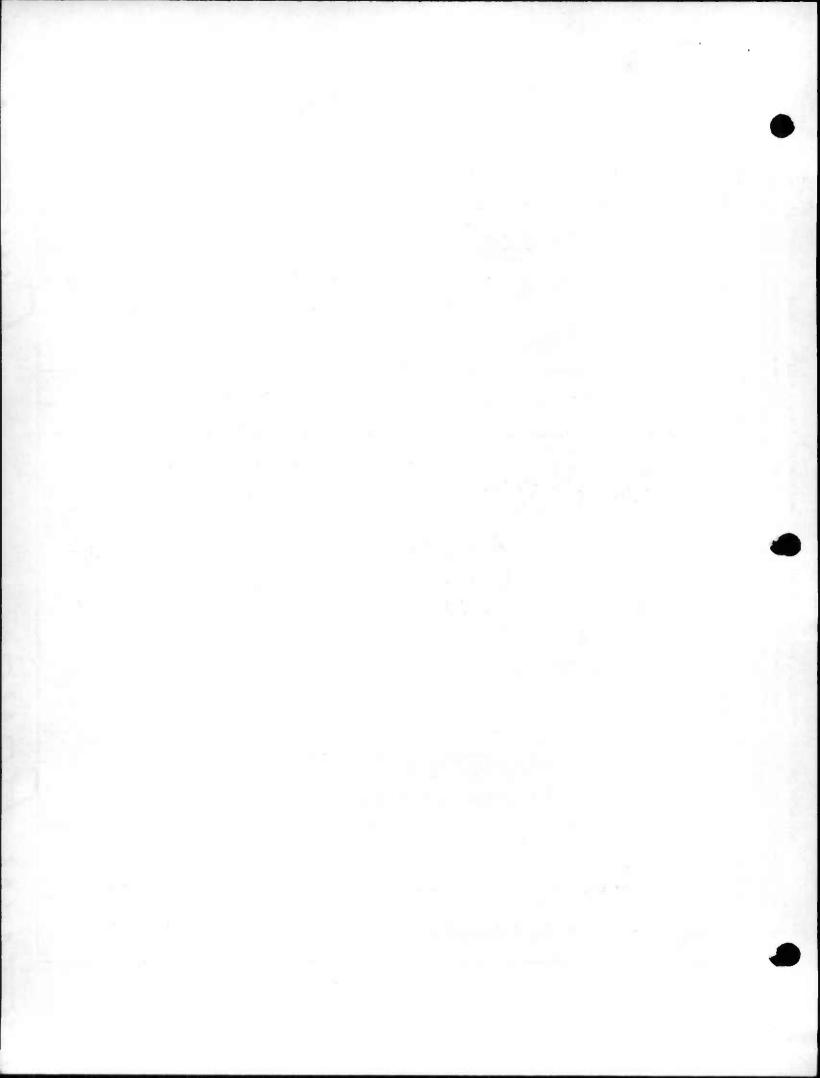
TO BE COMPLETED BY FUNERAL DIRECTOR

| 1 - FOR STATE REGISTRAR | | STATE OF MA | | DEPAR | | | | | MENTA | REG. NO. | | | | |
|--|---------------------------------------|----------------------------------|-----------------|----------------------|----------------------|--------------------|---------------|-----------------|--|---|--------------|-----------|---|--|
| 1. DECEDENT'S NAME (First, | | n Stock | hause | e n | | | | | 2. DATE MONT 03 | OF DEATH | 199 | YEAR | 3. TIME OF DEATH | |
| 4. SOCIAL SECURITY NUMB | ER 5. | SEX 6. | AGE (In yrs. le | st birthday) | IF UNDER 1 | YEAR DAYS | IF UNDER | 24 HRS. MIN. | 7. DATE | 7. DATE OF BIRTH 5-16-1908 8. BIRTHPLACE (State of Country) Maryland | | | | |
| 213~14~2278 | | ☐ M 2 F | 82 | YRS. | 9b. CITY, | TOWN O | R LOCATIO | ON OF DE | | 0~1908 | 9c. COUNT | | | |
| 96. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOW Union Memorial Hospital 8a | | | | | | | | | | | | | | |
| RESIDENCE OF DECEDENT | | | | | | | | | | 10d. INSIDE CITY | | | | |
| Maryland Baltimore Upperco | | | | | | | | | | LIMITS? | | | | |
| 3100 Benson Mill Road 21155 USA | | | | | | | | | | HAT COUNTRY? | | | | |
| | | | | | | | | | ,— American indian, , white, etc. y: White | | | | | |
| 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) College (1-4 or 5 +) College (1-6 or 5 +) College (1-6 or 5 +) College (1-6 or 5 +) HOUSEWIFE 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) HOUSEWIFE | | | | | | | | | | | | | | |
| 17. FATHER'S NAME (First, MI Milton Wals | | | | | | | | | ME (First, ayfi | Middle, Melden S | Surneme) | | | |
| Edward W. S | tockhau | sen | | | | | | | | perco, | | | 55 | |
| 20e. METHOD OF DISPOSITI 1 Buriel 2 Crematio 4 Donation 5 Other | n 3 🗌 Remova | I from State | Dulank | of Dispos ey Vall | ition (Nam Ley Me | ne of cem NOria | al Gai | rdens | | 1 | CATION — CI | * | wn, state aryland | |
| 21. SIGNATURE OF SUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Eline Funeral Home 934 S. Main Street, Hampstead, Md. 21074 | | | | | | | | | | | | | | |
| 23. PART I. Enter the di shock, or hi IMMEDIATE CAUSE (Fin dissess or condition resulting in death) Sequentielly liet conditi if sny, leading to imme- | sert fallure. Lis | oue TO (or | on each lin | OUENCE OF | m | | A | 00000000 | | fact | | st, | Approximate Interval Between Onset and Death | |
| cause. Enter UNDERLYI CAUSE (Disease or inju that initiated events reaulting in death) LAS | ry c | DUE TO (OI | R AS A CONSE | OUENCE OF | 7: | | | | | | | | | |
| PART II. Other significe | ent conditions of | contributing to de | eth but not | resulting i | n the und | derlying | cause (| given in | Part I. | 24a, WAS AN PERFOR 1 YES 2 | MED? | 24b. | WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | |
| 25. WAS CASE REFERRED TO | O MEDICAL | | | | | 26. PL | ACE OF D | EATH (C) | eck only o | one) | | | | |
| EXAMINER? 1 YES 2 NO | | IOSPITAL: | R/Outpatient | 3 🗆 DOA | OTHER | | 5 🗆 Re | eeldence | 6 🗆 Oth | er (Specify) | | | | |
| 27. MANNER OF DEATH 1 Neture: 5 | Pending | 28a. DATE OF IN (Month, Day, | | 28b. TIMI INJ | E OF URY M | | URY AT RK? | NC. | 28d. DE | SCRIBE HOW II | NJURY OCCU | JRED | | |
| 3 Suicide 6 | Investigation Could not be determined | 28e. PLACE OF I building, etc | NJURY — At h | ome, ferm, a | | | | | | CATION (Street e y or Town, State) | and Number o | r Rural F | Route Number, | |
| one) | | N: To the best of my | | | | | | | | | | |) end manner ee stated. | |
| | OF CERTIFIER | Than | | | | | | ENSE NU | | 7 | | | (Month, Day, Year) | |
| 30. NAME AND ADDRESS OF | PERSON WHO | COMPLETED CAUSE | OF DEATH (IT | EM 27) (Type, | Print) | | | • | | | | | • / | |
| 31. DATE FILED (Month, Day, | Year) . | B2, REGISTRAR'S | SIGNATURE | ASC. | | | | | | | | | | |

A The

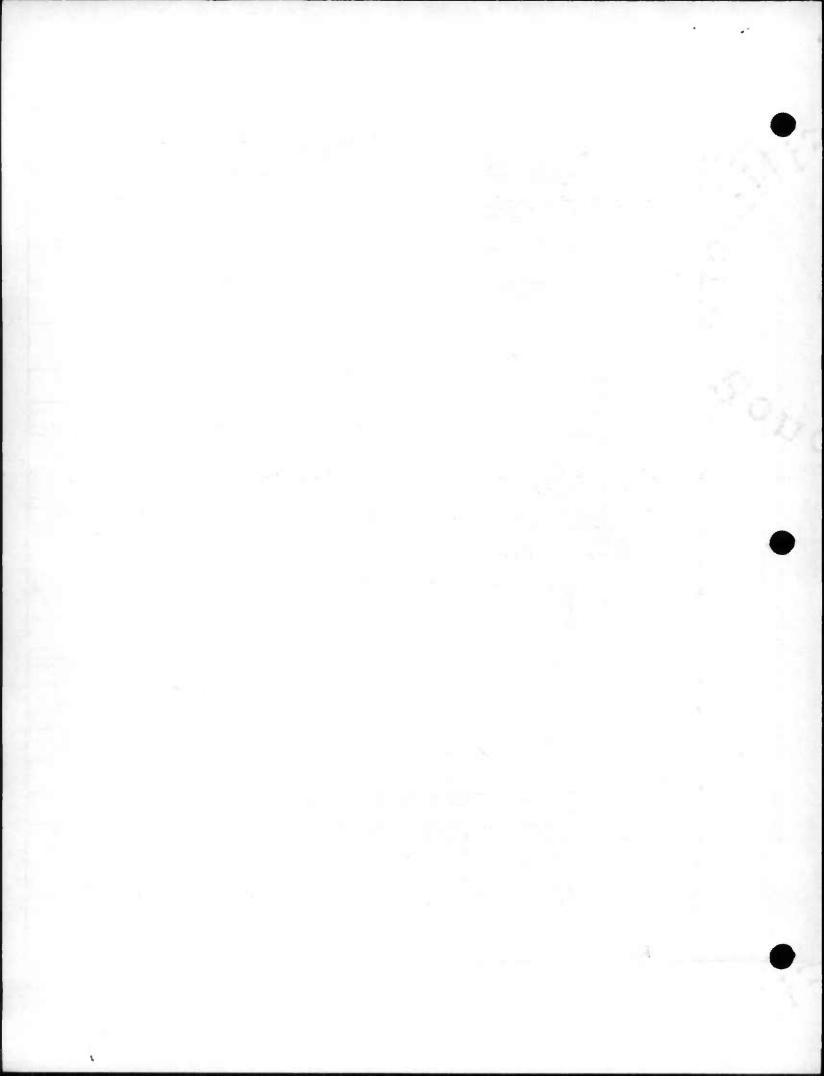
| THOO TO OF | INCITACIONAL PARTICIONIS OF CONTROL OF CONTR |
|--|--|
| i examiner must be notified at once. | IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
| rai. | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. |
| he funeral director, page 5 should be detached | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely rifled in by the funeral director, page 5 should be detached |
| or death. Page 6 may be retained by the hosp | TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hosp |
| BALTIMORE, MARYLAND | DIVISION OF VITAL RECORDS, P.O. BOX 13146, |

| 1 - STATE REGISTRAR | STATE OF MARYLAND C | ERTIF | ICATE O | F DEAT | AND ME | REG. NO. | | | | | | |
|--|--|-----------|-----------------|---------------|-------------|---|--------------------------------------|---|--|--|--|--|
| 1. DECEDENT'S NAME (First, Middle, Last) | | EPHE | ΡD | | 2 | 2. DATE OF DEATH | y 91" | 3. TIME OF DEATH | | | | |
| 4. SOCIAL SECURITY NUMBER | 5. SEX 6. AGE (In yrs. la | | IF UNDER 1 YEAR | - | 24 HRS. 7 | Month, Day, Year) | OF BIRTH 8. BIRTHPLACE (St Country) | | | | | |
| 214-36-9720 9e. FACILITY NAME (If not institution, give | street and number) | THO. | 9b. CITY, TOW | OF DEATH | | | | | | | | |
| 1829 CASTLETO | N RD. | | DARL | INGT | ON | | HARF | ORD | | | | |
| TOZO CASTLETO PRESIDENCE OF DECEDENT 10e. STATE 10b. COUNT 11 A | RFORD | 10c. CIT | Y, TOWN OR LO | RLIN | C T O N | | | 10d. INSIDE CITY LIMITS? 1 YES XX NO | | | | |
| | REORD | | 70 | 101. ZIP CODI | | | 1 ☐ YES | | | | | |
| 1829 CAST | | | 210 | 34 | | USA | | | | | | |
| 10e. STREET AND NUMBER 1829 CAST 11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced | 12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 TYPES 2 IF YES, GIVE WAR OR DATES | | If yes. | | | ORIGIN? (Specify Yea Puerto Ricen, etc.) | | RACE — American Indian, Black, White, etc. Specify: HITE | | | | |
| 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) College (1-4 or 5 +) College (1-4 or 5 +) College (1-4 or 5 +) College (1-4 or 5 +) College (1-4 or 5 +) College (1-4 or 5 +) | | | | | | | | | | | | |
| 15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12) 6 17. FATHER'S NAME (First, Middle, Last) RUFUS H. | JOINES | | | | | E (First, Middle, Malden E OSBORN | | | | | | |
| 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) | | | | | | | | | | | | |
| RUFUS L. SHEPHERD 1831 CASTLETON RD., DARLINGTON, MD, 21034 20th. METHOD OF DISPOSITION (Name of complexy, crematory or 120c. LOCATION — City or Town, State | | | | | | | | | | | | |
| 1 XBuriel 2 Cremeilon 3 Removal from State Other (Specify) DUBLIN SOUTHERN CEMETERY DARLINGTON, MD | | | | | | | | | | | | |
| 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HARKINS F.H., INC., DELTA, PA., 17314 | | | | | | | | | | | | |
| 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdiec or respiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) | | | | | | | | | | | | |
| DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | | |
| Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury. | | | | | | | | | | | | |
| CAUSE (Disease or Injury that initiated events resulting in death) LAST | | | | | | | | | | | | |
| Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions and the conditions are conditions. | one contributing to death but not | reaulting | in the underly | /ing couse | given in Pr | nrt I. 24s. WAS AN PERFOR | RMED? | 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? | | | | |
| | | | | | | - | 1 TES 2 NO | | | | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH | HOSPITAL: | | | PLACE OF C | EATH (Check | k only one) | | | | | | |
| 1 YES 2 NO | 1 Inpetient 2 ER/Outpetient | _ | | /1/1 | | Other (Specify) | | | | | | |
| | 28a. DATE OF INJURY (Month, Day, Year) | 26b. TIII | JURY | WORK? YES 2 | | 28d. DESCRIBE HOW I | NJURY OCCUR | RED | | | | |
| O O O O O O O O O O O O O O O O O O O | 2 Accident 3 Suicide 6 Could not be 26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 26f. LOCATION (Street and Number or Burn City or Tawn State) | | | | | | | | | | | |
| (Check only CERTIFYING PHY | SICIAN: To the best of my knowledge, o | | | | | | | | | | | |
| 296. SIGNATURE AND THE OF CERTIFIC | 2 MEDICAL EXAMINER: On the same of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. | | | | | | | | | | | |
| | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) | | | | | | | | | | | |
| 31. DATE FILED (MOTHING GON YEAR) | 32 REGISTRAS RIGHTANE | مالك | CK OF | / 1 14 0 | N.D. 1 | TOREST | 11166 | י ווט | | | | |



| OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. nours after death. Page 6 may be retained by the hospital or attending physician. | DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. ** and a second process of the second permit is a second permit of the second permit is a second permit in the second permit is a second permit in the second permit is a second permit in the second permit is a second permit in the second permit is a second permit in the second permit is a second permit in the second permit is a second permit in the second permit is a second permit in the second permit is a second permit in the second permit is a second permit in the second permit is a second permit in the second permit is a second permit in the second permit is a second permit in the second permit is a second permit in the second permit is a second permit in the second permit is a second permit in the second permit is a second permit in the second permit in the second permit is a second permit in the second permit in the second permit is a second permit in the second permit in the second permit is a second permit in the second permit in the second permit is a second permit in the second permi | nours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
|---|--|---|--|
| D THE HOSPITAL OR ATTENDING PHYSIC | TO THE FUNERAL DIRECTOR: After this cer | be filed within 72 hours after death with th | IMPORTANT: If Item 28 is marked, o |

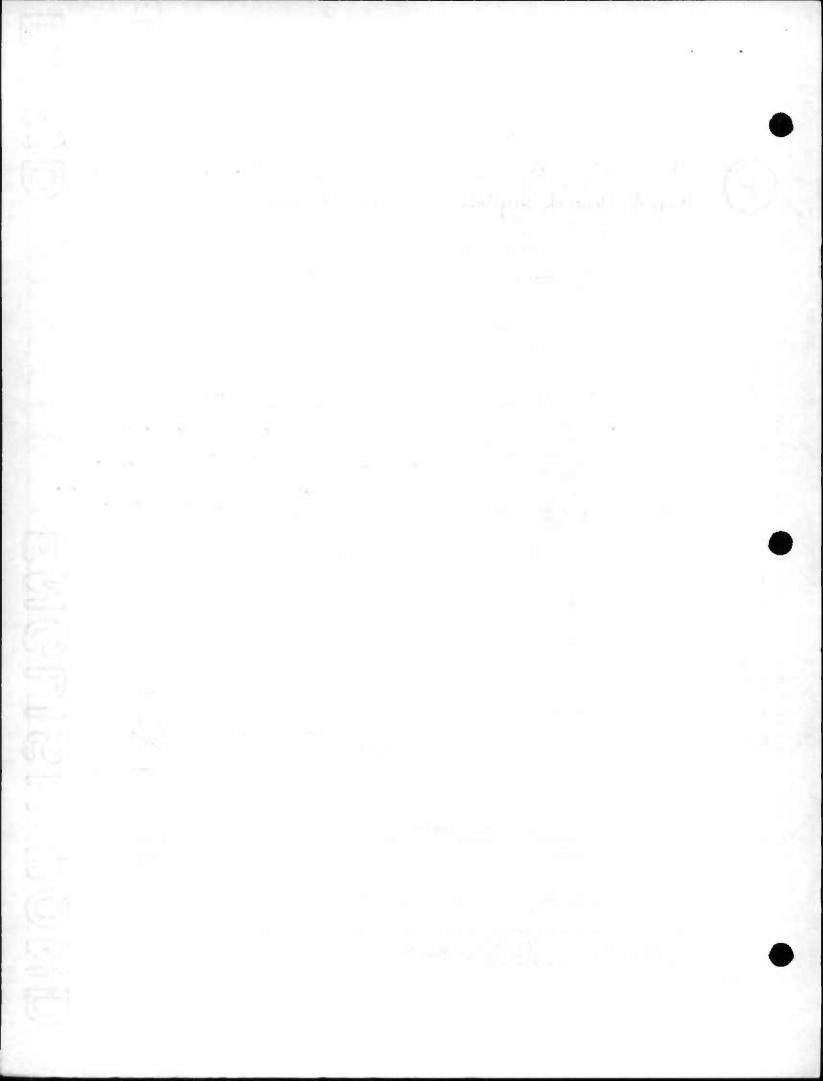
| 1 | FOR STATE REGISTRAR | STATE OF MARYLA | ND / DEPAR CERTIFI | MENT OF | HEALTH AND ! F DEATH | MENTAL HYGIE | | | | | | | |
|---------------|---|--|--|---------------------|---|--|-------------------------|--------------------|--|--|--|--|--|
| 1 | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | 2. DATE OF DEATH | DAY | YEAR | 3. TIME OF DEATH | | | | |
| 1 | Francis MER | REDITH | Simmo | ons | | | | 991 | 11:53 P: M | | | | |
| \ I | 4. SOCIAL SECURITY NUMBER | 5. SEX 6. AGE (III | yrs. last birthday) | IF UNDER 1 YEA | | 7. DATE OF BIRTH (Month, Day, Year) | | 8. BIRTH Countr | PLACE (State or Foreign | | | | |
|) | 578-12-9632 | 1 1 M 2 □ F | 1XXM 2 F 74 YRS. NOV. 10, 1916 MARYL | | | | | | | | | | |
| | 9a. FACILITY NAME (If not institution, give st | reet and number) | | 9b. CITY, TOW | N OR LOCATION OF DE | ATH | 9c. COL | JNTY OF D | EATH | | | | |
| DIRECTOR | Physicians Memorial Hospital LaPlata Charl | | | | | | | | | | | | |
| 5 | RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY | , | 10c, CITY | , TOWN OR LO | CATION | | | 10d. INSIDE CITY | | | | | |
| E | | RLES | | RBURY | | | | LIMITS? 1 YES 2 NO | | | | | |
| | 10s. STREET AND NUMBER | KLES | TIM. | KDUKI | 101. ZIP CODE | | 10g. Cl | TIZEN OF V | VHAT COUNTRY? | | | | |
| FUNERAL | P.O. BOX #282 | | | | 20658 | | UNT | TED S | STATES | | | | |
| Š | 11, MARITAL STATUS | 12. WAS DECEDENT EVER IN | U.S. ARMED | | DECENDENT OF HISPAN | | | 14. RACI | - American Indian, | | | | |
| | 1 Never Married 2 Married | FORCES? 1 XXYES IF YES, GIVE WAR OR DA | | | specify Cuban, Mexica res 2 2 NO Specify | | | Spec | k, White, atc. | | | | |
| BY | 3∕X Widowed 4 ☐ Olvorced | 1943-1946 | | | | | | | BLACK | | | | |
| COMPLETED | 15. DECEDENT'S EDU (Specify only highest grade | | 16a. DECEDENT'S (Give kind of v | vork done during | ATION most of working | 16b. KIND OF | BUSINESS/IN | IDUSTRY | | | | | |
| <u>"</u> | Elementary/Secondary (0-12) | College (1-4 or 5+) | iile. Do NOT us | | | | | | | | | | |
| F | 8TH GRADE 17. FATHER'S NAME (First, Middle, Last) | NONE | EQUIPM | ENT OP | | ME (First, Middle, Mai | ERNME | | | | | | |
| 8 | BURLEIGH SIMMONS | | | | | | | | | | | | |
| BE | 19a. INFORMANT'S NAME (Type/Print) | - | 19b. MAILING | ADDRESS (Str | et and Number or Rural | E VINCENT | | | | | | | |
| 2 | DON SIMMONS | | - CHESCON 1 14 CHES | communication in | | | | | AND 20640 | | | | |
| | 20a. METHOD OF DISPOSITION | 20b | PLACE OF DISPOS | | | | | | | | | | |
| | 20s. METHOD OF DISPOSITION XXBurlal 2 Cremetton 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cametery, cremetory or other place) | | | | | | | | | | | | |
| | 4 Donation 5 Dotation 5 Dotation (Specify) MARYLAND VETERANS CEMETERY CHELTENHAM MARYLAND 21. MICHAEL SEBUICE LICENSEE 22. NAME AND ADDRESS OF FACILITY | | | | | | | | | | | | |
| | THORNTON'S FUNERAL HOME, POMONKEY, MARYLAND | | | | | | | | | | | | |
| | 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reapiratory errest, Approximate | | | | | | | | | | | | |
| | shock, or heart fellure. List only one cause on each line. Interval Between Onset and Deat | | | | | | | | | | | | |
| | Onset and Dea | | | | | | | | | | | | |
| | resulting in death) | DUE TO (OR AS A | CONSEQUENCE O | F): | WITH T | | | | - | | | | |
| - | a. CADIAC ARRHYTHMIA OUE TO (OR AS A CONSEQUENCE OF): CORON ARY ARTERY BISAFE | | | | | | | | | | | | |
| CERTIFICATION | Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | | |
| S | If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury | | | | | | | | | | | | |
| E | that initiated events resulting in death) LAST | DUE TO (OR AS A | CONSEQUENCE O | F): | | | | | | | | | |
| H | Total (ing in death) Exist | d | | | | | | | <u> </u> | | | | |
| | PART II. Other algnificant condition | ns contributing to death b | ut not resulting | in the under | lying cause given in | | AN AUTOPS | Y 24 | b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO | | | | |
| MEDICAL | | | | | | | S 2 NO | | COMPLETION OF CAUSE OF DEATH? | | | | |
| | | | | | | | | 1 YES 2 NO | | | | | |
| | | | | | | | | | | | | | |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL | | | 2 | 6. PLACE OF DEATH (C | heck only one) | | | | | | | |
| Sic | EXAMINER? 1 YES 2 NO | HOSPITAL: | etient 3 🗆 DOA | OTHER: 4 Nursing | Home 5 - Residence | 6 Other (Specify) | | | | | | | |
| ξ | 27. MANNER OF DEATH | 28a. DATE OF INJURY (Month, Day, Year) | 28b. TIR | E OF 284 | INJURY AT WORK? | 28d. DEŞCRIBE H | OW INJURY C | CCUREO | | | | | |
| ВУ Б | 1 Netural 5 Pending 2 Accident Investigation | (,, | 1100 | | YES 2 NO | | | | | | | | |
| | 3 Suicide 6 Could not be | 28a. PLACE OF INJURY building, etc. (Spe- | | street, factory, | office | 28t. LOCATION (St City or Town, S | reet and Numi State) | ber or Rural | Route Number, | | | | |
| | 4 Homicide determined | 100 | | | | | | | | | | | |
| COMPLETED | (Check only | BICIAN: To the best of my know | ledge, death occur | red at the time, | data and place, and du | e to the cause(a) and | manner as s | stated. | | | | | |
| S | one) 2 MEDICAL EXAMIN | ER: On the basis of examination | n and/or investigati | on, in my opini | on, death occured at th | e time, data and plac | e, end due to | the cause | (a) and manner as stated. | | | | |
| ш | 29b, SIGNATURE AND TITLE OF CERTIFIE | 2 | | | 29c. LICENSE NU | MBER | 29d. D | ATE SIGNE | O (Month, Day, Year) | | | | |
| 10 B | R | amal | why | | D 161 | 32 | | 3/10 | 0191 | | | | |
| F | | HO COMPLETED CAUSE OF OR | , , , , , , | | | | | | | | | | |
| | Nallan C. Ramakr | ishna M.D. 7I | Post O | ffice | Rd. Cenna | Center W | 11dorf | Md | 20602 | | | | |
| | MAR 1 2 91 | 32. REGISTRAN'S SIGN | IATURE | | | | | • | | | | | |



31. DATE FILED (Month, Day,

32. REGISTRAR'S SIGNATURE

| | FOR STATE REGISTRAR | STATE OF N | ARYLAND / | | TMENT | | | | MENTAL | HYGIEN REG. NO. | E 9 | | 0 /854 |
|---------------|--|---------------------------------------|------------------------------------|--------------------------|---|------------|-------------------|-------------------------------|-----------------------------|---|--------------|--|---------------|
| 4 | 1. OECEOENT'S NAME (First, Middle, Last) | Walter | Morri | s. | lisch | midt | | | 2. DATE (| of DEATH | i | \$91 3.º | TIME OF DEATH |
| -7 | 4. SOCIAL SECURITY NUMBER 343 - 10 - 4172 | 5. SEX | 6. AGE (In yrs. las | t birthday) YRS. | IF UNDER | DAYS | IF UNDER HOURS | MIN. | Jan. | Day, Year) 21,19 | 15 | Country) Illir | |
| TOR | 9a. FACILITY NAME (If not institution, give to | | HAVE DE GIRCE | | | | | | | | ford | | |
| DIRECTOR | 10a. STATE 10b. COUNT Maryland | | city, town or location Edgewood | | | | | | 100 | 1. INSIDE CITY LIMITS? YES 2 🔯 NO | | | |
| FUNERAL | 1815 Harbinger | | 101. ZIP CODE 21040 | | | | | | U | SA | COUNTRY? | | |
| BY | 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced | MED IO | - 11 | yes, sp | | n, Mexicai | n, Puarto R | ? (Specify Yea Ican, etc.) | or No— | Specify: Whit | | | |
| COMPLETED | 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 | CATION completed) College (1-4 or 5 + | (G | tve kind of a | usual oc work done d se retired.) | luring mo | | ng | 16b. | | siness/indus | TRY | |
| BE COM | 17. FATHER'S NAME (First, Middle, Last) Frederick — | | | | 16. MOT | | ME (First, M | liddle, Malden | _{Sumame)} Neidr | ich | | | |
| TO B | 198. INFORMANT'S NAME (Type/Print) Mildred S. Schmidt 19b. Mallino Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1815 Harbinger Trail, Edgewood, Md. 21040 | | | | | | | | | | | | 40 |
| | 20s. METHOD OF DISPOSITION 130 Burdsi 2 Cremation 3 Removal from State 4 Donatton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE AND DATE OF OISPOSITION (Name of Complete Place) 20c. LOCATION — City or Town, State of Complete | | | | | | | | | | | | |
| | Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Road, Abingdon, Md. 21009 | | | | | | | | | | | | |
| | 23. PART i. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. | | | | | | | | | | | Approximate interval Between Onset and Death | |
| CERTIFICATION | Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | day | |
| MEDICAL CE | PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i, Performed? | | | | | | | | | | CO OF | RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE OEATH? | |
| PHYSICIAN: M | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | | | | | 26. P | LACE OF D | DEATH (Ch | eck only on | 0) | | 110 | YES 2 NO |
| HYSIC | 1 YES 2 NO 27. MANNER OF DEATH | HOSPITAL: 1 Inpatient 2 I | | | | sing Hon | | esidence | 6 Other | | NJURY OCCU | RED | - 613 |
| ΒY | 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY 28b. TIME OF INJURY WORK? M 1 YES 2 NO 28e. PLACE OF INJURY AT WORK? M 1 YES 2 NO 28e. PLACE OF INJURY AT NOTICE AND INJURY OCCURED 28e. PLACE OF INJURY AT NOTICE AND INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED | | | | | | | | | | Rural Route | e Number, | |
| COMPLETED | Employer mod. | | | eath occurr | red at the ti | lma, dati | and place | , and dua | | | 150 | ı. | |
| BE COM | 29b. CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Dyy, Year) | | | | | | | | | | | | |
| TO B | 30. NAME AND ADDRESS OF PERSON W | HO, COMPLETEO CAU | 9 OF OEATH (ITE | M ₁ 27) (Type | a, Print) | 7 | D | 140 | 36 | | • | 3/1 | 0 (4) |



30. NAME AND ADDRESS OF PERSON WHO COM G. SHANKAR RATH, MD

31. DATE FILED (Month, Day, Year)

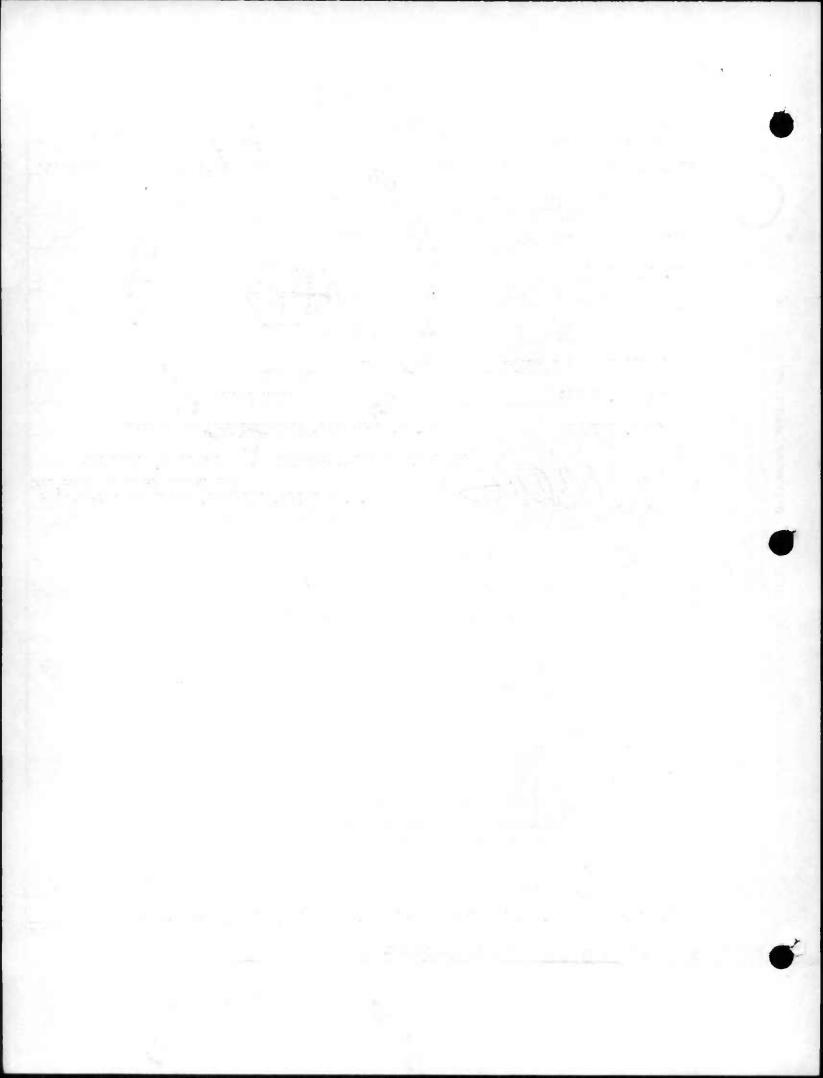
MAR 1 1

32. REGISTRAR'S SIGNATURE

Silia Savidson-Randale

| | | | | | | | | | | | 9 |) | 0 | 785 | 5 |
|--------------------|--|------------------------|---------------------------------|---------------|----------------|-------------|---------------|--------------|-------------------------------------|--------------------------------|--------------|--|---|--------------------|--------|
| _ | 1 - REGISTRAR | STATE OF MA | RYLAND / | DEPAR RTIF | TMENT ICATE | OF HI | EALTH DEAT | AND | | REG. NO | | | | | |
| | 1. DECEDENT'S NAME (First, Middle, Last) | EDNA RUT | H_SHELL | EY \ | / | | | | MONTE | | MY | YEAR | | E OF DEATH | |
| | KUTH ED | NA | 11 | / | | I | | | MARCH 06 1991 7. DATE OF BIRTH 8. B | | | | _ | :55A | M |
| | | . SEX 8. | . AGE (In yrs. lest | YRS. | IF UNDER | DAY8 | HOURS | MIN. | (Month | h, Day, Ybar) | 115 | BIRTHPLACE (State or Foreign Country) | | | |
| | 230-40-0347 | ^ | 75 | THO. | | | | | | 24,19 | | INTY OF D | - | CAROL | LNA |
| œ | 9a. FACILITY NAME (If not institution, give stree | 10 | | R LOCATIO | ON OF D | EATH | | | | | | | | | |
| DIRECTOR | PHYSICIANS MEMORIAL | | LA | PLA | ΓA | | | | CHA | RLES | | | | | |
| EC | 10a. STATE 10b. COUNTY | STATE 10b. COUNTY 10c. | | | | | | | | | | | 10d. I | NSIDE CITY | |
| 뜸 | MARYLAND CHAR | LES | - 1 | IN | DIAN | HEAD |) | | | | | 8 | | YES 2 X N | 10 |
| | 10e. STREET AND NUMBER | | | | | 101. | ZIP CODE | E | | | 10g. CIT | TIZEN OF V | WHAT C | OUNTRY? | |
| ER | RT. 1, BOX 411N | | | | | | 2064 | 10 | | | | USA | USA | | |
| BY FUNERAL | 11. MARITAL STATUS 1 Never Married 2 Married 2 Married 3 X Widowed 4 Divorced | | | | | yes, spe | | n, Mexic | an, Puerto | l? (Specify Ye Rican, etc.) | es or No— | 14, RACI Blac | 14. RACE — American Indian, Black, White, etc. Specify: WHITE | | |
| | 15. DECEDENT'S EDUCAT | TION | I see DEC | PEDENTS | USUAL OC | CUBATIO | M | | 1 141 | KIND OF B | IRINERS /IN | IDUSTRY | | 1212 | |
| COMPLETED | (Specify only highest grade co | work done o | | | 19 | 100 | K KIND OF B | J3111E33/111 | DOSTRI | | | | | | |
| PLE | Elamentary/Secondary (0-12) 12TH GRADE 2 | YFARS | 1 | IVMEI | MAKER | | | | | | N/ | Δ | | | |
| WC | 17. FATHER'S NAME (First, Middle, Last) | TLANS | | WHIE | MAKER | | 18. MOT | HER'S N. | AME (First, | Middle, Maide | | Λ | | | |
| | RICHARD W. JONES | | | | | | | | H SM | | | | | | |
| BE | 19a. INFORMANT'S NAME (Type/Print) | | 19b | MAILING | G ADDRESS | (Street as | nd Number | | | | wn, State, Z | (ip Code) | | | |
| 2 | JAMES J. SHELLEY RT. 1, BOX 443I, HUGHESVILLE, MD 20637 | | | | | | | | | | | | | | |
| H | 26 METHOD OF DISPOSITION | | 20b. PLACE C | OF DISPO | SITION (Na | me of cerr | netery, crer | natory or | | 7.0 | OCATION - | 777 | own, St | eta | |
| | 1 (ABurlel 2 Cremation 3 Removal from State TRINITY MEMORIAL GARDENS WALDORF, MARYLAND 21. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY | | | | | | | | | | | | | | |
| | 22. NAME AND ADDRESS OF FACILITY THE HUNTT FUNERAL HOME, INC. P.O. BOX 156, WALDORF, MARYLAND 20604-0156 | | | | | | | | | | | | | | |
| | 23. PART I. Enter the diseases, or complications that gaused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest. Approxim | | | | | | | | | | | | | Approxima | ite |
| | shock, or heart failure. List only one cause on each line. | | | | | | | | | | | | interval Be Onset and | | |
| | disease or condition | | | | | | | | | | | | | | |
| | resulting in death) DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | | | | |
| z | Cardio my opaltry | | | | | | | | | | | | | | |
| 2 | Sequentially list conditions, If any, leading to immediate | | | | | | | | | | | | | | |
| CERTIFICATION | If any, leading to immediate cause. Enter UNDERLYING CALISE Pleases or Inhur. | | | | | | | | | | | | | | |
| E | CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | | | | |
| H . | resulting in death) LAST | | | | | | | | | | | | | | |
| | The same and the s | | | | | | | | | | | AUTOPSY FIF | | | |
| 3 | Dicleeter 9 | mkus. | lene | | | | | | | 1 TYES | PRIMED? | | COME | ABLE PRIOR T | |
| ED | | 1 1 | | | | | | | | 1 | - 13 | | | EATH? YES 2 N | 10 |
| 2 | | | | | | | | | | | | | | | |
| AM | 25. WAS CASE REFERRED TO MEDICAL | | | | | 26. PL | ACE OF | DEATH (C | check only o | one) | | | | | |
| SIC | EXAMINER? | HOSPITAL: | ER/Outpatient 3 | □ DOA | OTHEI | | e 5 □ R | lesidence | 6 🗆 Oth | er (Specify) | | | | | |
| PHYSICIAN: MEDICAL | 27. MANNER OF DEATH | 28a. DATE OF II | | 28b. Ti | ME OF | 28c. INJ | URY AT | | 28d. DE | SCRIBE HOV | V INJURY O | CCURED | | | |
| | 1 Natural 5 Pending | (Month, Dey | , rear) | " | M | | YES 2 | □ NO | | | | | | | |
|) BY | 2 Accident investigation 3 Suicide 6 Could not be | | INJURY — Al ho tc. (Specify) | me, ferm | , street, fac | tory, offic | :0 | | 28f. LO | CATION (Street or Town, Sta | et and Numb | ber or Rural | Route I | Vumber, | |
| TEL | 4 Homicide determined | Summing, W | (openity) | | | | | | J., | , | == | | | | |
| COMPLETED | 29a. CERTIFIER 1 CERTIFYING PHYSICI | AN: To the best of r | ny knowledge, de | ath occu | rred at the | ilme, deta | and plac | e, and d | ua lo lhe c | suse(s) and n | nanner sa s | stated. | | | |
| JME | (Check only one) 2 MEDICAL EXAMINER | _ | | | | | | | | | | | r(a) and | manner as s | teted. |
| - | 29b. SIGNATURE AND TITLE OF CERTIFIER | 11 | P .A.I.I | | / | , | 29c. LIC | ENSE N | UMBER | | 29d. D. | ATE SIGNE | D (Mon | th, Day, Year) | |
| BE | LP1 | att | (1446 | and | my Ph | 4/14 | | 012 | 158 | 7 | • | 2- | 6- | 199 | / |
| 2 | 30, NAME AND ADDRESS OF PERSON WHO | COMPLETED CAUSE | E OF DEATH (ITE | M 27) (Tv | on. Print) | | | / | | | - |) | _ | , | |

, 7 C POST OFFICE RD. CENNA CTR, WALDORF, MD. 20602

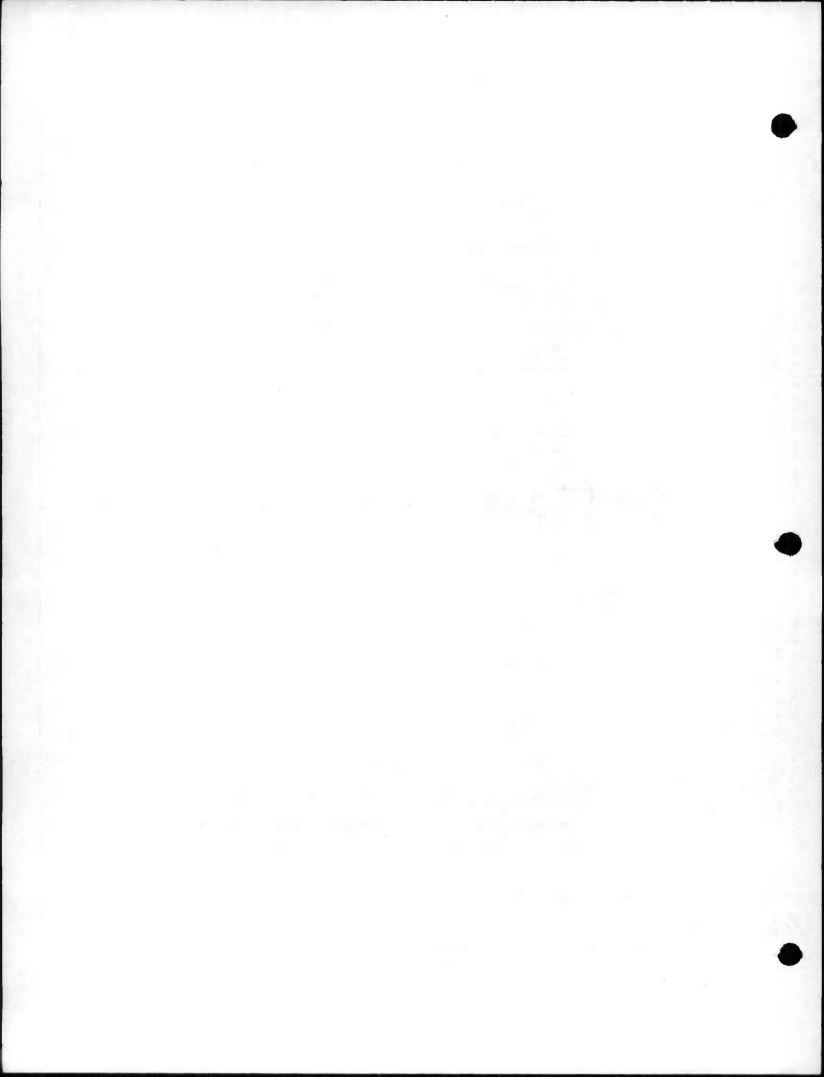


| | (| 3 should |) |
|--|---|--|--|
| BALTIMORE, MARYLAND 21203-3146 | Page 6 may be retained by the hospital or attending physician. | certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2/3 should the State Den; of Health and Mental Horiere prior to burial, cremation, or removal. | her must be notified at once. |
| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Figures after death. Page 6 may be retained by the hospital or attending physician. | THE RIVERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral powers after death with the State Dent of Health and Mental Horiete prior to burial, centration, or removal. | IMPORTANT If Nem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |

| | FOR STATE REGISTRAR | STATE OF M | MARYLAND / D Cef | EPAF | RTMENT ICATE | OF H | DEAT | AND I | | IYGIENI REG. NO. | E | | |
|------------------|--|----------------------|---------------------------|-----------------|-----------------|-------------|--------------------|-----------|------------------------------|---------------------|-----------|---|--|
| | DECEOENT'S NAME (First, Middle, Last) | Howa | rd Lenard | | | | | | 2. DATE OF MONTH March | DEATH | NY. | 1 9 9 1 | 3. TIME OF DEATH 3:19 AM M |
| | 4. SOCIAL SECURITY NUMBER | 5. SEX | 6. AGE (In yrs. lest bir | _ | IF UNDER | | IF UNDER | | 7. DATE OF 1 | BIRTH | | 8. BIRTHP | PLACE (State or Foreign |
| | 578 05 8591 | 1 🖳 M 2 🗆 F | 75 | YRS. | MONTHS | DAYS | HOURS | MIN, | Nov. | | 15 | Virg | ginia |
| | 9a. FACILITY NAME (If not institution, give at | treet and number) | | | 9b. CITY | TOWN C | R LOCATION | ON OF DE | | | | INTY OF OE | |
| H. | Doctors' Communi | ty Hospit | al . | | Lan | nham | | | | | Pri | nce G | eorges |
| 5 | RESIDENCE OF DECEDENT | | | | | | | | | | | | |
| BE | 10a. STATE 10b. COUNTY | | | ioc. CIT | Y, TOWN | OR LOCAT | ION | | | | | - 1 | 10d. INSIDE CITY LIMITS? |
| FUNERAL DIRECTOR | Maryland Princ | e George | s | В | owie | 1 200 | | | | | | | 1 YES 2 NO |
| RAI | | | | | | 101 | ZIP COD | | | | 100 | | HAT COUNTRY? |
| N. | 12905 Clearfield | | IT EVER IN U.S. ARME | D | 19 | WAS DEC | | 715 | IIC ORIGIN? (S | an olfe Men | | - | States - American Indian, |
| | 1 Never Married 2 Married | | X YES 2 NO | | | If yes, sp | ecify Cube | n, Maxica | n, Puerlo Rice | n, etc.) | or No- | Black, | White, etc. |
| BY | 3 Widowed 4 Divorced | | -1946 | | | I L YES | 2 X NO | Speciny | No | | | Specify | White |
| COMPLETED | 15. DECEDENT'S EDUI | CATION COMPolested) | 16a. DECE | DENT'S | USUAL O | CCUPATIO | ON et of workle | 207 | 16b. KII | ND OF BUS | SINESS/IN | DUSTRY | |
| Ē | Elementary/Secondary (0-12) | College (1-4 or 5 | Hin. Dr. | NOT u | se retired.) | uuring mo | at DI WORM | ~ | | Lond | tori | 01 5 | pplies |
| MPI | 11 . | | Sa | les | pers | on | | | | Jani | COLI | al su | iphiles |
| 00 | 17. FATHER'S NAME (First, Middle, Last) | | | | | | | | ME (First, Midd | | Surname) | | |
| BE | Albert John Simon | ns | | | | | | | h Bos | | | | |
| 2 | 19a. INFORMANT'S NAME (Type/Print) | | | | | | | | Route Number, | | | | |
| | Mildred C. Simons | 5 | | | | | | | e Bowi | | | | |
| | 28a. METHOD OF OISPOSITION 1 ☑ Burial: 2 ☐ Cremation: 3 ☐ Ram | oval from Stata | 20b. PLACE OF other place |) | | | | natory or | | - | | - City or Tow | |
| | 4 Donation 6 Other (Specify) | PENGEE | Fort L | inc | | _ | tery D ADDRE | 20.05.54 | All PTV | Bre | ntwo | od Ma | ryland |
| | 21. SIGNATURE OF POWERAL SERVICE EN | C / | | | | | | | Funera | 1 Ho | me, | P.A. | |
| | Tobet (| - 70 | ans | PR | | | | | lis Rd | | - | | 20715 |
| | 23. PART I, Enter the diseases, or hock, or heart fallure. IMMEDIATE CAUSE (Final | | use on each lina. | | not sate | tha mo | de of dy | ing, suc | h ss cerdisc | or respi | ratory s | rrest, | Approximate interval Between Onset and Death |
| | disesse or condition resulting in death) | · Ca | NEESTI | UE | HE | HET | TIS | 44 | IRE WAR | | | | 2 HOURS |
| | | DUE TO | (OR AS A CONSEQUE | ENCE C | OF): | / 01 | 4 | | 11 | 1 | | | 1 5 V 10- |
| NO | Sequentially list conditions, | b. AXP | (OR AS A CONSEQUE | | | RDI | OUNT | SCU | CAR | 136 | 915 | 5 | 23 /EARS |
| CERTIFICATION | If sny, lesding to immediata ceuse. Enter UNDERLYING | 502 10 | (On AS A CONSECUT | LIVOE | r- j. | | | | | | | | į |
| FIC | CAUSE (Disease or injury that initiated events | cOUE TO | (OR AS A CONSEQUE | ENCE C | OF): | | | | | | | | 1 |
| E | reaulting in deeth) LAST | d | | | | | | | | | | | |
| | DART II Cober desidone condition | | 4 4 4 4 4 | 141 | 1 0 | | | | 5 | | | | 1 |
| CAL | PART II. Other significant condition | a contributing to | daath but not res | uiting | in the u | naeriyin | g cause | given in | Part I. 24 | a. WAS AN | | 24b. | WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO |
| ă | | | | | | | | | 1 | YES 2 | - DINO | | OF DEATH? |
| M | | | | | | | | | | | | | 1 YES 2 NO |
| PHYSICIAN: MEDI | OF THE OLD DEFENDED TO HEDIOL | | | | | | | | | | | | |
| C | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | | OTHE | R: | | | eck only one) | | | | |
| 14S | 27. MANNER OF DEATH | 28a. DATE O | FINJURY | DOA 26b. TII | | 28c. INJ | | aaldenca | 6 Other (S | | NJURY O | CCUBED | |
| 1 | 1 Natural 8 Pending | (Month, I | Day, Year) | IN | JURY | WC | PRK? | NO | | | | | |
| ВУ | 2 Accident Investigation 3 Suicide & Could not be | 28e. PLACE | OF INJURY — At home | , ferm, | street, fac | tory, offic | | | 28f. LOCATION | ON (Street | and Numb | er or Rural R | loute Number, |
| | 4 Homicide 6 Could not be | building | , etc. (Specify) | | | | | | City or 1 | lown, State) | | | |
| COMPLETED | 29a. CERTIFIER 1 CERTIFYING PHYS | (CIAN: To the heet o | f my knowledge death | | and at the | des dete | and place | and due | to the course | (a) and man | | and and | |
| M | (Check only one) 2 MEDICAL EXAMINE | | | | | | | | | | | | and manner as stated. |
| | 29b. SIGNATURE AND TITLE OF CERTIFIE | 0 | | | | | | | | | | | |
| BE | Money A | 1 - pl | Para | | MA | | 296 110 | ENSE NUI | -7 L | | 294. 07 | MARCA | (Month, Day, Year) |
| 2 | 30. NAME AND ADDRESS OF PERSON WH | O COMPLETED CAL | ISE OF DEATH (ITEM : | 27) (Tvn | e, Print) | 0 | | , | > 1 | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | 323/ Superior | r LANE | A-6 | , (17) | / | 30 A | NE. | 小人 三 | 20715 | 16 | RMA | wK. | BOHRER, M. |
| | MAR 08 '91 | Julia Sulia | AR'S SIGNATURE | ende | 92 | | | | | | | | |

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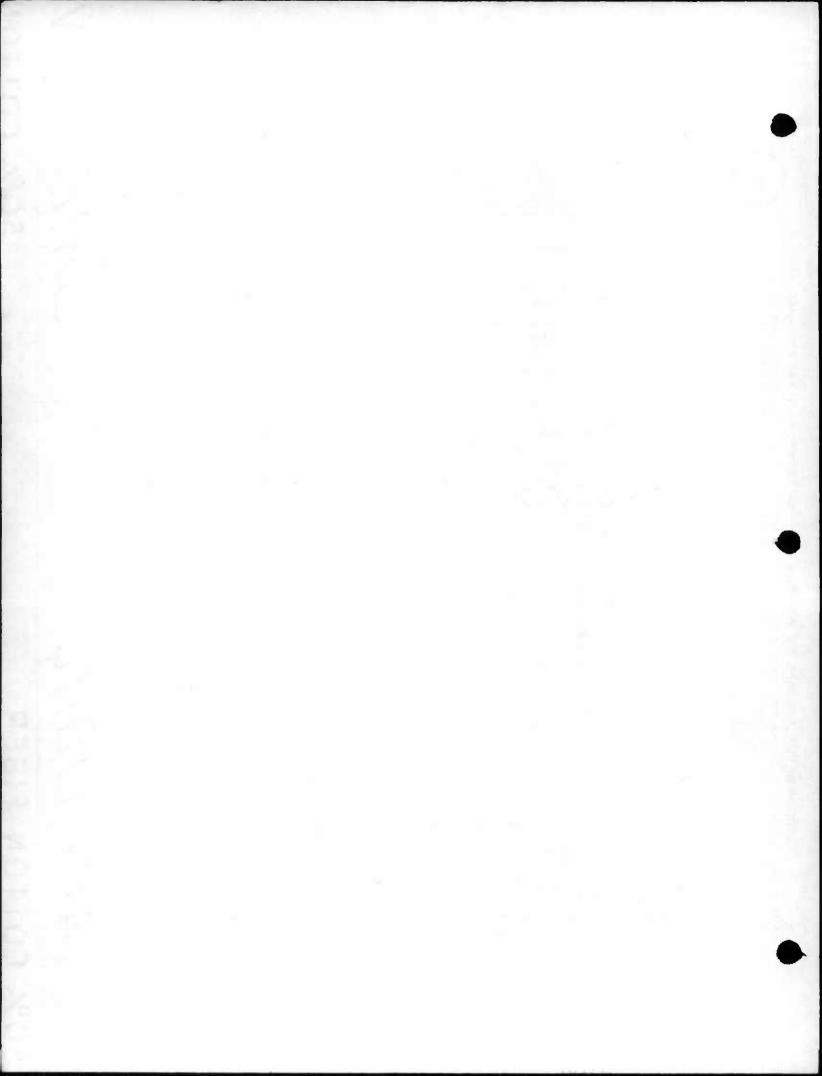
OHMH-16 Rev 1/89



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| | spital | hed fo | ad . |
| | the ho | detac | once |
| | 6 | 2 | at |
| | THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a vicinic after death. Page 6 may be retained by the hospital or at | THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept, of Health and Mental Hygiens prior to burlal, cremation, or removal. | IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
| | 2 | 906 | De 11 |
| | may | , D | tst |
| | Page 6 | direct | ner mi |
| | death. | e funera | examin |
| | s after | by the | dicai |
| | unou. | lled in | e me |
| | ain 2 | ely fi | £ , |
| | d with | J. crer | even |
| | precute | and c | natic |
| | be | ician rior to | Inell |
| | tificate | g physiene p | ther |
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| | e deat | he att | juny, |
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| | ires t | signed | MS 2 |
| | requ | been . | sho |
| | e law | has | n 23 |
| | IT: N | State | Hen. |
| | SICIA | certi | 0 'p |
| | G PHY | THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burlal, cremation, or removal. | narke |
| | NON | R: Aft | 50 |
| | ATTE | ECTO | n 28 |
| | L OR | - DIR | Her |
| | SPITA | VERA | IT: II |
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| | H | 五十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二 | MPO |
| ۳ | - | 1 | - |

| STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH | MENTAL HYGIENE REG. NO. |
|---|----------------------------|
| | 2. DATE OF DEATH |

| | 1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH | MENTAL HYGIE | | | |
|---------------------|---|---|-----------------------|------------------------------------|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | 2. DATE OF DEATH | | | TIME OF DEATH |
| 1 | Evelyn Jones Sears | Feb. | 28 19 | 991 | 6:20 AM M |
| | 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. | 7. DATE OF BIRTH | | | ICE (State or Foreign |
| | 577 56 5473 1 □ M 2 反 F 78 YRS. MONTHS DAYS HOURS MIN. | | 1913 | Hall, | , Maryland |
| ~ | 99. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DE | ATH | | NTY OF DEATH | |
| 0 | Greater Laurel-Beltsville Hospital Laurel | | Pri | .nce Ge | eorges |
| S | 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION | | | 10- | d. INSIDE CITY |
| E | Maryland Prince Georges Upper Marlboro | | | | LIMITS? |
| 3 | 100. STREET AND NUMBER 101. ZIP CODE | | I 10- CITI | IZEN OF WHAT | |
| RA | 16812 Queen Anne Road 20772 | | 100 | ted Si | |
| H | | | | | |
| BY FUNERAL DIRECTOR | 11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, agree Married 1 YES 2 NO Specific | n, Puarto Ricen, etc.) | Yee or No- | 14. RACE — Black, W Specify: | American Indian, hite, etc. White |
| | 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION | 16b. KIND OF I | 110:1100 (110 | NIOTEN | |
| COMPLETED | (Specify only highest grade completed) (Give kind of work done during most of working | 166, KIND OF | SUSINESS/INC | JUSTRY | |
| ا ت | Elementary/Secondary (0-12) College (1-4 or 8 +) Owner 1.2 Owner | Pos | tauran | . 4- | |
| Ž. | | | | . L | |
| | | ME (First, Middle, Maid | len Surneme) | | |
| BE | Henry C. Jones Eva | Arnold | | | |
| 2 | 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural I | | | | |
| | Thomas A. Sears Jr. 16812 Queen Anne Rd. | | | | |
| | 20b. PLACE OF DISPOSITION 17 Marie of cemetery, cremetory or other place) 4 Donatton 5 Other (Specify) Fort Lincoln Cemetery | | | od Man | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FA | | | | |
| | Robert C. Evans, Pros. 16000 Annapol | | | | d 20715 |
| | 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, suc | h as cardiec or re | apiratory an | reat, | Approximate |
| | shock, or heart failure. List only one cause on each line. | | | | Interval Between Onset and Death |
| | IMMEDIATE CAUSE (Final disease or condition | | | | 11. |
| | resulting in deeth) a. Due to (DR AS A CONSPONENCE OF): | | | | In |
| _ | - malenast line aliano | 7. | | | Qu Sma |
| CERTIFICATION | disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): | 1 | | | 13,3110 |
| AT | If any, leading to immediate cause. Enter UNDERLYING | | | | |
| 윤 | CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): | | | | |
| E | resulting in death) LAST | | | | |
| 빙 | 0 | | | | <u> </u> |
| | PART II. Other algorithms conditions contributing to death but not resulting in the underlying cause given in | | AN AUTOPSY FORMED? | | ERE AUTOPSY FINDINGS ALLABLE PRIOR TO |
| PHYSICIAN: MEDICAL | | | 2 NO | CO | MPLETION OF CAUSE |
| 틸 | | | | | YES 2 NO |
| | | _ | • | | |
| ₹ | 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (C) | eck only one) | | | |
| 2 | EXAMINER? THOSPITAL: OTHER: | | | | |
| <u>×</u> | 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT | 28d. DESCRIBE HO | W INJURY OC | CURED | |
| <u>a</u> | 1 Netural 8 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO | 200. DEGOMBE NO | W MOONT CO | CONED | 100 |
| B | 2/ Accident Investigation | 004 1 004TION (C)- | at and thember | and David David | - Atomboo |
| | 3 Suicide 8 Could not be determined 28. PLACE OF INJURY — At home, farm, street, factory, office / building, etc. (Specify) | 281. LOCATION (Str. City or Town, St | | r or murai mouli | • Number, |
| COMPLETED | | | | | |
| 7 | 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due | to the cause(a) and | manner ee sta | rted. | |
| 0 0 0 0 | one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the | time, date and piece | , end due to ti | he ceuse(e) er | nd menner as stated. |
| | 290. SIGNATURE AND TITLE OF CERTIFIER 290. LICENSE NU | MBER | 29d. DAT | TE BIGNED (M | onth, Pay, Year) |
| BE | maran O Welten | 473 | • | 2/27 | |
| 2 | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print) | | - | | |
| | MAGIN D. WELTZ 1525 greenway Ct Oru | 4 S100m | 1000 d | MO | 20770 |
| | 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE | - A - SV | | 1 120 | -01/0 |
| | 0. ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | | | | |
| | MR 08 '91 Julia Davidson-Handelle | | | | |



| BALTIMORE, MARYLAND 21203-3146 | 4 hours after death. Page 6 may be retained by the hospital or attending physical | filled in by the funeral director, page 5 should be detached for use as the buris | on, or removal. | he medical examiner must be notified at once |
|--|---|--|--|---|
| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlar | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | supportant: it is an 28 is marked or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |

MAR 08 91

32. REGISTRAR'S SIGNATURE

Savidron-Rando De

| | FOR | STATE OF MARYL | AND / DEPAR | TMENT OF H | IEALTH AND I | MENTAL H | YGIENE | | ! 07858 |
|---|---|---|--|--|--|---|---|---|---|
| | 1 - STATE REGISTRAR | | | ICATE OF | | | EG. NO. | | |
| T. | 1. DECEDENT'S NAME (First, Middle, Last) | 4 | - 1 - | | | 2. DATE OF D | DEATH | YE | 3. TIME OF DEATH |
| | JESSIE | LEAH SU | JTTON | | | 3 | - 6 | - 9 | 7 3 03 M H |
| 1 | 4. SOCIAL SECURITY NUMBER | 2 | (In yrs. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF B | HRTH V Musc) | | BIRTHPLACE (State or Foreign Country) |
| | 121-24-8646 | 1 DM 2 F | 80 YRS. | MONTHS DAYS | HOURS MIN. | Nov. | 29, 1 | 910 N | lew York |
| 1 | 9a. FACILITY NAME (If not institution, give str | reet and number) | 11.00 | 4b. CITY, TOWN O | R LOCATION OF OR | ATH | | BC. COMINTY | OF DEATH |
| DIRECTOR | Greater Laurel-Be | | pital | Lau | ırel | F | F | Prince | e George's |
| Ä | 10a. STATE 10b COLLUTY | | 10c. CIT | Y. TOWN OR LOCAT | HOI | | | | 10d. INSIDE CITY LIMITS? |
| | Maryland Prince | e George's | 975 L | aurel | RI V | | | | 1X YES 2 □ NO |
| A A | 10e. STREET AND NUMBER | | 60 | 101 | . ZIP CODE | | 1 | | OF WHAT COUNTRY? |
| E | 14642 4th Street, | #202-A | | | 20707 | • | | U.S | S.A. |
| FUNERAL | 11. MARITAL STATUS | 12. WAS DECEDENT EVER I FORCES? 1 YES | IN U.S. ARMED | 13. WAS DEC | ENDENT OF HISPAN ecity Cuban, Maxica | IIC ORIGIN? (Sp | pecify Yea o | r No- 14. | RACE — American Indian, Black, White, etc. |
| | 1 Never Married 2 Married 3 Wildowed 4 Divorced | IF YES, GIVE WAR OR D | | | 2 NO Specify | | 1, 410.) | | Specify: White |
| BY | 3 Nagomed 4 Divolced | 1 | | | | | | | |
| Ë | 15. OECEOENT'S EDUC (Specify only highest grade of | | (Give kind of | work done during mo | | 16b. KIN | D OF BUSH | NESS/INDUS | TRY |
| Ë | Elementary/Secondary (0-12) | College (1-4 or 5+) | ille. Do NOT u | | | | 0 | Lloma | |
| E E | 1201 | | House | wire | 1 | | | Home | |
| COMPLETED | 17. FATHER'S NAME (First, Middle, Last) | | | | 16. MOTHER'S NA | | | | |
| BE | Jay David Gardine | er | | | | da (ur | | | |
| 2 | 19a. INFORMANT'S NAME (Type/Print) | | | | and Number or Rural I | | | | |
| | Donald Sutton | | | | eet, Che | everly, | | | |
| TO BE CON | 20a METHOD OF DISPOSITION Compation 3 Remo | ovel from State | hb. PLACE OF DISPO | | | | | | or Town, State |
| | 4 Donation & Other (Specify) | | Park V | iew Cem | | | Sch | enecta | ady, N.Y. |
| | M GROWTHE OF THE NEEDLE SERVICE/LIC | ENSEE | | FRANCE | ND ADDRESS OF FA | CH'S S | SONS | FIIN | ERAL HOME |
| EXA | May 17 | Durka | ila 1 | | Balt. Ave | | | | |
| | 23. PART i. Inter the diseases, or c | 1 | | T 1 3 3 1 | | | | | |
| 3 | | complications that cause | ed the death. Do | | | | | | |
| Ě | mock, or heart fallure. I | complications that cause List only one cause on o | each line. | not anter the mo | ode of dying, suc | h sa cerdisc | or respire | itory arrest | Approximate interval Batween |
| | nock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition | complications that cause List only one cause on a | each line. | not anter the mo | ode of dying, suc | h sa cerdisc | or respire | itory arrest | Approximate interval Batween |
| aut, the me | immediate cause (Final | Examplications that cause List only one cause on a | each line. | not anter the mo | | h sa cerdisc | or respire | itory arrest | Approximate interval Batween |
| event, the | immediate cause (Final disease or condition | aDUE TO (OR AS | each line. | not anter the mo | ode of dying, suc | h sa cerdisc | or respire | itory arrest | Approximate interval Batween |
| event, the | iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, | aDUE TO (OR AS | each line. | not anter the mo | ode of dying, suc | h sa cerdisc | or respire | itory arrest | Approximate interval Batween |
| event, the | immeDiate Cause (Final disease or condition resulting in death) | aDUE TO (OR AS | LOPLAS A CONSEQUENCE C | not anter the mo | ode of dying, suc | h sa cerdisc | or respire | itory arrest | Approximate interval Batween |
| event, the | immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury | a. DUE TO (OR AS DUE TO (OR AS C. | LOPLAS A CONSEQUENCE C | not anter the mo | ode of dying, suc | h sa cerdisc | or respire | itory arrest | Approximate interval Batween |
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| y, or other traumatic event, the CERTIFICATION | immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events | a. DUE TO (OR AS DUE TO (OR AS C. | A CONSEQUENCE O | not anter the mo | ode of dying, suc | h sa cerdisc | or respire | itory arrest | Approximate interval Batween |
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| CERTIFICATION | immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST | a. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS | A CONSEQUENCE O | NOT anter the mo | ode of dying, suc | Mul. Part i. 244 | tors. WAS AN A PERFORM | Lutte | Approximate interval Batween Onset and Death onset and Death and Death and Death and Death and Death and Death comparison of Comparison of Cause |
| CERTIFICATION | immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST | a. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS | A CONSEQUENCE O | NOT anter the mo | ode of dying, suc | Mul. Part i. 244 | tors. WAS AN A PERFORM | Lutte | Approximate interval Batween Onset and Death onset and Death and Death and Death and Death and Death comparison of Cause of Death? |
| CERTIFICATION | immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL | a. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS d. | A CONSEQUENCE O | In the underlyin | ode of dying, suc | Part i. 24e | tors. WAS AN A PERFORM | Lutte | Approximate interval Batween Onset and Death onset and Death and Death and Death and Death and Death comparison of Cause of Death? |
| CERTIFICATION | immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | a. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS | A CONSEQUENCE OF A CONS | in the underlyin | ode of dying, suc | Part i. 24a | a. Was an a PERFORM | Lutte | Approximate interval Batween Onset and Death onset and Death and Death and Death and Death and Death comparison of Cause of Death? |
| or item 23 snows any injury, or other traumatic event, the YSICIAN: MEDICAL CERTIFICATION | immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | a. DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS | A CONSEQUENCE C A CONSEQUENCE C A CONSEQUENCE C but not resulting | ort anter the mo | ede of dying, suc | Part i. 24a | a. WAS AN A PERFORM | JUTOPSY NO | Approximate interval Batween Onset and Death 24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| or item 23 snows any injury, or other traumatic event, the YSICIAN: MEDICAL CERTIFICATION | Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 1 Natural 5 Pending | DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS d. HOSPITAL: 1 © Impatient 2 □ ER/Out | A CONSEQUENCE C A CONSEQUENCE C A CONSEQUENCE C but not resulting | orther: | ode of dying, suc | Part i. 24e | a. WAS AN A PERFORM | JUTOPSY NO | Approximate interval Batween Onset and Death 24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| marked, or tiem 23 snows any injury, or other traumatic event, the BY PHYSICIAN: MEDICAL CERTIFICATION | iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 1 Retural 5 Pending Investigation | DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS | A CONSEQUENCE C A CONSEQUENCE C A CONSEQUENCE C Dut not resulting | OFF): 26. P OTHER: 4 Numing Hor MURY M 1 | g ceuse given in LACE OF DEATH (Ch | Part i. 24e eck only one) 6 Other (Sc 28d. DESCRI | a. WAS AN A PERFORM VES 2 | JURY OCCUR | Approximate interval Batween Onset and Death 24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| marked, or tiem 23 snows any injury, or other traumatic event, the BY PHYSICIAN: MEDICAL CERTIFICATION | iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 1 Retural 5 Pending Investigation | DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS | A CONSEQUENCE C A CONSEQUENCE C A CONSEQUENCE C Dut not resulting | OFF): 26. P OTHER: 4 Numing Hor MURY M 1 | g ceuse given in LACE OF DEATH (Ch | Part i. 24e eck only one) 6 Other (Sc 28d. DESCRI | a. WAS AN A PERFORM YES 2 | JURY OCCUR | 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| 28 is marked, or item 23 snows any injury, or other traumatic event, the TED BY PHYSICIAN: MEDICAL CERTIFICATION | immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 1 Retural 5 Pending Investigation 3 Suicide 6 Could not be determined | DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS | A CONSEQUENCE OF A CONS | ort anter the model of the mode | de of dying, suc | Part i. 244 1 [Other (Sc. 28d. DESCRII 26f. LOCATIC City or R. | a. WAS AN A PERFORM VES 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | JURY OCCUPANT Number or | Approximate interval Batween Onset and Death 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| 28 is marked, or item 23 snows any injury, or other traumatic event, the TED BY PHYSICIAN: MEDICAL CERTIFICATION | iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) | DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS d. BE CONTributing to death BE CONTributing to death BE CONTRIBUTED 1 DIFFORM DEET OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY Dullding, etc. (Sp. | A CONSEQUENCE OF A CONS | orther: 26. P OTHER: 4 Nursing Hor MR OF JURY M 1 street, factory, offlice red at the time, date | g ceuse given in LACE OF DEATH (Ch. TORK? YES 2 NO De a and placs, and due | Part i. 244 Part i. 244 1 [Other (Sc 28d. DESCRI 26f. LOCATIC City or R | a. WAS AN A PERFORM VES 2 3 | JURY OCCUPATE A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF T | Approximate interval Batween Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| 28 is marked, or item 23 snows any injury, or other traumatic event, the TED BY PHYSICIAN: MEDICAL CERTIFICATION | iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 400 27. MANNER OF DEATH 1 Actural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE | BE CONTRIBUTED SERVOUS C. DUE TO (OR AS DUE | A CONSEQUENCE OF A CONS | orther: 26. P OTHER: 4 Nursing Hor MR OF JURY M 1 street, factory, offlice red at the time, date | g ceuse given in LACE OF DEATH (Chase 5 Residence JURY AT ORK? YES 2 NO | Part I. 244 1 [28d. DESCRI 28f. LOCATIC City or R to the cause(a) | a. WAS AN A PERFORM VES 2 3 | JURY OCCUP | Approximate interval Batween Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| 28 is marked, or item 23 snows any injury, or other traumatic event, the TED BY PHYSICIAN: MEDICAL CERTIFICATION | iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) | BE CONTRIBUTED SERVOUS C. DUE TO (OR AS DUE | A CONSEQUENCE OF A CONS | orther: 26. P OTHER: 4 Nursing Hor MR OF JURY M 1 street, factory, offlice red at the time, date | g ceuse given in LACE OF DEATH (Ch. TORK? YES 2 NO De a and placs, and due | Part I. 244 1 [28d. DESCRI 28f. LOCATIC City or R to the cause(a) | a. WAS AN A PERFORM VES 2 3 | JURY OCCUP | Approximate interval Batween Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| IPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION | immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 1 Retural 5 Pending Investigation (President) 1 Certify (President) 2 Accident 3 Suicide 6 Could not be determined 1 Check only (President) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER AND IS WELLOW TO CERTIFIER AND IS WELLOW TO CERTIFIER AND IS WELLOW TO CERTIFIER AND IS WELLOW TO CERTIFIER AND IS WELLOW TO CERTIFIER AND IS WELLOW TO CHECK TO CAUSE TO CAUSE THE AND IS WELLOW TO CHECK THE AND IS | DUE TO (OR AS | A CONSEQUENCE OF A CONS | of anter the model of the model of the street, factory, offlice on, in my opinion, and a street of the street of t | g ceuse given in LACE OF DEATH (Chase 5 Residence JURY AT ORK? YES 2 NO | Part I. 244 1 [28d. DESCRI 28f. LOCATIC City or R to the cause(a) | a. WAS AN A PERFORM VES 2 3 | JURY OCCUP | Approximate interval Batween Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| 28 is marked, or item 23 snows any injury, or other traumatic event, the TED BY PHYSICIAN: MEDICAL CERTIFICATION | iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 400 27. MANNER OF DEATH 1 Actural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE | DUE TO (OR AS | A CONSEQUENCE OF A CONS | of anter the model of the model of the street, factory, offlice on, in my opinion, and a street of the street of t | g ceuse given in LACE OF DEATH (Ch me 5 Residence JURY AT ORK? YES 2 NO De a and placs, and duridenth occurred at the | Part I. 244 1 [28d. DESCRI 28f. LOCATIC City or R to the cause(a) | a. WAS AN A PERFORM VES 2 3 | JURY OCCUP | Approximate interval Batween Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |

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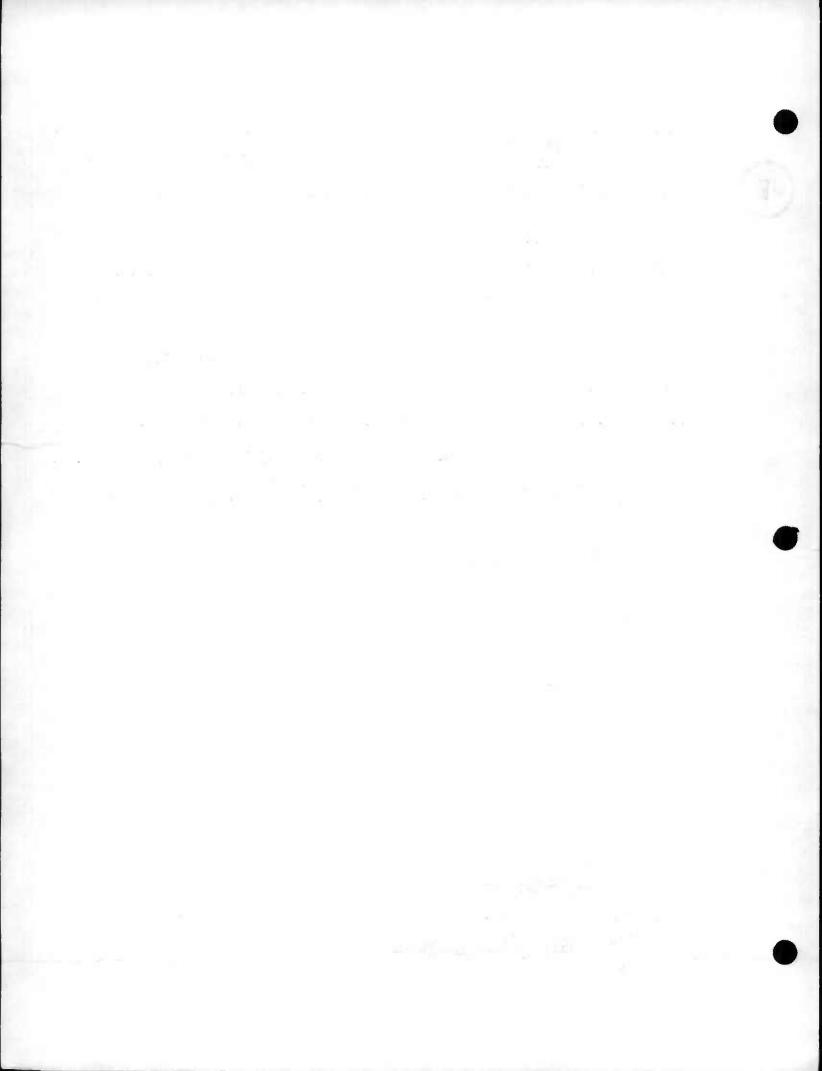
×

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| DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146 |
|---|
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2, nours after death. Page 6 may be retained by the hospital or attending physician. |
| TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. |
| IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |

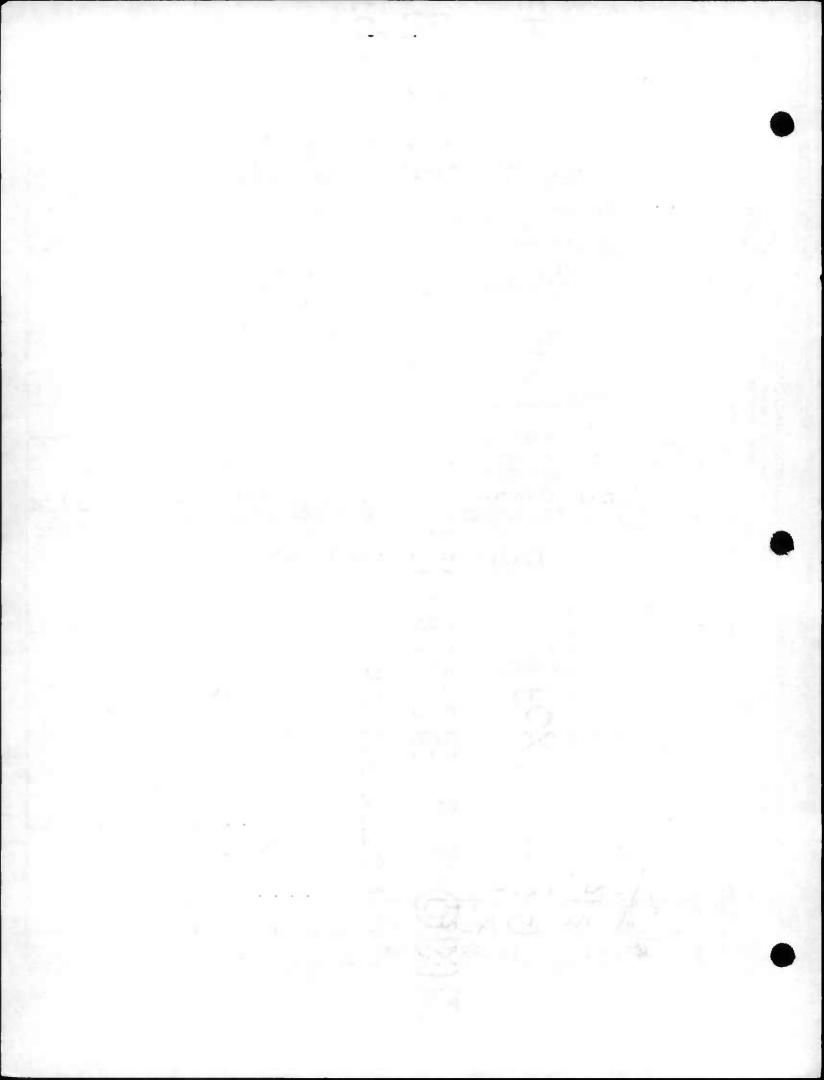
| FOR STATE | STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL | HYGIENE |
|--------------|---|----------|
| REGISTRAR | CERTIFICATE OF DEATH | REG. NO. |

| | 1 - STATE REGISTRAR | STATE OF MARYLAN | CERTIF | ICATE OF | DEATH | MENIAL HYGIEN REG. NO. | | | |
|----------------------|---|--|---------------------------|-------------------------------------|-----------------------------|---|------------------|--------------------------------|---|
| | 1. OECEOENT'S NAME (First, Middle, Leet) HARRY DAVID SH | ILDT | | | | 2. OATE OF DEATH FEBRUARY | ^w 27, | 1'9'91 | 5;15 p. M |
| | | 5. SEX 6. AGE (In yr. 81 | s. lest birthday) YRS. | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH 127871909 | | B. BIRTHPL Country) Mary | ACE (State or Foreign /land |
| OR | 9e. FACILITY NAME (If not Institution, give stre Meridian Nursing (| | | Ph. CITY, TOWN | or location of di Prick | EATH | | nty of DEA rederi | |
| FUNERAL DIRECTOR | RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY | | 10c. CIT | Y, TOWN OR LOCA | TION | | | 1 | 0d. INSIDE CITY |
| DIR | Maryland Fred | derick | F | rederick | | | | 1 | LIMITS? |
| AL | 10e. STREET AND NUMBER | | | | H. ZIP CODE | | 10g. CITI | IZEN OF WH | AT COUNTRY? |
| EB | 25 East Patrick St | | | | 2170 | 1 | L | J.S.A. | |
| ВҰ | 11. MARITAL STATUS 1 Never Merried 2 Merried 3XXWidowed 4 Divorced | 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES WW T T | | If yes, s | | NIC ORIGIN? (Specify Yau in, Puarto Rican, atc.) y: | or No- | | - American Indian, White, atc. White |
| 8 | 15. DECEDENT'S EDUCA (Specify only highest grade of | ITION 16 | a. DECEDENT'S | USUAL OCCUPAT | ION ost of working | 16b. KIND OF BU | SINESS/INC | DUSTRY | |
| COMPLETED | 12th grade | College (1-4 or 5+) | Barber | work done during in se retired.) | | | berir | ng | |
| BE COI | 17. FATHER'S NAME (First, Middle, Lest) Murray Shildt | | | | Minni | ME (First, Middle, Melden e Devilbis | S | | |
| 10 | Mr. Harry M. Ensor | , | | | | Aoute Number, City or Tow ad Dickers | | | 20842 |
| | 20e. METHOD OF DISPOSITION 1X Burlai 2 Cremation 3 Remove 4 Donation 5 Other (Specify) | cal from State | her niscel | | tery 3/2 | 2/91 F | | city or Town | |
| | 21. SIGNATURE OF FAMERIAY SETTYICE LICE | Toller | A | 22. NAME / | ND ADDRESS OF FA | ILEY & SON ET ST. FREI | | | |
| CERTIFICATION | 23. PART I. Enter the disease, or co shock, or heart fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury | DUE TO (OR AS A CO | ONSEQUENCE O |) DF): | oos of dying, suc | n as cardiac or reap | iratory en | | Approximata Interval Between Onset and Death |
| ERTIFI | that initiated events resulting in death) LAST | DUE TO (OR AS A CO | ONSEQUENCE O | PF): | | | | | |
| PHYSICIAN: MEDICAL C | PART II. Other eignificant conditions | | not resulting | In the underlyl | ng cause given in | Part I. 24a. WAS AN PERFOI | PMED? | | VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO |
| NA I | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | | | | PLACE OF DEATH (C | | | | |
| YSIC | 1 VES 2 NO | HOSPITAL: 1 Inputlant 2 ER/Outputle | ent 3 🗆 DOA | 4X Hursing Ho | me 5 - Residence | 8 Other (Specify) | | | |
| ВУ РН | 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation | 28s. DATE OF INJURY (Month, Day, Year) | 28b. Till | JURY W | JURY AT ORK? YES 2 NO | 28d, DESCRIBE HOW | INJURY OC | CURED | |
| TED | 3 Suicide 8 Could not be 4 Homicide determined | 28e. PLACE OF INJURY — building, etc. (Specify) | Al home, farm, | street, factory, off | ice | 281. LOCATION (Street City or Town, State | | or Or Flural Ro | ute Number, |
| COMPLETED | (Original Original | IAN: To the best of my knowledg : On the basis of examination ar | | | | | | | and manner as stated. |
| BE | | Alyn | | | 29c. LICENSE NU | | | 3-1-19 | Month, Day, Year) |
| 2 | 30. NAME AND ADDITIES OF PERSON WHO Lloyd E. HALVORS | SON. M.D. | 1475 | Tanev Av | enue Fr | ederick, M | d. 2 | 1701 | |
| | 31. DATE FILED (MORIT, Day, Year) MAR 0 5 199 | 1 Julia Davidson | IRE Randel | ×2 | | | | | |



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|---------------------------------------|---|---|
| à | NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after or | |
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| 1. DECEOENT'S NAME (First, Middle, Last) | | | | | 2. DATE | OF OEATH | | S. TIME | OF OEATH |
|--|--|--|--|--|--|--|--|--|---|
| MARY | ELIZABETH | 1.6 | SEWEL | L | 03 | | 03 | 91 2:1. | 5 A |
| SOCIAL SECURITY NUMBER | 5. SEX 6. AGE | (In yrs. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. | | OF BIRTH | 0. | BIRTHPLACE (St Country) | tate or Foreig |
| 215 - 82 - 5943 | 1 M 2 PF 4 | 4 YRS. | MONTHS DAYS | HOURS MIN. | Augu | 1 | 1946 1 | MANULAN | d |
| Da. FACILITY NAME (If not institution, give | atreet and number) | | 9b. CITY, TOWN | OR LOCATION OF D | EATH (| | 9c. COUNT | Y OF DEATH | |
| P.O.BOX 336 | | | HUGHESV | ILLE | | - | CHAR | LES COU | NTY |
| 10a. STATE 10b. COUNT | TY | 10c. CITY | TOWN OR LOCA | TION | | | | 10d, INSI | |
| Maryland Ch. | arles | Hu | ishesul. | lle | | | | | S 2 NO |
| 10e. STREET AND NUMBER | / | | 100 | 1. ZIP CODE | | | 10g. CITIZE | N OF WHAT COU | NTRY? |
| P.O. Box 33 | 6 | | | 20637 | | | 14 | SA | |
| 11. MARITAL STATUS 1 Never Married 2 Married | 12. WAS OECEOENT EVER I | N U.S. ARMEO | | CENDENT OF HISPA | | | or No- | I. RACE — American Black, White, at | can Indian, tc. |
| 3 Widowed 4 Divorced | IF YES, GIVE WAR OR D | ATES | | 2 NO Speci | | | | Specify: 13/ | 2/20 |
| 15. OECEOENT'S EO | UCATION | 16a. OECEOENT'S | USUAL OCCUPATI | ON | 16h | KINO OF BUS | SINESS/INDUS | TRY | |
| (Specify only highest grad Elementary/Secondary (0-12) | | (Give kind of w life. Do NOT use | ork done during mo e retired.) | ost of working | 1000 | | 1.1 | | |
| 12 | College (I-4 or 5+) | Waite | ess | | Y | Mc 1) | unald. | 5 | |
| 17. FATHER'S NAME (First, Middle, Last) | | | | 18. MOTHER'S N | AME (First, A | fiddle, Maiden | Sumame) | | |
| Louis Plate | | | | Rose | Je | nifer | des. | | |
| 19a. INFORMANT'S NAME (Type/Print) | | 19b. MAILING | AOORESS (Street | and Number or Rural | Route Numb | er, City or Tow | n, State, Zip C | ode) | |
| Rose E. Plate | | P.O. 12 | 5 Wh! | te Pl | glas | MI | 20 | 695 | |
| 20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rec | | b. PLACE AND DATE | | (Name | OATI | 20c. LO | CATION - CI | ly or Town, State | |
| 4 Donation 5 Other (Specify) | Movai trom stata | cemetary, crematory | | h Ch. | 3/7/ | 91 B | · · · · · · · | un MI | |
| | | | - | | 7111 | 111 10 | YANTO | | / |
| 21. SIGNATURE OF FUNERAL SERVICE L | JCENSEE | | | NO AOORESS OF F | ACILITY | 11 10 | MANTO | / | |
| Martell 23. PART I. Enter the diseases, or | adom | d the death. Do n | Adam | NO ADDRESS OF F | ACILITY Ch ea card | liec or resp | Agnas | cs, Ma | ervai Betv |
| 23. PART I. Enter the diseases, or shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events | e. DUE TO (OR AS | d the death. Do n | 22. NAME A Adam of enter the me | NO ADDRESS OF F | ACILITY ACILITY ACILITY | me, / | Agnas | cs, Ma | ervai Bety |
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| 23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST | o. DUE TO (OR AS | d the death. Do neech line. A CONSEQUENCE OF | 22. NAME A Adam of enter the me | s Finerande of dying, su | > | 24a. WAS AN PERFOI | Aguas Iratory arres | 24b. WERE AU MAILLABL COMPLETOF DEATH | TOPSY FIND EPROR TO TOO OF CAL |
| 23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificent conditions. | Complications that cause Complications that ca | d the death. Do neech line. A CONSEQUENCE OF | 22. NAME A Adam not enter the mo | s Finerande of dying, su | n Part I. | 24a. WAS AN PERFOI | Aguas Iratory arres | 24b. WERE AU MAILLABL COMPLETOF DEATH | PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T |
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| 23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions and the conditions is a sequentially in death. The conditions is a sequential in the conditions is a sequential in the conditions is a sequential in the conditions is a sequential in the conditions is a sequential in the conditions in the conditions is a sequential in the conditions in the conditions is a sequential in the conditions in the conditions is a sequential in the conditions in the conditions is a sequential in the conditions in the con | Complications that cause complications that cause List only one cause on a e | d the death. Do neech line. A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF Dut not resulting in the consequence of the con | 22. NAME A Adam of enter the mo b WC 7: The management of the underlying the | ode of dying, sunder of | Part I. | 24a. WAS AN PERFOI | Agnas iratory arres | 24b. WERE AU AMAILABE COMPLETON DEATH | erval Betviset and D TOPSY FIND LE PRIOR TO TION OF CAU H? |
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| 23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | Complications that cause List only one cause on a List only one cause on a DUE TO (OR AS DUE TO (OR AS C. OUE TO (OR AS DUE TO (OR AS OUE TO (OR AS | d the death. Do n sech line. A CONSEQUENCE OF A CONSEQUE | 22. NAME A Adam of enter the mo b wo c: c: c: c: c: c: c: c: c: c | ode of dying, sunder of | Depth of the control | 24a. WAS AN PERFOIL 1 O'ES 2 (Specify) CRIBE HOW JECT SATION (Street or Town, State) BOX, I | AGNAS Iratory arres I AUTOPSY RMED? INJURY OCCU STABSE and Number of HUGHES | 24b. WERE AU MARIABE COMPLETO PLEATING TO PLEATING THE POUT Num VILLE, M | PTOPSY FIND E PROR TO TO OF CAU H? S 2 \(\text{NO} \) NO |
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| 23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions in the conditions | Complications that cause List only one cause on a DUE TO (OR AS DUE TO (| d the death. Do n sech line. A CONSEQUENCE OF A CONSEQUE | 22. NAME A Adam of enter the mo b wo c: c: c: c: c: c: c: c: c: c | ode of dying, sunder of dying, sunder of dying, sunder of dying, sunder of dying, sunder of dying and dyin | Part I. Check only on 8 Othe 28d. Des SUB 28t. Cor P • O us to the cac se time, date | 24a. WAS AN PERFOIL 1 O'ES 2 1 O'E | Aguas Iratory arres | 24b. WERE AU MARIABLE COMPLETOF DEATH NOT DEAT | PROPERTY FIND EPROPERTY FIND OF CAUTH? \$ 2 \sum NO |
| 23. PART I. Enter the diseases, or shock, or heart failure immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | Complications that cause List only one cause on a DUE TO (OR AS DUE TO (| d the death. Do n sech line. A CONSEQUENCE OF A CONSEQUE | 22. NAME A Adam of enter the mo b wo c: c: c: c: c: c: c: c: c: c | ode of dying, sure of dying, sure of dying, sure of dying, sure of dying, sure of dying, sure of dying | Theck only on a 8 Other 28d. Des SUB 28t. Loc Chy P. O us to the cause time, date | 24a. WAS AN PERFOIL 1 O'ES 2 1 O'E | AGMAS Iratory arrest Inatory arrest | 24b. WERE AU AMAILABL COMPLETOF DEATH O | PROPERTY FIND EPROPERTY FIND OF CAUTH? \$ 2 \sum NO |
| 23. PART I. Enter the diseases, or shock, or heart failure immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | Complications that cause List only one cause on a DUE TO (OR AS DUE TO (| d the death. Do neech line. A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF Dut not resulting is patient 3 DOA 28b. TIMI INJ 1: Of The Consequence of A Con | 22. NAME A Adam of enter the mo but the underlying the underlyi | ode of dying, sunder of dying, sunder of dying, sunder of dying, sunder of dying, sunder of dying and dyin | Theck only on a 8 Other 28d. Des SUB 28t. Loc Chy P. O us to the cause time, date | 24a. WAS AN PERFOIL 1 O'ES 2 1 O'E | AGMAS Iratory arrest Inatory arrest | 24b. WERE AU MARIABLE COMPLETOF DEATH NOT DEAT | PROPERTY FIND LE PRIOR TO TION OF CAU H? \$ 2 \sum NO |



Schreiber

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2. DATE OF DEATH MONTH March IF UNDER 1 YEAR | IF UNDER 24 HRS.

1991

3. TIME OF DEATH 11:20 A.

7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign

Dec. 25, 1918 Virginia

HOURS 9b. CITY, TOWN OR LOCATION OF DEATH

Clinton

DAYS

9c. COUNTY OF DEATH Prince George's

RESIDENCE OF DECEDENT

Vergie

10a. STATE Maryland

DIRECTOR

FUNERAL

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COMPLETED

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. DIRECTOR: After the hours after death v

TO THE FUNERAL DE FINE FUNERAL DE FINE WITHIN 72 M

marked, or

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Item 28

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

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and completely filled in by burial, cremation, or remo

signed by the attending physician a Health and Mental Hygiene prior to

executed within

4. SOCIAL SECURITY NUMBER

579-42-8515

Prince George's

Mae

Southern Maryland Hospital Center

5. SEX

1 M 2X F

IDC. CITY, TOWN OR LOCATION Oxon Hill

10d. INSIDE CITY LIMITS? 1 YES 2X NO 10g. CITIZEN OF WHAT COUNTRY?

U.S.A.

10e. STREET AND NUMBER

11. MARITAL STATUS

6207 Rosecroft Drive

9a. FACILITY NAME (If not institution, give street and number)

20745 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-

10t. ZIP COOE

14. RACE — American Indian, Black, White, etc.

1 Never Married 2 K Married 3 Widowed 4 Divorced

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2X 2NO IF YES, GIVE WAR OR DATES

1 YES 2 NO Specify: Specify: White

15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12)

College (1-4 or 5+)

18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working (Give kind of work done life. Do NOT use retired.)

16b. KIND OF BUSINESS/INDUSTRY Schreiberountry Store

6 17. FATHER'S NAME (First, Middle, Last)

Saleslady

23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,

16. MOTHER'S NAME (First, Middle, Maiden Surname)

Walter

Georgia Doyle

19a. INFORMANT'S NAME (Type/Print) Anthony Schreiber

Tedese

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6207 Rosecroft Drive, Oxon Hill, Maryland 20745

If yes, specify Cuben, Mexican, Puerto Rican, etc.)

20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or Resurrection Cemetery

20c. LOCATION — City or Town, State Clinton, Maryland

21. SIGNATURE OF FUHERAL SERVICE-LICE

22. NAME AND ADDRESS OF FACILITY
George P. Kalas Funeral Home 6160 Oxon Hill Rd., Oxon Hill, Md.

shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)

that initiated events

27. MANNER OF DEATH

1 X Natural

2 Accident
3 Suicide

4 Homicide

resulting in death) LAST

Cardiogenic Shock
DUE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury

Respiratory Failure

Severe Chronic Obstructive Lung Disease DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. Carcinoma of Lung Pneumonia,

24s. WAS AN AUTOPSY 1 TES 2XXNO

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

Approximate

Interval Between **Onset and Death**

1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL 1 TES 2 THO

5 Pending

8 Could not be

HOSPITAL: ent 2 ER/Outpatient 3 DOA 28s. DATE OF INJURY (Month, Day, Year)

26. PLACE OF DEATH (Check only one) OTHER: ng Home 5 - Residence # - Other (Specify) 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED

28c. INJURY AT WORK? 1 YES 2 NO

28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

29s. CERTIFIER (Check only Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner se stated.

29b. SIGNATURE AND THE OF SHITTIFIER

29c. LICENSE NUMBER D 13072

29d. DATE SIGNED (Month, Day, Year) March 1, 1991

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Gurbux H. Nachnani, M.D.

8926 Woodyard Rd. #601, Clinton, Maryland 20735 32. REGISTRAR'S SIGNATURE Pandell

31. DATE FILEO (Month, Day Year)

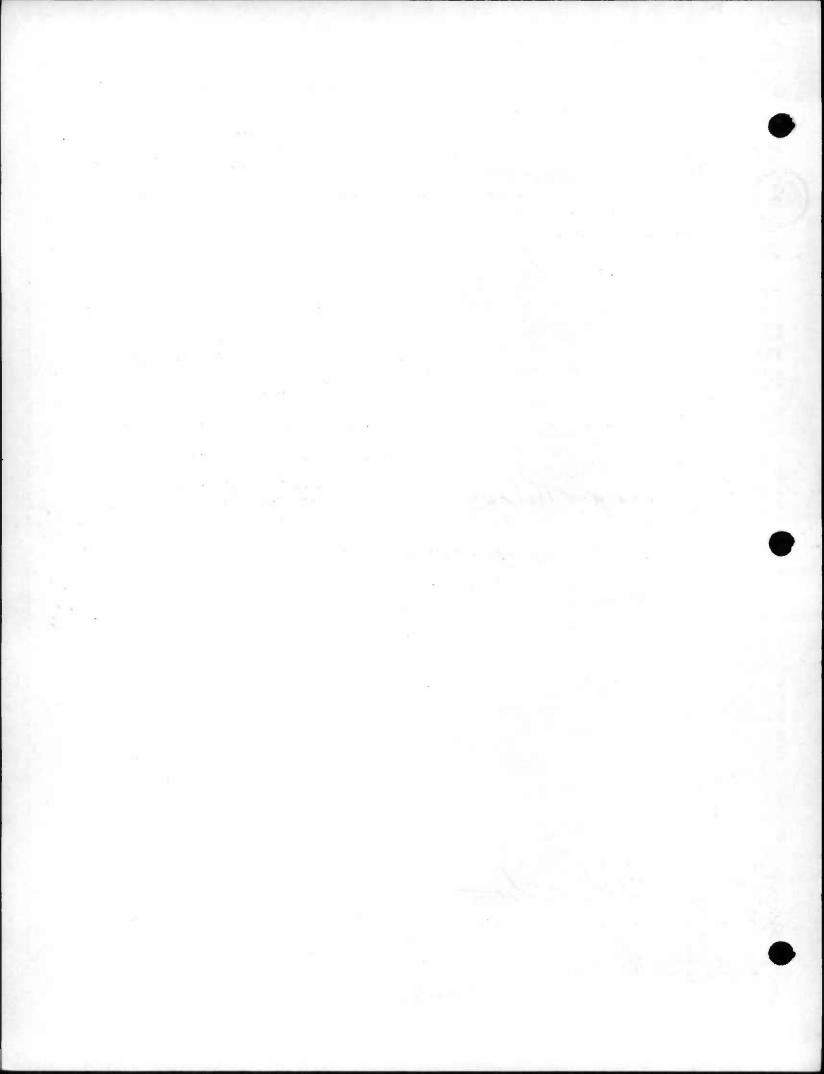
Julia Davidson-Randalle

DHMH-16 Rev 1/89

nours after death. Page 6 may be retained by the hospital or attending physician. d in by the tuneral director, page 5 should be detached for use as the burial-transit BALTIMORE, MARYLAND 21203-3146

BOX 13146, P.0. VITAL RECORDS. OF DIVISION

HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be



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| HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 🗻 nous after death. Page 6 may be retained by the hospital or attendit | FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. |

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Amore Chan, ml)

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31. DATE FILED (Month, Day, Year)
MAR 1 9 91

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

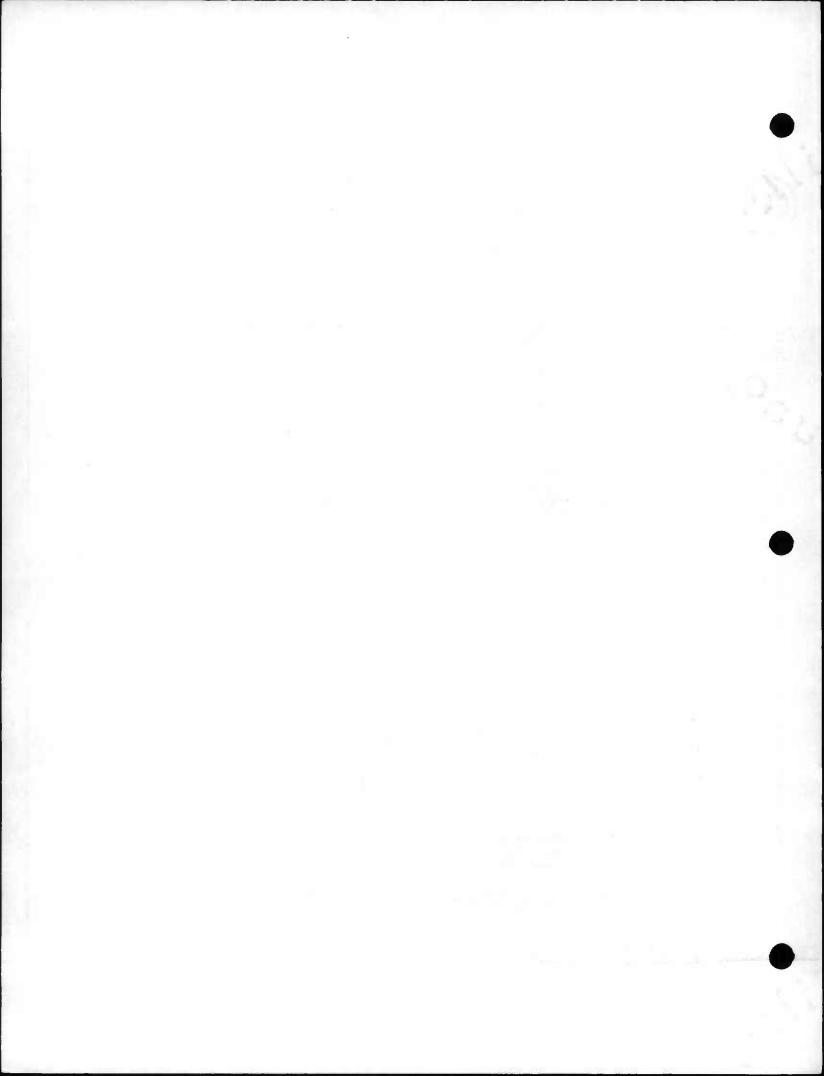
A. REGISTEAR'S SIGNATURE

91 07862 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 1991 Schultz March George Henry 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 79 YRS. 205-09-0146 March 20,1911 Pennsylvania 9c. COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH DIRECTOR Washington County Hospital Washington Hagerstown RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 XYES 2 NO Maryland Washington Hagerstown 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 816 Point Salem Road 21740 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, etc. 11. MARITAL STATUS If yes, specify Cuben, Mexicon, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES White BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind at work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION College (1-4 or 5+) Machinist Aircraft Assembly once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Jacob Schultz notified at Minnie Dorrier 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Lula M. Schultz 816 Point Salem Rd. Hagerstown, Maryland must be 20s. METHOD OF DISPOSITION
1 X Buriel 2 Cremetion 3 Removal from Blate
4 Donation 5 Other (Specify) 20c. LOCATION -- City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Mays Chapel Cemetery Warfordsburg, Pa. 17267 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Grove FUneral Home 141 W.Main Street Hancock, Md. medical 23. PART I. Enter the diseases, on complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest Approximats shock, or heart feilure. List only one ceuse on each line. **Onset and Death** IMMEDIATE CAUSE (Final the disease or condition 5 MIN event. resulting in death) QUE TO (OR AS A Obstructive my disease traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Hem 23 shows any Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL MAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 WO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL **EXAMINER?** 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY marked, 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 60 3 Suicide COMPLETED 6 Could not be 28 4 Homicide Hem 29. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner as stated. IMPORTANT: If 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and piece, end due to the ceuse(a) end manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNEO (Month, Day, Year)

1185 Mt.Atena Rd. Hagerstown, Md.



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| of Health and Mental P | shows any injury, or other traumatic event, the |
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| | SARAH | Ann Stewar | ct | | DATE OF DEATH DAY | 9/ | 3. TIME OF OEATH |
|--|---|---|---|---------------------------|---|---------------------------|--|
| 4. SOCIAL SECURITY NUMBER | 27/ 1 M 2 DYF | | | UNDER 24 HRS. TOURIS MIN. | (Month, Day, Year) 12/28/19 | Cour | HPLACE (State or Foreign try) Yland |
| 98. FACILITY NAME (If not instituted in the institute of the control of the contr | morial Hospin | tal | 1- AURE O | CATION OF DEAT | . / | HARF | |
| Maryland 10 | Harford | | town on Location | | | | 10d. INSIDE CITY LIMITS? 1 P YES 2 NO |
| 100. STREET AND NUMBER 101 F Ham | ilton Place | | 101. ZIF | CODE 001 | | U.S. | WHAT COUNTRY? |
| 11. MARITAL STATUS 1 Never Married 2 Miles 3 Wildowed 4 X Olvorce | 12. WAS DECEOENT E FORCES? 1 | YES 2 NO | 13. WAS DECEND If yes, specify | ENT OF HISPANIC | ORIGIN? (Specify Yes or Puerto Rican, etc.) | No- 14. RAG Bla Spe | CE — American Indian, ck, White, etc. |
| (Specify only he Elementary/Secondary (0-12 | | (Give kind of wo | SUAL OCCUPATION ork done during most of retired.) | working | 16b. KIND OF BUSIN | ESS/INDUSTRY | ack |
| 17. FATHER'S NAME (First, Midd | | Dieteti | 18 | | Food Serv (First, Middle, Melden Su | | |
| James E. Ando 190. INFORMANT'S NAME (Type Gladys Webs: | /Print) | | ADDRESS (Street and I | Number or Rural Ro | in McComas no Numbor, City or Town, Aberdeen, N | | d 21001 |
| 20e METHOD OF DISPOSITION 1 Burlel 2 Cremation 4 Donation 5 Other (S | 3 🗆 Removal from State | 20b. PLACE AND DATE of cometary crematory of Mt. Calvar | of disposition (Na or other place) Ty Method: | ist Cem. | 3/16 Abero | TION - CIN or | Town State |
| 21. SIGNATURE OF FUNERAL S | ERVICE LIGENSEE | m. | Tarring | -Cargo F | uneral Hom and 21001 | ne. P.A | |
| 23. PART I. Enter the disease whose, or hee immediate Cause (Final disease or condition resulting in death) | eses, or complications that of the filters. List only one cause a. | to be death. Do not be on each line. | ex QCL | | | | Approximete Interval Betwee Onset and Deat |
| Sequentially list condition if any, leeding to immedia cause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events | a, Due TO (O | R AS A CONSEQUENCE OF | y the ust | TIS (. | Sick Si Cording | aus as cul | Syndrome disem |
| resulting in death) LAST | conditions contributing to d | eath but not resulting in | the underlying co | euse given in P | 24s. WAS AN AI PERFORM 1 YES 2 | ED? | No. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| | in Undertino | 2 11/20 | 1 | | - | | 1 TES 2 NO |
| | MEDICAL HOSPITAL: | | OTHER: | E OF DEATH (Chec | | | 1 NES 2 NO |
| 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pa | AEDICAL HOSPITAL: 1 Inputer 2 Laborator 1 Laborator 2 Laborator 2 Laborator 3 Laborator | ER/Outpatient 3 DOA DOA JURY 25b. TIME | OTHER: 4 Nursing Home (OF 28c. INJURY WORK | 5 Residence 8 | | URY OCCURED | 1 VES 2 NO |

NO.

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRABIS SIGNATURE
Tunia Davidson Randalle



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

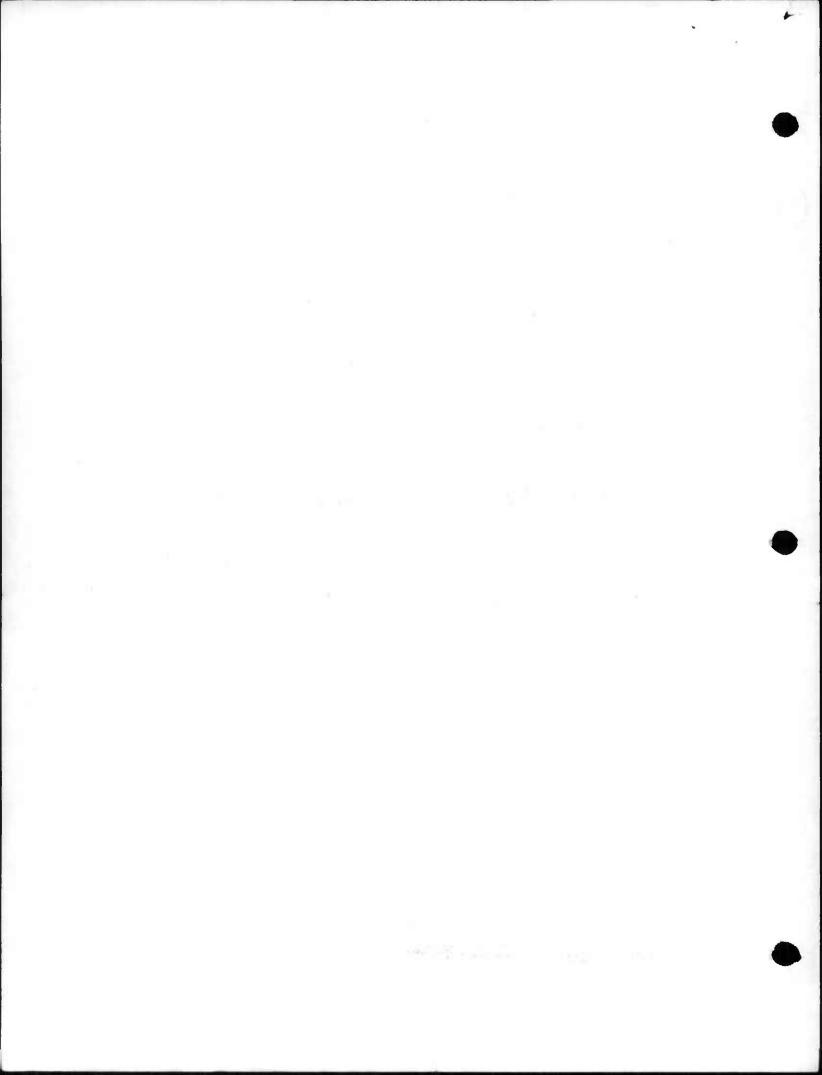
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

| | FOR STATE REGISTRAR | STATE OF MARYL | | MENT OF HEALTH AND | MENTAL HYGIEN REG. NO. | | , , , , |
|------------------|--|--|--|---|--|--------------------------|---|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | 2. DATE OF DEATH | LZYEAR | 3. TIME OF DEATH |
| Î | | | smith | | 3 | 12/21 | 2:57 AM |
| 1. | 4. SOCIAL SECURITY NUMBER | 5. SEX 6. AGE | CO. MC | FUNDER 1 YEAR IF UNDER 24 HRS. HITHS DAYS HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) | 8. BIRTI Count | HPLACE (State or Foreign |
| | 1 14 | | YRS. | 0 0 0 2 | 3/12/0 | - | laryland |
| œ | Sa. FACILITY NAME (If not institution, give a | Carrer | | AMADULES | DEATH / | PANE A | |
| 6 | RESIDENCE OF DECEDENT | | | | | Timery | 0.1001 |
| HE | 10a. STATE | Y | 10c. CITY, T | TOWN OR LOCATION | | | 10d. INSIDE CITY LIMITS? |
| | 10e, STREET AND NUMBER | | | 101, ZIP CODE | | 10g. CITIZEN OF | 1 YES 2 NO |
| FUNERAL DIRECTOR | TOO. STREET AND NUMBER | | | IUI. ZIP CODE | | log. CITIZEN OF | SA |
| 3 | 11. MARITAL STATUS | 12. WAS DECEDENT EVER I | | 13. WAS DECENDENT OF HISP | | or No- 14. RAC | E — American Indian, |
| BY F | 1 Never Married 2 Married 3 Widowed 4 Divorced | FORCES? 1 YES | | If yes, specify Cuber, Mexi | | Spec | k, White, etc. |
| | | 0.5701 | I | | Landania as su | | |
| 1 | 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) | completed) | 16a. DECEDENT'S US (Give kind of work life. Do NOT use n | k done during most of working | 166, KIND OF BUS | SINESS/INDUSTRY | |
| 3 | Elementary/Secondary (0-12) | College (1-4 or 5+) | _ | | - | | |
| COMPLETED | 17. FATHER'S NAME (First, Middle, Last) | | | | NAME (First, Middle, Meiden | A | |
| BE | UNKA | rown | | T | racy Sm | 2777 | |
| 2 | 19a. INFORMANT'S NAME (Type/Print) | mad . O | 19b, MAILING AD | DORESS (Street and Number or Run | | | 1 21403 |
| | Steplan Liver | 1,000 | 1404 | ION (Name of cometery, crematory of | rive Anna | | |
| | 1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify) | | other place) | (RPMA: for Y | 200. 40 | CATION — City or TO | / |
| | 21. SIGNATURE OF FUNERAL SERVICE LI | CENSEE /// | 117 6 10 0 | 22. NAME AND ADDRESS OF | FACILITY | 1947 / 1970 | ادريل |
| | · Oatt) | 441 | | HARdes by | FUNCAS / | Ame P.F | 7- Awnd |
| | 23. PART I. Enter the diseases, or | complications that cause List only one cause on o | d the death. Do not | enter the mode of dying, at | ich as cardlec or reep | iratory arrest, | Approximate Intervel Between |
| | IMMEDIATE CAUSE (Final | 1 | 0 1 | 0 |) | . (| Onset and Death |
| | disease or condition resulting in death) | Respirate | A CONSEQUENCE OF: | e from extreme | premater | ty_ | 2mm |
| _ | | 504 10 (011 25 | / | | / | | i |
| CERTIFICATION | Sequentially list conditions, if any, leading to immediate | DUE TO (OR AS | A CONSEQUENCE OF): | | | | |
| S | cause. Enter UNDERLYING CAUSE (Disease or Injury | с | | | | | |
| F | that initiated events resulting in death) LAST | DUE TO (OR AS | A CONSEQUENCE OF): | | | | |
| E I | | d | | | | | |
| CAL | PART II. Other algnificant condition | na contributing to death | but not resulting in | the underlying cause given | In Part I. 24s. WAS AN | | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO |
| DIC | | | | | 1 _ YES : | NO NO | COMPLETION DF CAUSE OF DEATH? |
| ME | | | | | | | 1 🗆 YES 2 🗗 ND |
| AN | 25, WAS CASE REFERBED TO MEDICAL | | | 26. PLACE OF DEATH (| Charle and analy | | |
| PHYSICIAN: MEDI | EXAMINER? | HOSPITAL: | toetless 3 🗆 DOA 4 | OTHER: | | | |
| H. | 27. MANNER OF DEATH | 28a. DATE OF INJURY | 28b, TIME (| OF 28c. INJURY AT | 28d. DESCRIBE HOW | INJURY OCCURED | |
| ВУ Р | 1 Netural 5 Pending 2 Accident Investigation | (Month, Day, Year) | INJUR | WORK? 1 YES 2 NO | | | |
| | 3 Suicide S Could not be 4 Homicide determined | 28e. PLACE OF INJUR building, etc. (Spo | Y — At home, farm, stre | set, factory, office | 28f. LOCATION (Street City or Town, State | end Number or Rural) | Route Number, |
| COMPLETED | 29a. CERTIFIER 1 CERTIFYING PHYS | SICIAN: To the best of my kno | wiedos, death occurred | at the time, data and place, and d | tie to the cause(s) and ma | nner as stated. | |
| ME | (Crieck orny | | | in my opinion, death occured at t | | | (s) and menner as stated. |
| | 296. SIGNATURE AND TITLE OF CERTIFIE | 5 | | 29c. LICENSE N | IUMBER | 29d. DATE SIGNE | D (Month, Day, Year) |
|) BE | Alsolan Lux | erman Wil | 2. Redianter | ician D3 | 4680 | > 3/12 | [91 |
| 2 | 30. NAME AND ADDRESS OF PERSON W | O COMPLETED CAUSE OF D | EATH (ITEM 27) (Type, P | rint) 1 | | 1 | |
| | Stephen | iverman do | | castlegate D | - Ancapa | B, Wd. | 25403 |
| l | 31, DATE FILED (Month, Day, Year) | 32. REGISTRAR'S SIG | MATURE DO . | | | 6 | |
| | MAR 1 5 1991 | gruna Davidson | -National | | ľ | | |



BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

| REGISTRAR | | CI | ERTIFIC | ATE OF | DEATH | | REG. NO. | | | |
|--|--|--------------------------|--------------------|---|---|---------------|---------------------------------------|-------------|----------|--|
| 1. DECEDENT'S NAME (First, Middle, Last) | | | | | | 2. DATE O | | | | 3. TIME OF DEATH |
| MARY BERNICE S | ERTO | | | | | 03 | 06 | | 991 | 11:58 A M |
| 4. SOCIAL SECURITY NUMBER | 5. SEX | 6. AGE (In yrs. les | of Shirthedmal III | F UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF | | , 13 | | IPLACE (State or Foreign |
| 212-12-2159 | 1 M 2 XF | 70 | | ONTHS DAYS | HOURS MIN. | O1- | 05-19 | 21 | Count | |
| 9a. FACILITY NAME (If not institution, give a | treet and number) | | 91 | b. CITY, TOWN C | R LOCATION OF DE | ATH | | 9c. COU | NTY OF D | EATH |
| THE JOHNS HOPKIN | S HOSPIT | AL | | BALTIMO | ORE | | | BALT | IOMI | RE CITY |
| 10a. STATE 10b. COUNTY | 1 | | 10c, CITY, T | OWN OR LOCAT | TON | | | | | 10d, INSIDE CITY |
| Maryland Ann | e Arund | el | | erna l | | | | | | LIMITS? |
| 10e. STREET AND NUMBER | | | | 101 | ZIP CODE | | | 10g. CIT | IZEN OF | WHAT COUNTRY? |
| 1232 Ritchie H | | | | | 21 | 146 | | | U.S | |
| 11. MARITAL STATUS | 12. WAS DECEDEN | T EVER IN U.S. AR | RMED NO | | ENDENT OF HISPAN ecity Cuben, Maxica | | | or No- | 14. RAC | E — American Indian, k, Whita, etc. |
| 1 Never Married 2 Married 3 Widowed 4 Divorced | IF YES, GIVE V | | | | ZX NO Specify | | , , , , , , , , , , , , , , , , , , , | | Spec | the second secon |
| 15. DECEDENT'S EDU- (Specify only highest grade | | 16a, DE | CEDENT'S US | SUAL OCCUPATION done during monetired.) | ON at of working | 16b. F | CIND OF BUS | INESS/IN | DUSTRY | |
| Elementary/Secondary (0-12) 12+ | College (1-4 or 5 | ·) | | Emple | | В | oard | of | Edu | cation |
| 17. FATHER'S NAME (First, Middle, Last) | | | | | 18. MOTHER'S NA | ME (First Mi | ridio Maidea | Sumamal | | |
| john J. Pfaff | | | | | There | | fort | | | 01116 |
| 19a. INFORMANT'S NAME (Type/Print) | | | | | and Number or Rural I | | | | | 21140 |
| mMr. Frank C. | | | | | ie High | way | _ | | _ | |
| 20s. METHOD OF DISPOSITION 1\(\bigcup \text{ Burlel 2 } \Bullet \text{ Cremation 3 } \Barma \text{ Rem} \text{ A monotion 5 } \Barma \text{ Other (Specify) } | oval from State | | | der vet | erans C | em. | | OWns | | le, MD |
| 21. SIGNATURE OF FUNERAL SERVICE LA | CENSER | | | 33 NAME A | ND ADDRESS OF FA | SOns | Fune | era1 | Но | me |
| Ames E. | Har | ance |) . | Seve: | ancoress of FA Ritchie Ritchie | k, M | hwãy aryia | and | 21 | 146 |
| 23. PART I Enter the diseases, or | | | | antar the mo | da of dylng, suc | h aa cardi | ac or reapl | ratory ar | rest, | Approximate |
| shock, or heart fallure. | List only one car | use on each line | n. | , | | | | | | Interval Between Onset and Death |
| IMMEDIATE CAUSE (Final disease or condition | 1 | | 0 0- | | 1 | | | | | 1,006 5 |
| reaulting in death) | . DISS | mindle (OR AS A CONSE | a ask | ourg 11 | 10512 | | | | | a mest |
| | Panco | LASIL CE | OUENCE OFF | 24 | | | | | | lweeh |
| Sequentially list conditions, | DUE TO | (OR AS A CONSE | OUENCE OF): | - | | | | | | |
| if any, leading to immediate cause. Enter UNDERLYING | Acuts | 1000210 | ruste | (cake | mia | | | | | 5 weeks |
| CAUSE (Disease or Injury that initiated events | DUE TO | (OR AS A CONSE | QUENCE OF): | _ \2000 | 711 | | | | | |
| resulting in death) LAST | | | | | | | | | | |
| | d | | | | | | | | | |
| PART II. Other aignificant condition | na contributing to | death but not | resuiting In | tha undarlyin | g cause given in | Part i. | 24a. WAS AN PERFOR | | 24 | WERE AUTOPSY FINDINGS |
| | | | | | | | | 1 | | COMPLETION OF CAUSE |
| | | | | | | _ | 1 TES 2 | N. NO | | OF DEATH? |
| `` | | | | | | - 1 | | | | 1 TYES 2 NO |
| | | | | | | | | | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | | 28. P | LACE OF DEATH (Ch | reck only one | , | | | |
| 1 TYES 2 TO NO | L N | ER/Outpatient | 3 🗆 DOA 4 | ☐ Nursing Hor | ne 5 🗆 Rasidence | | | | | |
| 27. MANNER OF DEATH 1 Natural 5 Pending | 28a. DATE Of (Month, i | F INJURY Day, Year) | 28b, TIME (| TY W | JURY AT DRK? YES 2 NO | 28d. DE\$0 | CRIBE HOW I | NJURY O | CURED | |
| 2 Accident Investigation 3 Suicide 8 Could not be | 28e, PLACE | OF INJURY — AI h | ome, farm, str | | | 28f, LOCA | TION (Street | and Numbe | or Rural | Route Number, |
| 4 Homicide 8 Could not be detarmined | building | , etc. (Specify) | | | | City o | r Town, State) | | | |
| 29a. CERTIFIER 1 CERTIFYING PHYS | ICIAN: To the best of | f my knowledge, d | eath occurred | et the time, det | and place, and du | a to the caus | e(a) and ma | nner sa str | etect. | |
| cool only | | | | | | | | | | (a) and manner as stated. |
| 29b. SIGNATURE AND TITLE OF CENTRALE | MNN A | M | | | 29c. LICENSE NU | MBER | | 29d. DA | 316 | O (Month, Day, Year) |
| 30. NAME AND ADDRESS OF THE OWN | O COMPLETEO CAL | ISE OF OEATH (ITI | 27) (Type, P | rine) | Pa Oxy | w. 0 | LAT | 77 | 17/ | 16 |
| 31. DATE FILEO (Month, Day, Year) | LSIMONSIA MD GOO N WOLFE ST Balamore MD 2/205 31. DATE FILEO (MONTH, Day, Year) , 32. REGISTRAR'S SIGNATURE | | | | | | | | | |
| MAR 1 2 1991 & | chia Davidson | - Bindelle | | | | | | | | |

1 55 P2 110 d

and the property of the second

| FOR STATE REGISTRAR | STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M CERTIFICATE OF DEATH | | HYGIENE REG. NO. |
|------------------------------|--|------------|---------------------|
| ECFT T'S NAME (Fine 1864-1) | | 2. DATE OF | DEATH |

| _ | HEGIS I HAH | | | | ENIII | ICAL | E OF | DEA | I II | | HEG. NO. | | | |
|----------|---|--------------------------|--------------------------------|---------------------------------|-------------------------------|-------------------------|-----------|-----------------------------------|-----------|-----------------|------------------------------------|-----------------------------|---------------|---|
| | 1. DECF T'S NAME (F | | ID | | | | П | | | 2. DATE MONT | OF DEATH | NY C | YEAR | 3. TIME OF DEATH |
| П | BARBARA | V. D. | J. F | | | T and the second | | 1 | | - 10 1000 | | 7 | 7/ | 1:25 A M |
| | 107-26-04 | | | 6. AGE (In 7 | YRS. | MONTHS | DAYS | HOURS | MIN. | 101 | 13/18 | | Country | PLACE (State or Foreign) ISLOVAKIA |
| - | 9a. FACILITY NAME (If not is | nstitution, give : | street and number) | | | 9b. CIT | Y, TOWN | OR LOCAT | ON OF DE | HTA | - | 9c. COUNTY OF DEATH | | |
| : | Anne Arun | idel l | Medical | Cente | r | Ann | napo | olis | | | | Ann | e Ar | undel |
| | RESIDENCE OF DE | CEDENT | | | | 1 | | | | | | | | |
| | 10a. STATE | 10b. COUNT | Υ | | 10c. Cf | TY, TOWN | OR LOCA | ATION | | | | 10d. INSIDE CITY LIMITS? | | |
| | MD | Anne | e Arunde | 1 | Ga | mbri | ill | S | | | | | | 1 YES X NO |
| | 10e. STREET AND NUMBER | | | | | | 10 | of. ZIP COD | E | | | 10g. CIT | IZEN OF W | HAT COUNTRY? |
| | 615 Flori | da Pi | lace | | | | | 2105 | 4 | | | | USA | |
| | 11. MARITAL STATUS | | 12. WAS DECEDENT | | | 13. | WAS DE | CENDENT | OF HISPAN | VIC ORIGI | N? (Specify Yes | or No- | 14. RACE | American Indian, , White, etc. |
| | 1 Never Married 2 3 Widowed 4 Div | YES 2X | _\NO | | | pecify Cubi S XII NO | | cen, Puerto Rican, etc.) cily: | | | | White | | |
| | | CEDENT'S EDU | | 16a. | DECEDENT' | S USUAL C | OCCUPAT | ION | | 161 | b. KIND OF BUS | SINESS/IN | | |
| ıI | (Specify on Elementary/Secondary (| hy highest grad | completed) College (1-4 or 5 + | | (Give kind of life. Do NOT | work done use retired.) | during n | ost of world | ng | 100 | | | | |
| | 6 | | | | Home | make | er | | | Но | useho | old | | |
| | 17. FATHER'S NAME (First, A | Aiddle, Last) | | | | | | 18, MOT | HER'S NA | _ | Middle, Maiden | | | |
| | John Kore | | | | | | | | | | Vojtk | | | |
| | 19a. INFORMANT'S NAME (| | | I | 19b. MAII IN | G ADDRES | S (Street | _ | | | nber, City or Tow | | in Cordal | |
| ? | Helen Pat | | on. | | | | | | | | | | | 21054 |
| | 20a, METHOD OF DISPOSIT | | | 205 BI A | CE AND DA | | | | 400 | DAT | | | City or Tov | |
| | 1 🔀 Burial 2 🗆 Cremati 4 🗆 Donation 5 🗆 Othe | on 3 🗆 Ren | | Glen | ary, cremator | en (| em (| eter | | 1 | | | | e, MD |
| H | 21. SIGNATURE OF ENNER | AL SERVICE L | CENSES | - | -1 | 22 LJ - | NAME A | AND ADDRE | SS OF FA | CILITY | l Hon | 10 | DΛ | |
| | > 16- | 2211 | A Lo | when | da | | | | | | Road, | | 1 . H | • |
| ۲ | 23. PART I. Enter the o | dispesses or | complications that | caused the | damily Do | not ente | r the m | ode of de | den eus | h ee cee | rileo or reen | Ireton, e | rea et | Approximata |
| | iMMEDIATE CAUSE (Fi disease or condition reaulting in death) | | a. Congrand | | | ert OF): | fa | ilus | e. | | | | | Interval Between Onset and Death |
| | Sequentially list condi If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj | ediate ING | с | OR AS A CON | | | | | | | | | | |
| | that initiated events resulting in death) LAS | ST | d | | | -1. | | | | | | | | |
| | PART II. Other signific | ent conditio | ne contributing to | death but no | ot reaulting | in the u | ınderivl | ng cause | given in | Part I. | 24a. WAS AN | AUTOPSY | 24b. | WERE AUTOPSY FINDINGS |
| | | | | | | | | | | | PERFO | | | AVAILABLE PRIOR TO COMPLETION OF CAUSE |
| | | | | - | | | | | | | 1 TYES 2 | 2 NO | | OF DEATH? |
| | | | | | | | | | | | | | | 1 TES 2 NO |
| | | TO MERCIA | | | | | | | | | | | | · |
| | 25. WAS CASE REFERRED EXAMINER? | IO MEDICAL | HOSPITAL: | | | OTHE | _ | PLACE OF I | DEATH (Ch | neck only c | one) | | | |
| | 1 TYES 2 NO | 16 | 1 Inputient 2 | | _ | 4 🗆 Nu | ursing Ho | me 5 🗆 F | lesidence | _ | | | | |
| | 27. MANNER OF DEATH Natural 5 Accident | Pending Investigation | 28a. DATE OF (Month, D | INJURY sy, Ybar) | 28b. Ti | IME OF NJURY M | ٧ | YURY AT YORK? YES 2 | □ NO | 28d. DE | ESCRIBE HOW | INJURY O | CCURED | |
| | a 🗆 a | Could not be determined | 28e. PLACE O building, | F INJURY — At etc. (Specify) | home, ferm | , street, fa | ctory, of | lica | | | CATION (Street y or Town, State | | er or Rural R | Route Number, |
| | 29a, CERTIFIER | | | National Control | | | | | | 1 | | 30000 | | |
| COMIN EL | (Check only | | SICIAN: To the best of | | | | | | | | | | |) end manner as stated. |
| 7 | 296. SIGNATURE AND TYTE | E OF CERTIFIE | Jule 1 | n D. | | | | 29c. LIC | ENSE NU | MBER | 2 | 29d, DA | TE SIGNED | (Month, Day, Year) |
| 2 | 30. NAME AND ADDRESS (| OF PERSON W | HO COMPLETED CAUS | SE OF DEATH (| ITEM 27) (7/1 | pe, Print) | | 1// | 16 | 4) | | | 3// | /// |
| | RICHA | RD / | U- PEEL | ER | A | NN | APO | 1415 | m | D. | | | | |
| | 31. DATE FILED MARE I | T 199 | 1 Julie Da | R'S SIGNATUR | andre | | | | , | | _ | | | |
| | | | LV. | | | | | | | | | | | |

MARTINSON ALLEGE SALVESTONES.

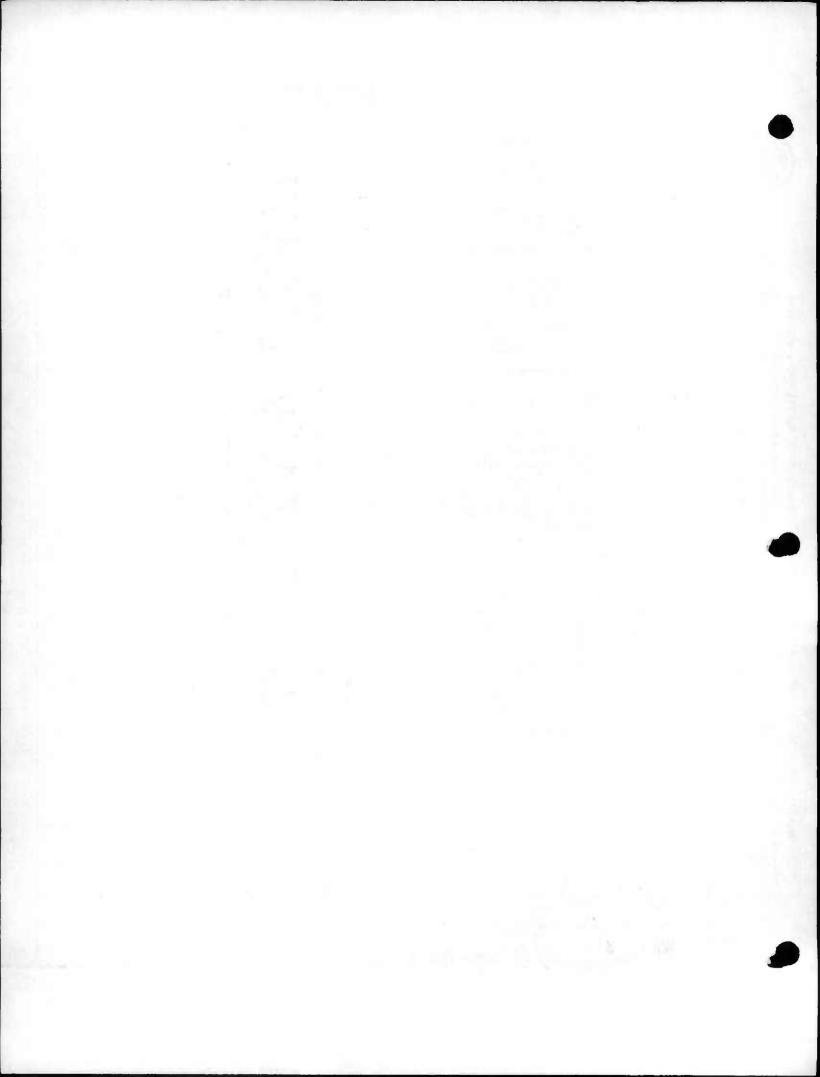
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| | i the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | , or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at o |
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| 1 | FOR STATE REGISTRAR | STATE OF MARYL | AND / DEPAR CERTIF | | | | MENTA | L HYGIENI REG. NO. | E | | | |
|-----------------|--|--|---|------------------------------|-------------------------|--|------------|--------------------------------------|---|----------------------------|--|--|
| | 1. DECEDENT'S NAME (First, Middle, Les LEON SCHLECH | | | | | | MONT | OF DEATH DA | | YEAR | 3. TIME OF DEATH | |
| ļ | 4. SOCIAL SECURITY NUMBER 160-01-2670 9e. FACILITY NAME (If not institution, give | X1 M2 F 89 | (in yrs. lest birthday) YRS. | IF UNDER | DAYS | IF UNDER 24 HRS. HOURS MIN. | 09- | OF BIRTH th, Day, Year) -25-01 | | Country | ia | |
| HOL | | 1610 Cedar Park Road Annapolis | | | | | | | | Anne ARundel | | |
| DIMECTOR | MD Anne | arundel | | y, town o apol | | ON | | | | | 10d. INSIDE CITY LIMITS? YXX YES 2 NO | |
| FUNERAL | 1610 Cedar Pa | ark Road | | | 100 | 21P CODE 1401 | | | 10g. CITIZ | | THAT COUNTRY? | |
| BY FU | 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced | 12. WAS DECEDENT EVER I FORCES? 1 Tyes IF YES, GIVE WAR OR D | 2X NO | H | yes, spe | NDENT OF HISP/ cify Cuban, Mexic 2 X NO Spec | an, Puerto | | or No- | 14. RACE Black Speci | White | |
| COMPLETED | 15. DECEDENT'S EI (Specify only highest gri Elementary/Secondary (0-12) | | 16a. DECEDENT'S (Give kind of a life. Do NOT as Insural | work done d | luring mos | t of working | 16 | Insur | | | | |
| BE COM | 17. FATHER'S NAME (First, Middle, Last) Morris S chle | echter | | | | 18. MOTHER'S N | | Middle, Melden Roger | | Т | | |
| 90 | 19e. INFORMANT'S NAME (Typo/Print) Sandra Bishop | | 1610 | Ced | ar : | | oad, | Anna | poli | s, | MD 21401 | |
| | 20e. METHOO OF DISPOSITION 1 M Burlet 2 Cremetion 3 Red 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE | amoval from State | de Jehr Jehr | ıda | Ceme | etery, cremetory or etery D ADDRESS OF F | | Uppe Uppe | er Da | rby | Township PA | |
| | Thomas 1 | Harder | | H | ard | esty F idgely | uner | | | | s, MD 21401 | |
| | 23. PART i. Enter the diseases, of shock, or heert feilur iMMEDIATE CAUSE (Final disease or condition resulting in deeth) | a. DUE TO (OR AS | each line. | | the moc | e or dying, su | ch ss ca | | | ••• | Approximate Interval Between Onset and Death | |
| CERTIFICATION | Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | | | | | | | | | | | |
| 3 | PART II. Other algnificant condit | ions contributing to deeth | but not reaulting | in the un | derlying | cause given l | n Part i. | 24a. WAS AN PERFOR 1 YES 2 | MED? | 24b | WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | |
| PHYSICIAN: MEDI | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | | | | | ACE OF DEATH (| Check only | one) | | | | |
| 2 | 1 TYES 2 NO | 1 Inpution 28a. DATE OF INJURY | tpatient 3 DOA | | sing Home | 5 desidenc | | ner (Specify) | 111111111111111111111111111111111111111 | N to co | | |
| RA LA | 1 Natural 5 Pending 2 Accident Investigation | (Month, Day, Year) | 200. IN | JURY M | 28c. INJU WOI 1 V | RK7 | 280. 0 | SCHIBE NOW I | NJUNY OCC | JUNEU | | |
| | 3 Suicide 8 Could not 4 Homicide detarmined | | Y — At home, farm, ecity) | street, fact | ory, office | | 28f. LC | CATION (Street y or Town, State) | and Number | or Rural i | Route Number, | |
| COMPLETED | onel only | HYSICIAN: To the best of my kno MINER: On the best of examinati | | | | | | | | | a) and manner as stated. | |
| BE | 296. SIGNATURE AND TITLE OF CERTI | FIER | | | | 29c. LICENSE N | UMBER | ey | 29d. DATE | E SIGNED | (Month, Day, Year) | |
| 2 | 30. NAME AND ADDRESS OF PERSON | WHO COMPLETED CAUSE OF D | 1/ | o, Print) | 2 | ~ NV | 0 | 51 80 | <u> </u> | / = 1 | | |
| | 31. DATE FILED (Month, Day, Year) MAR 1 1 1991 | A REGISTHAR'S SIG | Mandale. | 100 | 101 | J 1V(| ~ | 11 (3 | - | | | |

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| AL OR ATTENDING PHYSICIA | J. DIRECTOR: After this certif | 2 hours after death with the | f item 28 is marked, or |
| PITAL OR ATTENDING PHYSICIAL | ERAL DIRECTOR: After this certif | in 72 hours after death with the | T: If item 28 is marked, or |
| HOSPITAL OR ATTENDING PHYSICIA | FUNERAL DIRECTOR: After this certif | within 72 hours after death with the | IANT: If item 28 is marked, or |
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior | IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other trau |

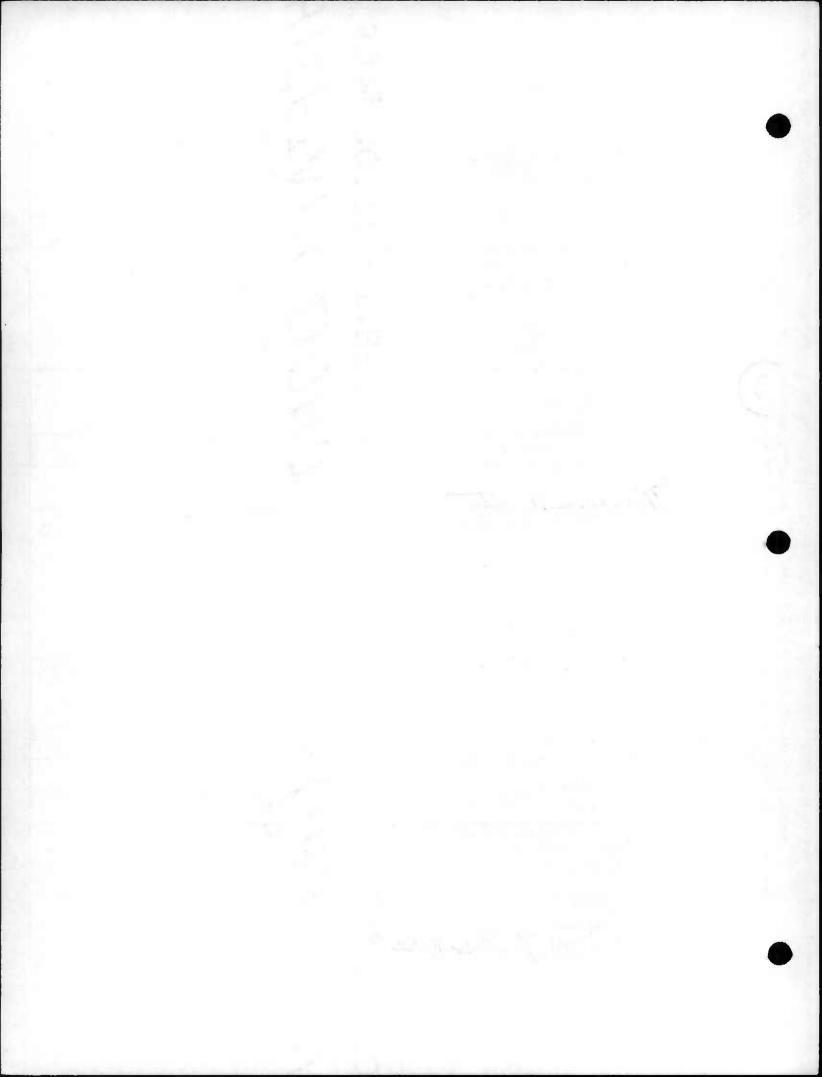
| | 1. DECEDENT'S NAME (First, Mary Lou | | | | | | | reb. 23, 1991 | | | YEAR | 3. TIME OF DEATH | |
|------------------|---|-----------------------------------|------------------------------|------------------------------|-----------------------|---|-----------------------------|---|--------------|---------------------------|--|------------------|--|
| | 4. SOCIAL SECURITY NUMB 203-24-433 | 30 1 | □ M 2 □XF | 6. AGE (In yrs. I | est birthday) YRS. | IF UNDER 1 Y | AYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF E | SIRTH y, Year) | 1913 | Code | PLACE (State or Foreign |
| TOR | 90. FACILITY NAME (If not ins Rt. 1 Box | 220 | end number) | | | | | DOPO | ATH | | Caro | | |
| FUNERAL DIRECTOR | 10e. STATE MD | 10b. COUNTY Card | oline | | Goldsboro | | | | | | | | 10d. INSIDE CITY LIMITS? 1 YES 2X NO |
| VERAL | Rt. 1 Box 220 | | | | | | 10f. ZIP CODE 21636 | | | dď | 10g. CITIZEN OF WHAT COUNTRY? | | |
| BY | 11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Diver | EVER IN U.S. A YES 2 AR OR DATES | If yes, epecify Cuben, Mexic | | | cify Cuben, Mexicer | cen, Puerto Ricen, atc.) Bi | | | | — American Indian, , white, etc. White | | |
| BE COMPLETED | (Sheathy only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) Pro | | | | | ECEDENT'S USUAL OCCUPATION 3/we kind of work done during most of working a. Do NOT use refired.) CESSEY | | | | | Shore | |), |
| BE CO | 17. FATHER'S NAME (First, MI Michael Ko | cicsak | | | | | | 16. MOTHER'S NAI | Kocu | r Ko | cicsal | | |
| 2 | 190. INFORMANT'S NAME (7) Stephen S | aliga | | | 1500 \ | N. San | npl | | | mpa | no Be | each | Fla.33064 |
| | 20e, METHOD OF DISPOSITI 1 X Burlel 2 Crematio 4 Donetion 6 Other | n 3 🗆 Remova (Specify) | | 20b. PLAC other | | reensl | oor | o Cemet | | Gre | ensb | oro, | MD |
| | 21. SIGNATURE OF URBITAL | Le C | Rec | gl | | Fle | eq I | e-Helfen | bein F | ensb En H | oro, I m POI | MD : | 21639 160 |
| CERTIFICATION | 23. PART i. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory erreat, ehock, or heert failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | | |
| MEDICAL | PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause give | | | | | | | cause given in | | a. WAS AN PERFOR | | 24b. | WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| PHYSICIAN: | 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO | H | OSPITAL: | ER/Outpatient | 3 DOA | OTHER: | | ACE OF DEATH (Chi | | pecify) | | | |
| ВУ РН | | Pending Investigation | 26e. DATE OF (Month, De | | 26b. TIN | JURY | WO | URY AT RK? 'ES 2 NO | 28d. DESCRI | BE HOW I | NJURY OCCI | JRED | |
| | 3 Suicide | Could not be determined | 28e. PLACE Of building, | F INJURY — At etc. (Specify) | home, ferm, | street, factory | , office | | | ON (Street own, State) | end Number o | or Rural R | loute Number, |
| COMPLETED | onei | | | | | | | end place, end due eath occured at the | | | | |) end menner as stated. |
| TO BE | 296. SIGNATURE AND TITLE | w K | Am | th | b. | , | | DIZ | 345 | | 29d. DATE | SIGNED | (Month, Day, Year) |
| | 30. NAME AND POORESS OF | PERSON WHO | Smit | h | PV | e, Print) | | | | | | | |
| | 31. DATE FILED (Month, Day) | 11 | 0 | P'S SIGNATURE | | | | | | | | | |



BALTIMORE, MARYLAND 21203-3146

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| TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- nours after death. Page 6 may be re- | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 is | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be nat |
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| - STATE REGISTRAR | STATE OF MARYL | | CATE OF | DEATH | REG. | NO. | | | | |
|--|--|--|---|--|--|--|--|---|--|--|
| DECEDENT'S NAME (First, Middle, Last) | | | | 3.7 | 2. DATE OF DEATH | H DAY | YEAR 3. TIM | E OF DEATH | | |
| Elinor Grace Tr | | | | | February | | | 100 P | | |
| SOCIAL SECURITY NUMBER | | | F UNDER 1 YEAR | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Yes | 1) | Country) | (State or Foreign | | |
| 216-09-4834 | 1 □ M 2 □xF 76 | | | | | | aryland | <u>d</u> | | |
| a. FACILITY NAME (If not institution, give | | | | OR LOCATION OF D | EATH | | Y OF DEATH | | | |
| 1103 Evergreen Avenue Frederick RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION Maryland Frederick Frederick | | | | | | | Frederick | | | |
| On. STATE 10b. COUNT | TY | 10c. CITY, | TOWN OR LOCA | TION | | | 10d. IN | ISIDE CITY | | |
| Maryland Fr | ederick | Fre | derick | | | | | MITS? | | |
| De. STREET AND NUMBER | | | | f. ZIP CODE | | 10g. CITIZE | N OF WHAT CO | DUNTRY? | | |
| 1103 Evergreen | | | | 21701 | | u. | S. A. | | | |
| I, MARITAL STATUS | 12. WAS DECEDENT EVER I FORCES? 1 YES | IN U.S. ARMED | | | NIC ORIGIN? (Specify | | I. RACE — Ame Black, White, | erican Indian, | | |
| □ Never Married 2 ✓ Married □ Widowed 4 □ Divorced | IF YES, GIVE WAR OR C | DATES | | B 2 NO Spec | an, Puerto Rican, etc. ly: | | vhite | , •ια | | |
| THE PARTY OF THE P | | T | | | Till and an and | | | | | |
| 15. DECEDENT'S EDI (Specify only highest grad | e completed) | (Give kind of wo | DOWN DOWN THE PROPERTY OF THE | ON ost of working | 16b. KIND OF | BUSINESS/INDU | STRY | | | |
| Elementary/Secondary (0-12) | College (1-4 or 5+) | House | | | Own | home | | | | |
| 12 years 7. FATHER'S NAME (First, Middle, Last) | | 1 | | 18 MOTHER'S N | AME (First, Middle, Me | | | | | |
| Alvie M. Etzler | | | | | I. Whit | | | | | |
| 94. INFORMANT'S NAME (Type/Print) | | 105 MARI ING | ADDRESS (Street | | Route Number, City or | | (acta) | _ | | |
| Arthur P. Trout | | | | | , Freder | | | 11 | | |
| 0s. METHOD OF DISPOSITION | | b. PLACE OF DISPOSI | | | | LOCATION — CI | | | | |
| Muriel 2 Cremation 3 Rer | noval from State | other place) | - | | | | | | | |
| 1. SIGNATURE OF FUNERAL SERVICE L | | i. Uliver | Cemete | | <u> / - / - / - / - / - / - / - / - /</u> | ederick, | Mary | and | | |
| 23. PART I. Enter the diseases, or shock, or heert failure | H. Star | d the death. Do no | P. 0 | Box 18 | 19. Fred | ffer Full erick. I | 1d. 21 | 1702 Approximata | | |
| 23. PART I. Enter the diseases, or shock, or heert failure MMEDIATE CAUSE (Final disease or condition resulting in death) | complications that cause on | | P. O | Box 18 | 19. Fred | erick. I | 1d. 2 | 1702 Approximata Interval Between | | |
| MMEDIATE CAUSE (Final | complications that cause on List only one cause on DUE TO (6h AS | A CONSEQUENCE OF | P. O | Box 18 pode of dying, su | 19. Fred ch as cardiac or r | erick. I | 1d. 2 | 1702 Approximata Interval Between | | |
| MMEDIATE CAUSE (Final disease or condition resulting in death) | complications that cause List only one cause on DUE TO (6h AS | A CONSEQUENCE OF | P. O | Box 18 pode of dying, su | 19. Fred ch as cardiac or r | erick. I | 1d. 2 | 1702 Approximata Interval Between | | |
| MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, from the first conditions of the first conditions of the first conditions of the first conditions of the first conditions of the first conditions of the first cause of the first conditions of the firs | complications that cause List only one cause on DUE TO (6h AS | A CONSEQUENCE OF | P. O | Box 18 pode of dying, su | 19. Fred ch as cardiac or r | erick. I | 1d. 2 | 1702 Approximata Interval Between | | |
| MMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury | complications that cause. List only one cause on DUE TO (off AS DUE TO (OR AS C. | A CONSEQUENCE OF | P. 0 ot enter the mo | Box 18 pode of dying, su | 19. Fred ch as cardiac or r | erick. I | 1d. 2 | 1702 Approximata Interval Between | | |
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| MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | complications that cause. List only one cause on DUE TO (on AS b. DUE TO (on AS c. DUE TO (on AS d. | A CONSEQUENCE OF | P. O ot enter the mo | Box 18 ode of dying, su | Part I. 24a. WA | exick. Nespiretory arrest | 24b. WERE ARRILL COMPLOF DE | AUTOPSY FINDIN | | |
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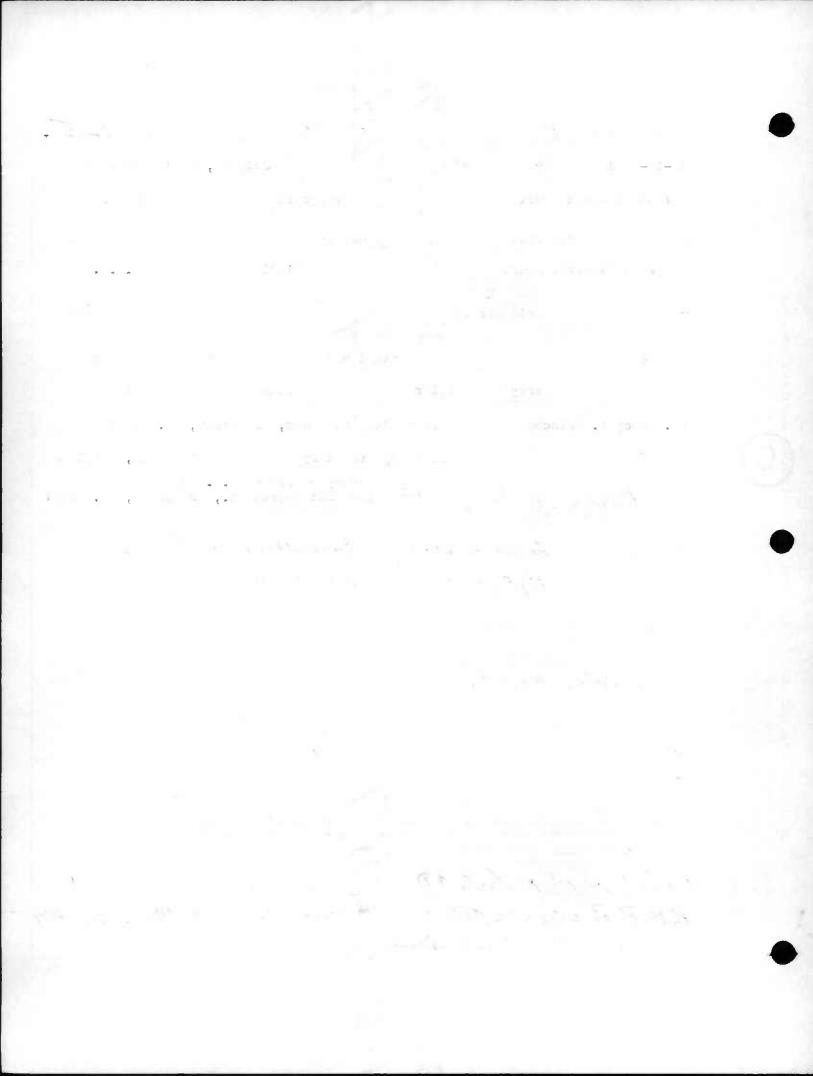


3. TIME OF DEATH 1215 PM

Approximata Interval Between Onset and Death

| Maryland No. STREET AND NUMBER | nt Court | 6. AGE (In yrz. les | YRS. MONTHS | 9 | IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE | 7. DATE OF BIRTH (Month, Day, You July 28, | 1921 | Mary NTY OF DEAT | | | |
|--|--|--|--|---|--|--|---|---|---|--|--|
| 7986 Pleasa RESIDENCE OF DECEDE 10a. STATE 10b. Maryland 10a. STREET AND NUMBER | nt Court | | 9b, Cl | TY, TOWN | OR LOCATION OF DE | ATH | On COLU | | | | |
| Maryland Mo. Street and Number | COUNTY | 7986 Pleasant Court Frederick Freder | | | | | | | | | |
| IOs. STREET AND NUMBER | Maryland Frederick | | | | TION | | | | DI. INSIDE CITY LIMITS? | | |
| 1200 LTG8 | sant Court | | | | f. ZIP CODE | 1 | | AT COUNTRY? | | | |
| 1. MARITAL STATUS Never Married 2 Marrie Married 4 Divorced | IF YES, GIVE W | YES 2 N | MED 1: | If yes, sp | CENDENT OF HISPAN beelty Cuban, Maxicar B 2 NO Specify. | , Puerto Ricen, etc. | Yes or No— | 14. RACE — Black, V Specify: | - American Indian, White, etc. White | | |
| (Specify only higher Elementary/Secondary (0-12) | est grade completed) | mpleted) (Give kind of work done du life. Do NOT use retired.) | | | | | | | ent | | |
| • | Last) | | Custo | GZAII | 18. MOTHER'S NAM | | | vermi | ent | | |
| | Harry | | | | | | | | 11and | | |
| | | | | | | | 107 | | 1 | | |
| 10a. METHOD OF DISPOSITION | | 20b. PLACE | OF DISPOSITION (| | | | | | | | |
| | | Smit | thsburg | Crema | atory | | | | | | |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | c. DUE TO | OR AS A CONSEC | OUENCE OF): | | | Part I. 24a. WA | S AN AUTOPSY RFORMED? | 24b. W | /ERE AUTOPSY FINDING MAILABLE PRIOR TO OMPLETION OF CAUSE IF DEATH? | | |
| | | | | | | _ | | 1 | YES 2 NO | | |
| EXAMINER? | HOSPITAL: | | | ER: | | | | | | | |
| 27. MANNER OF DEATH | 28a. DATE OF | INJURY | 28b. TIME OF INJURY | 28c. IN | JURY AT ORK? | | | CURED | | | |
| 2 Accident Investigation | | | | | | 28t. LOCATION (St City or Yown, S | reet and Number State) | t and Number or Rural Route Number, a) | | | |
| (Check only | A CONTRACTOR OF THE PARTY OF TH | | | | | | | | and manner as stated. | | |
| 196. SIGNATURE AND TITLE OF C | | XM | 7 | | | | 29d. DAT | E SIGNED (A | Aonth, Day, Year) | | |
| | 15. DECEDEN' (Specify only highs Elementary/Secondary (0-12) 4 17. FATHER'S NAME (First, Middle, Informant'S NAME (Type/Pri M'S NATCY Le 20a. METHOD OF DISPOSITION 1 | 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 4 17. FATHER'S NAME (First, Middle, Last) HATTY 19a. INFORMANT'S NAME (Type/Print) Mrs. Nancy L. Briscoe 20a. METHOD OF DISPOSITION 1 Burlel 2 \(\times \) Cremation 3 Removal from State 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ACCUPATION 22. PART I. Enter the diseases, or complications that shock, or heart failure. List only one cause immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Infiliated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. Was CASE REFERRED TO MEDICAL EXAMINER? 27. Natural 5 Pending Investigation Suicide Simple Could not be determined 28a. DATE OF (Month, Doubliding, One) 2 MEDICAL EXAMINER: On the best of and one) 2 MED | Sequentially list conditions, or complications that cause first undestable from the shock, or heart failure. List only one cause or each line shock, or heart failure. List only one cause or each line shock, or heart failure. List only one cause or each line shock, or heart failure. List only one cause or each line shock, or heart failure. List only one cause or each line shock, or heart failure. List only one cause or each line shock, or heart failure. List only one cause or each line shock, or heart failure. List only one cause or each line shock, or heart failure. List only one cause or each line shock, or heart failure. List only one cause or each line shock or heart failure. List only one cause or each line shock or heart failure. List only one cause or each line shock or heart failure. List only one cause or each line shock or heart failure. List only one cause or each line shock or heart failure. List only one cause or each line shock or heart failure. List only one cause or each line shock or heart failure. List only one cause or each line shock or or condition resulting in death) Sequentially list conditions, fi any, leading to death but not in the shock of | Second Divorced Divorced Frys, give war of Dates World World World World World World World World World War II | Secondary (0-12) Secondary (0-12) Secondary (0-12) Secondary (0-12) College (1-4 or 5-1) Secondary (0-12) College (1-4 or 5-1) Secondary (0-12) College (1-4 or 5-1) Secondary (0-12) College (1-4 or 5-1) Secondary (0-12) College (1-4 or 5-1) Secondary (0-12) College (1-4 or 5-1) Secondary (0-12) College (1-4 or 5-1) Secondary (0-12) College (1-4 or 5-1) Secondary (0-12) College (1-4 or 5-1) Secondary (0-12) Secondary (0- | Second S | Security Security | Second Divorced PYES GIVE WANT OR DATES 1 YES 2 NO Specify: 2 YES 2 NO Specify: 2 YES 2 NO Specify: 2 YES 2 NO Specify: 2 YES | ## Widnessed 4 Divorced FYES, DIVE MAN OF DATES 1 YES, 20 NO Specify: Specify: Specify: World | | |

32. AGGISTHAR'S SIGNATURE Junia Davidson-Randall



be notified at once.

QPIE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2—surs after TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rema-IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical DIVISION OF VITAL RECORDS, P.O. BOX 13146,

| | 1 - FOR STATE REGISTRAR | ATE OF MARYL | | TMENT OF H | | MENTAL | HYGIENE REG. NO. | | | | | |
|----------------------|--|--|--|---|-------------------------------------|---|---------------------|---|---|--|--|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) Elizabeth | | Twompot | 0.76 | | 2. DATE O MONTH 03 | F DEATH DAY | | YEAR | TIME OF DEATH | | |
| | LIIZADETI 4. SOCIAL SECURITY NUMBER 5. SE | Y Ta AGE | Trompet | IF UNDER 1 YEAR | IF UNDER 24 HRS. | 7 DATE O | E BIOTH | 1991 1:40AM 8. BIRTHPLACE (State or Foreign | | | | |
| | 504 16 9439 1 🗆 | M 2 🗓 F 94 | | MONTHS DAYS | HOURS MIN. | Feb. | 10,18 | 397 | Nab1 | raska | | |
| œ | 9e. FACILITY NAME (If not institution, give street an | | | 9b. CITY, TOWN OR LOCATION OF DEATH | | | | | TY OF DEA | | | |
| Ē | Montgomery Gen | eral Hosp | | 01ney | | | | Mont | gome | ry | | |
| DIRECTOR | Maryland Howard | | 10e. CIT | 10c. CITY, TOWN OR LOCATION /N1/2/11// Highland | | | | | | Od. INSIDE CITY LIMITS? YES 2 X NO | | |
| AL. | 10e. STREET AND NUMBER | | | | 20777 | | | 10g. CITIZ | EN OF WH | AT COUNTRY? | | |
| FUNERAL | 6701 Cortina Drive | | | | | | | U.S. | | | | |
| BY FU | 1 News Married 2 Newled | MAS DECEDENT EVER II ORCES? 1 YES YES, GIVE WAR OR D | 2 NO | It yes, sp | ecify Cuben, Mexica 2 NO Specifi | n, Puerto Ri | | or No— | 14. RACE - Black, Specify: | - American Indien, White, etc. White | | |
| | 15, DECEDENT'S EDUCATION (Specify only highest grade comple | | 18a. DECEDENT'S | USUAL OCCUPATI work done during me se retired.) | ON set of working | 18b. I | KIND OF BUS | INESS/INDU | JSTRY | | | |
| COMPLETED | Elementary/Secondary (0-12) Coll | ege (1-4 or 5+) | House | | | | | | | | | |
| MO | 17. FATHER'S NAME (First, Middle, Lest) | | | | 18. MOTHER'S NA | , | | , | | | | |
| BEC | Joseph Schuele | ·· | | | | | Louha | | | | | |
| 5 | 190. INFORMANT'S NAME (Type/Print) Mrs Margaret Evans | | | Drive H: | | | | | | | | |
| | 20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cametery, crametory or 20c. LOCATION — City or Town. | | | | | | | | | | | |
| | 4 Donetton 5 Other (Specify) Metro Crematory Inc | | | | | | | | tonsville Balto., Md. | | | |
| | Harry H Witzke Funeral Home Inc 4112 Old Columbia PikeDllicott (| | | | | | | | | | | |
| | 23. PART I. Enter the diseases, or complete shock, or heart failure. List of immediate cause (Finel disease or condition resulting in desth) | Ications that cause on a Respir | ach lina. | | | h as cardi | ac or respl | ratory srre | est, | Approximata Interval Between Onset and Death Z WKS | | |
| CERTIFICATION | Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | |
| PHYSICIAN: MEDICAL C | PART II. Other algorificent conditions cor | but not resulting | resulting in the underlying cause given in Part I. | | | I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO | | | WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO | | | |
| IAN | 25. WAS CASE REFERRED TO MEDICAL | | | | LACE OF DEATH (C/ | heck only one |) | | | | | |
| /SIC | EXAMINER? 1 YES 2 NO 1 | SPITAL: Inpatient 2 - ER/Out | petient 3 🗆 DOA | OTHER: 4 - Nursing Ho | ne 5 🗆 Residence | 6 🗆 Other | (Specify) | | | | | |
| | 27. MANNER OF DEATH 1 Netural 5 Pending | 28e. DATE OF INJURY (Month, Day, Year) | 28b. TII | JURY W | JURY AT ORK? YES 2 NO | 28d. DES | CRIBE HOW I | NJURY OCC | URED | | | |
| ED BY | 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined | Y — At home, ferm, ocify) | me, ferm, street, factory, office 28t. Li | | | 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | | | | | |
| COMPLETED | 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: One) 2 MEDICAL EXAMINER: On | | | | | | | | | and menner as stated. | | |
| | 29hgSIGNATURE AND TITLE OF CERTIFIER | | | | | | ,, | | | | | |
| TO BE | Mobert K-Ublus | der | ND | 29c. LICENSE NUMBER D 40352 | | | | 29d. DATE SIGNED (Morith, Day, Year) ▶ 3 / 1 / 9 (| | | | |
| F | | VERTON | | | ILNEY -S | ANDI | SAR | ING | RD | OLNEY | | |
| | | 30 REGISTRAR'S SIG | | | _ | | | | , | | | |

veste different

THE PARTY AND ASSESSED.

LIK TAKUM MILLINGUS BAS ASSOCIATE VESSEL

|) | | |
|---------------|------------|--|
| | | |
| | | |
| | | |
| | at once. | |
| | e notified | |
| | r must b | |
| val. | il examine | |
| in, or remo | e medica | |
| al, crematic | event, th | |
| prior to buri | traumatic | |
| Mygiene (| or other | |
| and Ment | y Injury. | |
| . of Health | shows a | |
| State Dept | r Item 23 | |
| | - | |

| | STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH | | HYGIENE REG. NO. |
|-----|---|------------|---------------------|
| (t) | | 2. DATE OF | DEATN |

| | FOR 1 - STATE REGISTRAR | STATE OF MARY | | TMENT OF I | | MENTAL HYGIENI REG. NO. | E | | | |
|---|---|--|---|-----------------------------|--------------------------------|--|----------------------------|---|--|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) Hattie Elizabeth | Taylor | | | | 2. DATE OF DEATH MONTH DATE | 1991 | 3. TIME OF OEATH 5:26 p.M | | |
| | 4. SOCIAL SECURITY NUMBER 213-22-7319 | 5. SEX 6. AGE | (In yrs. last birthday) | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTN (Month, Day, Year) | 8. BIRT | NPLACE (State or Foreign | | |
| _ | 9e. FACILITY NAME (If not institution, give s | |) <u>/</u> | | OR LOCATION OF DE | | 9c. COUNTY OF DEATN | | | |
| | Rt #1.1st Street | | | Ewingto | own (Ches | hestertown) Kent | | | | |
| DIRECTOR | MD Ken | | 1 | r, town or loca ng town | (Chester | town) | | 10d. INSIDE CITY LIMITS? 1 1 YES 2 NO | | |
| | 10e. STREET AND NUMBER | | | 10 | . ZIP CODE | | | WHAT COUNTRY? | | |
| FUNERAL | Rt #1, 1st Stree | 21620 | IC ORIGIN'S (Specify Yes | US 14 BA | A — American Indian, | | | | | |
| R | 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. Was occedent Ever in U.S. ARMED FORCES? 1 Yes 2 NO If yes, epecify, Cuban, Mexican, Puerto Rican, etc.) 13. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or It yes, epecify, Cuban, Mexican, Puerto Rican, etc.) 1 Yes 2 NO Specify: | | | | | | Bia | ck, White, atc. | | |
| COMPLETED | 15, DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) | CATION completed) College (1-4 or 5 +) | 16a. DECEDENT'S (Give kind of viile. Do NOT us | rork done during m | | 18b. KIND OF BUS | INESS/INDUSTRY | | | |
| MP | 7 | | Homemak | er | | Home | | | | |
| 17. FATNER'S NAME (First, Middle, Lest) Samuel I. Wright Samuel I. Wright 18. MOTNER'S NAME (First, Middle, Maiden Sumanne) Mabel M. Butler | | | | | | | | | | |
| 198. INFORMANT'S NAME (Type/Print) 199. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Box 542, Chestertown, MD 21620 | | | | | | | | | | |
| | 26e. METNOD OF DISPOSITION 1. Burial 2 Cremetion 3 Rem 4 Donetion 5 Other (Specily) | oval from State | other place) | | cemetery crematory or | | eation - city or ing town, | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LIC | ENSEE | | Fello | ws Funera | | ington M | D 21651 | | |
| CERTIFICATION | IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury | bDUE TO (OR AS | A CONSEQUENCE OF | ŋ: ŋ: | ith | liver m | efosta | interval Between Onset and Death | | |
| ERTIF | that initiated events resulting in deeth) LAST | d. | A CONSEQUENCE OF | ī): | _ | | | | | |
| PART II. Other algoriticant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO DEATH? | | | | | | | | Bb. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | |
| CA | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | OTHER: | LACE OF DEATH (Ch | | | | | |
| | 1 YES 2 A RO 27. MANNER OF DEATN 1 N Netural 5 Pending | 1 Inpetient 2 Inpetient 2 Input Programme 28e. DATE OF INJURY (Month, Day, Year) | 7 28b. TIM | E OF 28c. IN | JURY AT DRK? | 8 Other (Specify) 28d. DESCRIBE NOW II | NJURY OCCURED | | | |
| TED BY | 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined | 28e. PLACE OF INJUI building, etc. (Sp | RY — At home, farm, sectify) | | YES 2 NO | 281. LOCATION (Street and Number or Flural Route Number, City or Town, State) | | | | |
| COMPLETED | one) | SICIAN: To the best of my kno | | | | | | o(e) end manner ee stated. | | |
| BE | 29b. SIGNATURE AND TITLE OF CERTIFIE | n m | | | 29c. LICENSE NUI | MBER | 29d, DATE SIGNI | ED (Month, Day, Year) | | |
| 2 | 30. NAME AND ADDRESS OF PERSON WE | O COMPLETEO CAUSE OF D | DEATN (ITEM 27) (Type | Print) | Charles | tertown, | nd. | 21620 | | |
| R | 31. DATE FILEO (Month, Day, Year) FEB 14 '91 | 32. REGISTRAR'S SIG | inature / | e. | | 7 | | | | |

acting acting the time

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

| STAT | E OF MARYLAND / DEPARTMEN | T OF HEALTH AND | MENTAL HYGIENE |
|------|---------------------------|-----------------|----------------|
| 3 | CERTIFICAT | E OF DEATH | REG. NO. |

| | FOR STATE REGISTRAR | TATE OF MARYLA | ND / DEPAR | TMENT | OF H | EALTH DEAT | AND N | IENTAL HYGIEN | E | | |
|--|--|--|-----------------------|--------------|----------------|---------------|------------|--|--------------|-------------|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | | | 2. DATE OF DEATH MONTH DA | | VEAD | 3. TIME OF DEATH |
| | Ruth | Tapk | e | | | | | February " | 8, 1 | 991 | 02:35am м |
| | | | yrs. lest birthday) | IF UNDER | 1 YEAR DAYS | IF UNDER | 24 HRS. | 7. DATE OF BIRTH (Month, Dev. Year) OCt 21, 18 | | 8. BIRTHP | ACE (State or Foreign Yprk State |
| | 3/6 44 6030 | M 2 F 96 | YRS. | | | | | | _ | | |
| œ | 9a. FACILITY NAME (If not institution, give street of | | 1 T | | | R LOCATIO | ON OF DE | ATH | Ken | TY OF DE | AIH |
| 6 | Kent and Quenn Anr | Quenn Annes Hospital, Inc. Chestertown | | | | | | | Kell | L | |
| рінестов | Maryland 10b. COUNTY | Kent | 10c. CIT | Ches | | | | | | | 10d. INSIDE CITY LIMITS? |
| 0 | 10e, STREET AND NUMBER | | | | | ZIP CODE | | | 10a CITU | | 1 YES 2 NO |
| BY FUNERAL | Mrgnec Road | (Magnolia | a Hall) | | 10 | | 620 | | | SA | |
| Š | 11. MARITAL STATUS Widowed 12. | WAS DECEDENT EVER IN | U.S. ARMED | | | | | C ORIGIN? (Specify Yes | or No— | 14. RACE | — American Indian, White, etc. |
| Y F | 1 Name Married 2 Married | FORCES? 1 YES | TES | 1 | | | Specify: | | | Whi | |
| | 15, DECEDENT'S EDUCATION | on I | no 16a. DECEDENT'S | | CUPATIO | N N | | NO | SINESS/IND | | |
| (Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.) | | | | | | | | | | | |
| 를 | Cafeteria (Food) Service Owner | | | | | | | | | r | |
| COMPLETED | Tr. Father's NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Melden Surmerne) Frank Lyman Butts Hattie Greene | | | | | | | | | | |
| BE | | | | | | | | | | | |
| 2 | | (Son) | | igh S | | | | own, Md. | | | |
| | 20a. METHOD OF DISPOSITION Crema 1 Burlai 2 Cremation 3 Removal | tion 20b. | PLACE OF DISPO | SITION (Na | me of cen | netery, crem | natory or | 20c. LO | CATION — | City or Tov | rn, State |
| | 4 Donasion 5 Other (Specify) | | Capitil | | | | | | ver, | Del. | |
| | 21, SIGN TURN OF FUNERAL SERVICE LICENS | EE / | 0 | 22. 1 | NAME AN | ID ADDRES | SS OF FAC | P.O. Box | \$ 264 | + | |
| | * Hurle | sWell | la | J | . Wi | illis | We1 | ls Ches | terto | wn, | Md. 21620 |
| | 23. PART I Inter the diseases, Dr com | plications that ceused only one ceuse on ea | the death, Do | npt enter | the mo | de of dy | ng, such | es cerdiec or resp | ratory arr | rest, | Approximate interval Between |
| | IMMEDIALE CAUSE (Final disease or condition | c. t. | | 7-1 | | 1.0 | 0 | 0-11 | 100 | 111. | Onset and Death |
| | resulting in daeth) a | CYSTUM M DUE TO (OR AS A | CONSEQUENCE C |) T (| m | 4001 | al. | eoro q | Via | NH | |
| z | | RIO | ale | 200 | 2 | , | | V | | | |
| E | Sequentially list conditions, If any, leading to immediate | DUE TO (OR AS A | CONSEQUENCE C | NF): | | | | | | | |
| FICA | cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | DUE TO (OR AS A | CONSEQUENCE O | F): | | | | | | | |
| CERTIFICATION | resulting in death) LAST | | | | | | | | | | |
| | PART II. Other significant conditions of | ontributing to death b | ut not resulting | in the un | darivino | a cause (| given in | Part I, 24s. WAS AN | ALITOPSY | 24b. | WERE AUTOPSY FINDINGS |
| CAL | | | | | | | | PERFO | RMED? | | AWAILABLE PRIOR TO COMPLETION OF CAUSE |
| ED | | | | | | • | | | | | OF DEATH? 1 YES 2 NO |
| M | | | | | | | | | | | |
| PHYSICIAN | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | OSPITAL: | | OTHER | | ACE OF D | EATH (Chi | ock only one) | | | |
| YSI | 1 YES 2 NO 1 | Inpetient 2 ER/Outp | | 4 🗆 Nun | sing Hom | | aldence | 8 Other (Specify) | | OUBER | |
| | 27. MANNER OF DEATH 1 Natural 5 Pending | 28a. DATE OF INJURY (Month, Day, Year) | 28b. Til | JURY M | | PRK? | ¬ NO | 28d. DEŞCRIBE HOW | INJUHY OC | CUMED | |
| D BY | 2 Accident Investigation 2 Accident Investigation 2 Suitable 286. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, | | | | | | | oute Number, | | | |
| W I | 4 Homicide 8 Could not be determined | building, etc. (Spec | пу) | | | | | City or Town, State | , | | |
| COMPLET | (Check only | : To the best of my know | edge, death occur | red at the t | ime, date | and place | , and due | to the cause(a) and me | nner as sta | ted. | |
| S S | one) 2 MEDICAL EXAMINER: 0 | n the beals of examination | and/or Investigati | lon, in my o | opinion, d | ieath occu | red at the | time, date and piece, a | nd due to th | he cause(a |) and manner as stated. |
| BE C | 29b. SIGNATURE AND TITLE OF CERTIFIER | 41. | 0 1/1 | ee . | 11 | 29c. LIC | ENSE NUM | IBER | 29d. DAT | SIGNED | (Month, Day, Year) |
| 2 | 30, NAME AND ADDRESS OF PERSON WHO C | MAN / | ATH (ITEM OT) (T- | a Drine) | 1 | 1 |) / (| | 0 | x-f | // |
| | | | hestert | | Md. | 2162 | 20 | | | | |
| 20 | 31. DATE FILEPEBIN. Pox Your 91 | 32. REGISTRAR'S SIGN | ATURE GOV- Pand | e e | | | | | | | |

*Tapare

| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be flied within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal. | unbookants is them 30 to marked or item 23 chains any injury or other trainmatic event the medical examiner must be neithfield at once |
|---|---|--|
|---|---|--|

| STATE OF MARYLAND / DEPARTMENT OF HEALTH AND | MENTAL HYGIENE |
|--|----------------|
| CERTIFICATE OF DEATH | REG. NO. |

| | FOR 1 - STATE REGISTRAR | STATE OF MARY | | TMENT OF H | | MENTAL HYGIENE REG. NO. | | |
|--------------------|--|--------------------------------------|-------------------------------------|--------------------------------------|--------------------------------|---|------------------|--|
| | 1. OECEOENT'S NAME (First, Middle, Last) | | 1 | | | 2. DATE OF DEATH MONTH DAY | y Y1 | 3. TIME OF DEATH |
| | Mildred | Harmache | | Thompso | | February 1 | 6. 19 | 01 11:05 A M |
| | 4. SOCIAL SECURITY NUMBER | 5. SEX 6. AC | GE (In yrs. lest birthdey) OF YRS. | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) Oct. 12,1 | 004 | BIRTHPLACE (State or Foreign Country) |
| | 9s. FACILITY NAME (If not institution, give str | | OU THS. | SP CITY TOWN O | R LOCATION OF DE | | 9c. COUNTY | OF DEATH |
| <u>E</u> | Kent & Queen Anne | | l Tno | | tertown | | Ker | |
| 5 | RESIDENCE OF DECEDENT | s nospita. | | | | | | |
| DIRECTOR | MD Kent | | | y, town on locat hesterto | | | | 10d. INSIDE CITY LIMITS? 1 YES 2 NO |
| | 10e. STREET AND NUMBER | | | | . ZIP CODE | | 10g. CITIZEN | OF WHAT COUNTRY? |
| FUNERAL | Colonial Manor Ar | ots - Apt. | 3A | | 21620 | | | USA |
| 5 | 11. MARITAL STATUS | 12. WAS DECEDENT EVE FORCES? 1 Y | R IN U.S. ARMED | | | IC ORIGIN? (Specify Yes | or No 14. | RACE — American Indian, Black, White, etc. |
| ВУ | 1 Never Merried 2 Merried 3 Widowed 4 Divorced | IF YES, GIVE WAR O | | | 2 NO Specify | | | Specify: Wnite |
| | 15. DECEDENT'S EDUC | ATION | 16a. DECEDENT'S | USUAL OCCUPATIO | DN . | 16b. KIND OF BUS | INESS/INDUS | |
| COMPLETED | (Specify only highest grade of Elementary/Secondary (0-12) | College (1-4 or 5 +) | (Give kind of a life. Do NOT us | work done during mo- ne retired.) | st of working | | | |
| MPL | 11 | | Ret | ail | | Store | Owner | |
| Ö | 17. FATHER'S NAME (First, Middle, Last) | | | | 10111101110111011 | ME (First, Middle, Melden : Sinclair | | 74 |
| BE | Charles Hammacher | | | 4000000 m | | | | |
| 2 | Barbara Tucker | | | stertown | | Route Number, City or Town 1620 | i, State, Zip Co | de) |
| | 20a. METHOD OF DISPOSITION | | 20b. PLACE OF DISPO | | ? | | CATION — City | or Town, Stats |
| | 1 Donation 5 Other (Specify) | val from State | other place) | ill Pond | Cemeter | y St | ill Po | ond, MD |
| | 21. SIGNATURE OF JUNERAL SERVICE LICE | ENSEE | | | of Funera | | | ì |
| | Nay B. | tellow. | \$ | 370 W. | Cypress | St., Mill | ingtor | 1,MD 21651 |
| | 23. PART I. Enter the dieseses, or conshock, or heart failure. L | | | not enter the mo | de of dying, suci | h ae cerdiec or reepi | ratory errest | Approximate Interval Between |
| | IMMEDIATE CAUSE (Finel | A - | | . | 1 | 7 | | Conset and Death |
| | disease or condition resulting in death) | ne | fasial | ie ! | ana | eatre C | agei | nong |
| _ | | DOE TO (OH) | A CONSEQUENCE O | *): / | | | | i · |
| ō | Sequentially list conditions, if any, leading to immediate | DUE TO (OR / | AS A CONSEQUENCE O | | | | | |
| 8 | cause. Enter UNDERLYING CAUSE (Disease or Injury | | | | | | | |
| | that initiated events resulting in deeth) LAST | DUE TO (OR A | AS A CONSEQUENCE O | F): | | | | |
| CERTIFICATION | | l | | | | | | |
| | PART II. Other significent conditions | contributing to deel | th but not resulting | in the underlying | g cause given in | Part I. 24s. WAS AN PERFOR | | 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO |
| PHYSICIAN: MEDICAL | | | | | | 1 □ YES 2 | NO | OF DEATH? |
| M | | | | | | _ / | | 1 TYES 2 NO |
| AN | 25. WAS CASE REFERRED TO MEDICAL | | | 26. Pi | LACE OF DEATH (Ch | eck only one) | | |
| SICI | EXAMINER? 1 YES 2 NO | HOSPITAL: | Outpatient 3 DOA | OTHER: | | 8 Other (Specify) | | |
| Ŧ | 27. MANNER OF DEATH | 28s. DATE OF INJU (Month, Day, Ye | RY 26b. TIR | IE OF 28c. INJ | | 28d. DESCRIBE HOW I | NJURY OCCU | RED |
| BY F | 1 Netural 5 Pending 2 Accident Investigation | (morall, bay, ro | | | YES 2 NO | | | |
| | 3 Suicids 6 Could not be | 28e. PLACE OF INJ building, etc. | URY — At home, farm, Specify) | street, factory, offic | :0 | 28f. LOCATION (Street a City or Town, State) | and Number or | Rural Route Number, |
| H | | | | | | | | |
| COMPLETED | cont. | CIAN: To the best of my l | | | | | | |
| 8 | - / | | ation and/or investigati | on, in my opinion, c | | | | cause(s) and manner as steted. |
| BE | 296. SIGNATURE AND FITLE/OF CERTIFIER | 1 1 | MI 1 | 1011 | 29c. CICENSE NUI | WEER | | HIGNED (Month, Day, Year) |
| 2 | 30. NAME AND ADDRESS OF PERSON WAS | O COMPLETED CAUSE OF | F DEATH (ITEM 27) (Typ | a, Print) | 210 | W U / | | // |
| | Harry P. Ross, M. | D., Cheste | rtown, MD | 21620 | | | | |
| 10 | 31. DATE FILED (Month, Day, War) | 32. REGISTRAN'S | SIGNATURE SON- Pandall | | | | | |
| 10 | FEB 25 '91 | gina van | Marian Marian | • | | | | |

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | REGISTRAR | | C | EKITE | CALL | F DEA | IH | RE | G. NO. | | | |
|---|--|---------------------------|--|---|---------------------------------|------------------------|-------------|---------------------------|------------|---------------------|---------------------|---|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | | | 2. DATE OF DI | EATH DA | , | YEAR | 3. TIME OF DEATH |
| | Ralph Ar | cthur | Tawne | ey, Sr | • | March 8, 1991 7:40 A | | | | | 7:40 A M | |
| | 4. SOCIAL SECURITY NUMBER | 5. SEX | 6. AGE (In yrs. le: | | IF UNDER 1 YEA | | R 24 HRS. | 7 DATE OF BU | BYU | | 8. BIRTH Country | PLACE (State or Foreign |
| | 214-36-4099 | 1½ M 2 □ F | 51 | YRS. | MONTHS DAY | 8 HOURS | MIN. | AUG. 13,1939 MARYLAND | | | | KYLAND |
| _ | 9a. FACILITY NAME (If not institution, give a | | | | 9b. CITY, TOV | | | ATH | | 9c. COUN | TY OF DI | EATH |
| 5 | Maryland General | Hospita | al | | Balt | imore | City | | | | | |
| 입 | 10a. STATE 10b. COUNT | Y | | 10c. CIT | , TOWN OR LO | CATION | | | | | | 10d. INSIDE CITY |
| DIRECTOR | | VERT CO. | | I | ORTH E | | | | | | | 1 YES 2 NO |
| FUNERAL | 100. STREET AND NUMBER GENERAL DELIVERY | | | | | 10f. ZIP COD | | | | | U.S. | WHAT COUNTRY? |
| N N | 11. MARITAL STATUS | 12. WAS DECEDEN | T EVER IN U.S. AF | RMED | 13. WAS | | | IC ORIGIN? (Sp | ecify Yes | | | |
| BY FL | 1 Never Married 2 Married 3 Widowed 4 Divorced | | YES 2 X | | If yes | | an, Maxican | , Puerto Rican, | | | | E — American Indian, c, White, atc. fy: HITE |
| | - 28 | 1 | | | | | | | | | | HITE |
| 핃 | 15. DECEDENT'S EDU (Specify only highest grade | | (0 | ECEDENT'S Sive kind of v b. Do NOT us | USUAL OCCUP rork done during | ATION most of worki | ing | 166. KINE | OF BUS | INESS/IND | USTRY | |
| Elamentary/Secondary (0-12) College (1-4 or 5 +) College (1-4 or 5 +) FENCE MAN | | | | | | | איבוייו | IC TAI | - | | | |
| COMPLETED | 10TH. GRADE 17. FATHER'S NAME (First, Middle, Last) | IVCE: I | MAN FENC 16. MOTHER'S NAME (First, Middle, M | | | | | | | | | |
| | | | | | | | D | | | | | |
| BE | 19a, INFORMANT'S NAME (Type/Print) | 111 | 19 | b. MAILING | ADDRESS (Str | | | loute Number, Ci | | | | |
| 임 | JOAN A. TAWNEY | | s | TAR F | OUTE F | OX 30 | -5 T | EONARI | YTYYMT | J MI | 20 | 0650 |
| | 20a. METHOD OF DISPOSITION | | 20b. PLACE | OF DISPOS | ITION (Name o | | | I OI WILL | | CATION - | | |
| | 1 № Burial 2 □ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify) | oval from State | - EBEN | | CEMETE | RY | | | CAI | ALIFORNIA, MARYLAND | | |
| | 21. SIGNATURE OF FUNERAL SERVICE OF | CENSEE / - | | | 22. NAM | E AND ADDRE | | | | | | |
| MATTINGLEY-GARDINER FUNERAL HOME, P. P.O. BOX 270, LEONARDIOWN, MD. 20650 | | | | | | | | | | | | |
| | 23. PART I. Enter the disesses, Dr | | | | | | | | | | | Approximata |
| | ahock, or heert fallure. iMMEDIATE CAUSE (Finel | List only one car | ise on eech iin | e . | | | | | | | | Interval Between Onset and Death |
| | disease or condition resulting in death) | . Carc | inoma d | of the | ne Lu | na | | | | | | |
| | | DUE TO | (OR AS A CONSE | OUENCE O |): | | | | | | | |
| N | Sequentially list conditions, | b | | | | | | | | | | |
| ATI | If any, leading to immediate cause. Enter UNDERLYING | DUE 10 | (OR AS A CONSE | OUENCE O | ·): | | | | | | | |
| E C | CAUSE (Disease or Injury thet Initiated events | CDUE TO | (OR AS A CONSE | OUENCE O | ŋ: | | | | | | | - j |
| CERTIFICATION | resulting in daeth) LAST | d | | | | | | | | | | |
| | DART II Oak as also Missas as a date. | | d | | | 1.0 | | 5 I | | AUTOPSY | Т | 1 |
| X. | PART II. Other algnificant condition | ns contributing to | death but not | reaulting | in the under | ying cause | given in | Part I. 24a | PERFOR | | 240 | WERE AUTOPSY FINDINGS AMILABLE PRIOR TO |
| EDICAL | 1) Dehydration | | | | | | | 10 | YES 2 | K NO | | COMPLETION OF CAUSE OF DEATH? |
| Σ | | | | | | | | — I | | | | 1 YES 2 NO |
| AN | 25. WAS CASE REFERRED TO MEDICAL | 1 | | | | . DI 405 05 | DEATH ON | | | | | |
| PHYSICIAN: | EXAMINER? | HOSPITAL: | 7 5 D 10 10 11 11 | • 🗆 • • • | OTHER: | 8. PLACE OF | | 11-1-12 | | | | |
| HYS | 27. MANNER OF DEATH | 1 X Inpatient 2 | FINJURY | 28b. TIM | | . INJURY AT | Residence | 6 Other (Sp. 28d, DESCRIE | | NJURY OC | CURED | |
| Y P | 1 Netural 8 Pending | (Month, I | Day, Year) | IN. | W 1 | WORK? | □ NO | | | | | |
|) BY | 2 Accident Investigation 3 Suicide 8 Could not be | 28e. PLACE (| OF INJURY — At h | ioma, farm, | street, factory, | office | | 28f. LOCATIO | N (Street | and Number | r or Rural | Route Number, |
| COMPLETED | 4 Homicide determined | building | , atc. (opecity) | | | | | City or io | wn, stere) | | | |
| PLE | 29e. CERTIFIER 1 CERTIFYING PHYS | SICIAN: To the best o | f my knowledge, o | death occurr | ed at the time, | data and plac | ce, and dua | to the cause(a |) and ma | nner as ste | ted. | |
| Σ | | ER: On the beals of | examination and/o | r investigatio | on, in my opini | on, death occ | ured at the | time, data and | place, er | d due to t | he cause(| a) and manner as stated. |
| 0 | | | | | | 29c 1.li | CENSE NUM | MBER | | 004 047 | | |
| | 296. SIGNATURE AND TITLE OF CERTIFIE | R uilal | 296. SIGNATURAND TITLE OF CERTIFIER Hilal Reckhaus, Wold D. D. 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) | | | | | | | | | |
| BE | Reach | PHILAI | CCCCCC N/A 3-8-91 | | | | | | | | | |
| ш | Reach | HILAL HO COMPLETED CAL | ISE OF DEATH (IT | EM 27) (Type | Print) /O | , , | N/A | eneral | Hos | • | 3-8- | |
| BE | Reach | HILAL HO COMPLETED CAL | | EM 27) (Type | Print) /O | , , | N/A | eneral | Hos | • | 3-8- | |

detached for use as the burial-transit permit. Pages 1, 2, 3 should the hospital or attending physician. WLAND 21203-3146

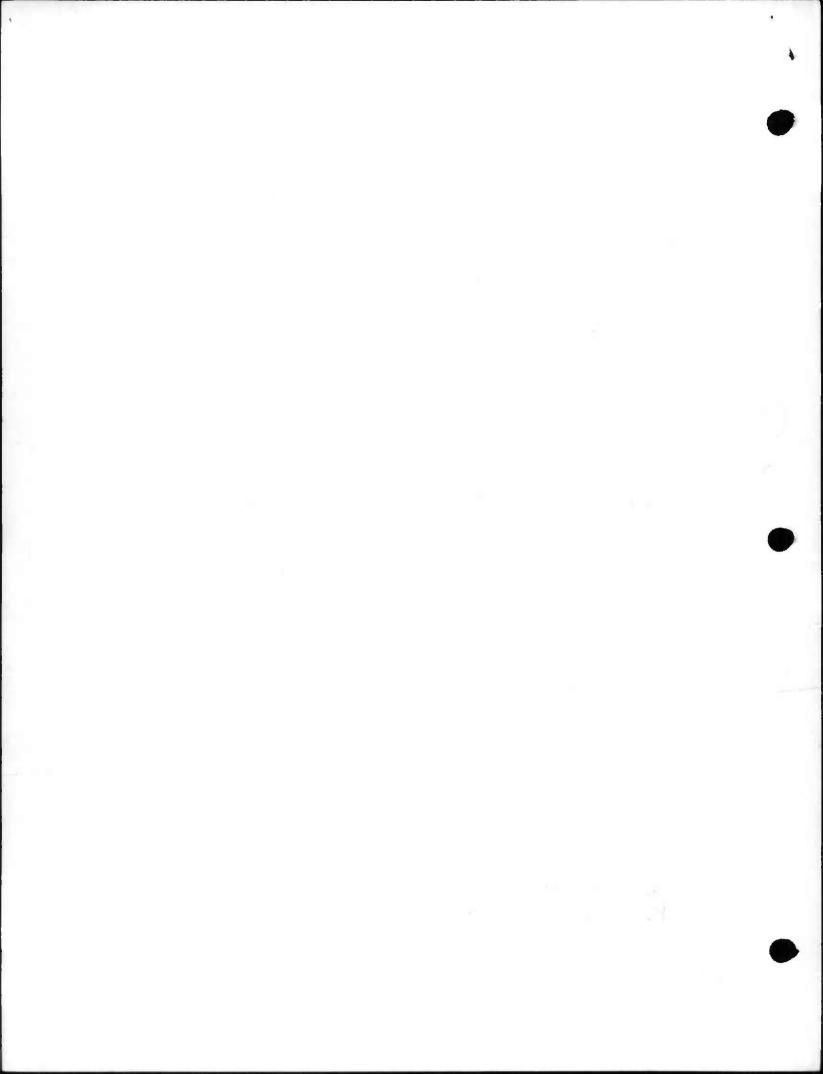
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BALTIMORE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-2-2-4/15 after death. Page 6 m. TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral direction be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-18 Rev 1/89



Pages 1, 2, 3 should

68760, BOX 0 RECORDS, OR ATTENDING PHYSICIAN: The law OF VITAL DIVISION

MARYLAND

the

retained by

after death. Page 6 may be BALTIMORE,

funeral director, page 5 should

ysician and completely filled in by the prior to burial, cremation, or removal.

signed by the attending physician Health and Mental Hygiene prior to

been it. of h has be Dept. 1

certificate h

this c

After

OIRECTOR: Aft hours after de: Nem 28 is n

FUNERAL within 72 h

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

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examiner

medical

the

event.

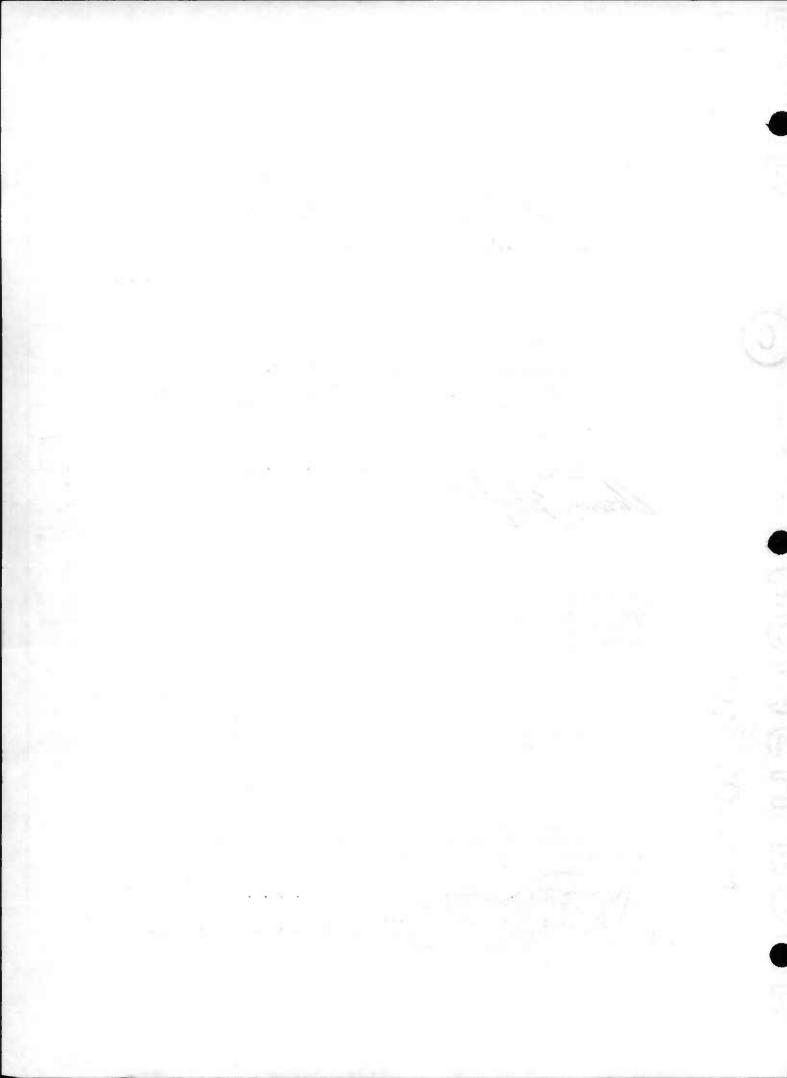
traumatic

other 1

10 Injury.

shows any

20



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REGISTRAR | | CERTIFIC | ATE OF | DEATH | REG. I | NO. | | | |
|--|---|---|------------------------------|-----------------------------|---|--------------|---|---|--|
| 1. DECEDENT'S NAME (First, Middle, Last) | | | | | 2. DATE OF DEATH | DAY | YEAR 3. | TIME OF DEATH | |
| David H. Tay | | | | | 3 | 8 | 91 | | |
| 4. SOCIAL SECURITY NUMBER 163-09-4720 | 1 M 2 D F | | UNDER 1 YEAR ONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year 8/24/(| , | Country) | vland | |
| 9e. FACILITY NAME (# not institution, give s Carroll Juther RESIDENCE OF DECEDENT | | | | minster | ATH | 100 | TY OF DEAT | TH . | |
| 10a. STATE 10b. COUNTY | arroll | 10c. CITY, T | West | minster | 3 | | | d. INSIDE CITY LIMITS? | |
| 6 Ridge Road | | | | 21157 | | 10g. CITIZ | | T COUNTRY? | |
| 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | erried 2 Married FORCES? 1 YES 2 | | | | can, Puarto Rican, etc.) | | Specify: | 4. RACE — American Indian, Black, White, etc. Specify: White | |
| 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) | completed) College (1-4 or 5+) | 18a. DECEDENT'S US (Give kind of work life. Do NOT use n | k done during mo etired.) | N at of working | ALIACIACA | BUSINESS/IND | USTRY | | |
| | .57 | Lawyer | | | law | | | | |
| 17. FATHER'S NAME (Flost, Middle, Lest) David B. Tayl | 0.73 | | | | ME (First, Middle, Mei 1a I | | | | |
| 19a. INFORMANT'S NAME (Type/Print) | | 10h MAH ING AT | DDESS /C | | Route Number, City or | Hignut | | | |
| Caroline W. | avlor | | | | tminster | | | 57 | |
| 20s. METHOD OF DISPOSITION | | 0b. PLACE OF DISPOSITI | ON (Name of au | netery cremetons or | om T112 061 | LOCATION — | City or Town | State | |
| 1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify) | oval from State | other place) Carrol | | | | Hamps | | | |
| 21. SIGNATURE OF FUNERAL SERVICE LIN | CENSEE | 001101 | | | CILITY | Trambs | , ve au | , FILL . | |
| Dahamb T | | | Pri | tts Fur | neral Ho | ome & | Chap | el | |
| Robert A | . Pritts, | Sr. | 412 | Washir | agton Ro | l., We | stmi | nster. | |
| Sequentially list conditions, if any, isading to immediata cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated evants resulting in daeth) LAST | c | S A CONSEQUENCE OF): | 3 | | | | | | |
| PART II. Other significant condition | d | but not resulting in | tha underlyin | g cause given in | Part I. 24s. WAS | S AN AUTOPSY | 24b. W | ERE AUTOPSY FIND | |
| | | | | | | RFORMED? | CI OI | MILABLE PRIOR TO OMPLETION OF CAU F DEATH? | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | | ACE OF DEATH (C) | neck only one) | | | | |
| 1 TES 2 NO | 1 Inpetient 2 ER/O | | THER: | a 5 🗆 Rasidence | 8 - Other (Specify) | | | | |
| 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation | 28a. DATE OF INJUF (Month, Day, Yea | Year) INJURY M 1 YES 2 NO NJURY — At home, farm, etreet, factory, office | | | 28d. DESCRIBE HOW INJURY OCCURED* 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | | | |
| 3 Suicide 8 Could not be 4 Homicide determined | 28a. PLACE OF INJU building, atc. (S | | | | | | | | |
| CONSTRUCTION CONTRACTOR CONTRACTO | ICIAN: To the best of my kn | | | | | | | nd manner as state | |
| 296. BIGHTATURE AND TITLE OF CERTIFIER | | | | 29c. LICENSE NUMBER D04278 | | | 29d. DATE SIGNED (Month, Day, Year) 3-9-91 | | |
| 30. NAME AND ADDRESS OF PERSON WE DEAN GRIFFIN 31. DATE FILED (MORITI, Day, Year) | | DEATH (ITEM 27) (Type, PA | | MD | | | | | |
| MAR 11 '91 | Julia | Certason-Monas | | | | | | | |

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH-16 Rev 1/89

FOR

| | REGISTRAR | | CERTIFICATE | OF DEATH | REG. NO | | | | | | | |
|---------------|---|---|--|---|--|--|--|--|--|--|--|--|
| 1 | 1. DECEDENT'S NAME (First, Middle, Last) | | 2. DATE OF DEATH DO | AY 9 TEA | 3. TIME OF DEATH | | | | | | | |
| | 214-16-9570 | 6. AGE (In yrs. | YRS. MONTHS | DAYS HOURE MIN. | 7. DATE OF BIRTH (Month, Day, Year) RUC. 15,10 | 112 0 | HTHPLACE (State or Foreign untry) | | | | | |
| CTOR | BALTIMORE CO. GEN: HOSP RANDALSTOWN BALTO. BRIDENCE OF DECEDENT | | | | | | | | | | | |
| DIRE | 10a. STATE 10b. COUNTY CAL | PROLL | 10c. CITY, TOWN OR | SVILLE | | | 10d. INSIDE CITY LIMITE? 1 YES 2 NO | | | | | |
| FUNERAL | 100. STREET AND NUMBER 101. ZIP CODE 102. CITIZEN OF WHAT COUNTRY? 103. ZIP CODE 104. CITIZEN OF WHAT COUNTRY? 105. ARMED 110. MAS DECEMBENT OF HISPANIC ORIGIN? (Specify Year or No. 14. RACE — American Indian. | | | | | | | | | | | |
| B | 1 News Merried 2 Merried 3 Widowed 4 Divorced | 2. WAS DECEDENT EVER IN U.S., FORCES? 1 ☐ YES 2 Ø IF YES, GIVE WAR OR DATES | No n | AS DECENDENT OF HISPAY YES, apocify Cuben, Mexica YES 2 100 Specify | in, Puerto Rican, etc.) | | ACE — American Indian, lack, Whita, atc. | | | | | |
| LETED | 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) College (1-4 or 5 +) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY | | | | | | | | | | | |
| E COMPLET | GRADE SCHOOL 17. FATHER'S NAME (First, Middle, Last) CHARLES JAMES THOMAS 18. MOTHER'S NAME (First, Middle, Maiden Surname) ALICE CLARK | | | | | | | | | | | |
| 10 8 | 19a. INFORMANT'S NAME (Type/Print) MRS BETTY LU | NE | | Street and Number or Rural OCAMA RO | Route Number, City or Tow | | 14021784 | | | | | |
| | 20a. METHOD OF DISPOSITION 1 | of trom Stata | CE OF DISPOSITION (Name place) | CEMETE | Ry E | OCATION - City of | Town, Stata | | | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY 24. DOX 195 Salesville, 440 | | | | | | | | | | | |
| CERTIFICATION | IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Onset and Death Onset and Death Onset and Death Onset and Death | | | | | | | | | | | |
| MEDICAL | PART II. Other aignificant conditions | contributing to deeth but no | ot resulting in the und | erlying cause given in | Part I. 24a. WAS AI PERFO | RMED? | 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | | | | |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) | | | | | | | | | | | |
| YSIC | | HOSPITAL: 1 Inpatient 2 ER/Outpetient 3 DOA OTHER: 4 Nursing Home 5 Rasidence 6 Other (Specify) | | | | | | | | | | |
| | 27. MANNER OF DEATH 1 Natural 5 Pending | 28a. DATE OF INJURY (Month, Day, Year) | 26b. TIME OF INJURY | 28c. INJURY AT WORK? | 26d. DESCRIBE HOW | INJURY OCCURE | D | | | | | |
| TED BY | 2 Accident Investigation 3 Suicide 6 Could not be determined | 28e. PLACE OF INJURY — At building, etc. (Specify) | 281. LOCATION (Street City or Town, State | OCATION (Street and Number or Rural Route Number, Ry or Town, State) | | | | | | | | |
| COMPLE | 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. | | | | | | | | | | | |
| 8 | 296. SIGNATURE AND TIPLE OF CERTIFIER | M | | 29c. LICENSE NU | MBER 233 | 29d. DATE SIGNED (Month, Day, Year) 3, 7). 87 | | | | | | |
| ٩ | 30. NAME AND ADDRESS OF PERSON WHO | D(G) | GANDAC | USTOWN | , MD | 2113 | 3 | | | | | |
| | 31. DATE SILES (Month, Day, Year) | 32. BEGISTRAR'S SIGNATUR | Barlotte. | | | | | | | | | |



3. TIME OF OEATN

03:25

Rose

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BE COMPLETED BY

2

IMPORTANT: If Item

FUNERAL I

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Sequentielly liet conditions.

If eny, leeding to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury

that initiated events resulting in deeth) LAST

4 Homicide

Pages 1, 2,

permit.

| 4. SOCIAL SECURITY NUMB | | 5. SEX | 6. AGE (In yrs. last birthday) | IF UNCER | 1 YEAR | IF UNDER | 9 24 HRS. | | OF BIRTH | | 8. BIRTI | NPLACE (State or Foreign |
|------------------------------|--------------------|------------------|---|----------|------------|------------|------------|--------------|-----------|------------|-----------|---|
| 579-20-8044 | 1 | 1 🗆 M 2 📭 | 67 YRS. | MONTHS | DAY8 | HOURS | MIN. | (Month | Jay, Joan | 23 | Pen | nsylvania |
| 9a. FACILITY NAME (If not in | stitution, give st | reet and number) | | 9b. CITY | , TOWN | OR LOCATI | ON OF D | EATH | | 9c. COL | UNTY OF C | DEATH |
| | INUMMC | TY HOSPI | TAL | LAN | MAH | | | | | PRIN | CE G | EORGE 'S |
| RESIDENCE OF DEC | CEDENT | | | | | | | | | | | |
| M.D | Pri | ver Ge | FORUE C | TY, TOWN | OR LOCA | TION | PA | RK | | | | 10d. INSIDE CITY LIMITS? 1 YES 2 NO |
| 5006 L | | A D | RIVE | | 10 | 1. ZIP COD | ロソレ | 2 | | 110 | S.A | WHAT COUNTRY? |
| | Xerried proed | FORCES? | NT EVER IN U.S. ARMED I YES 2 NO MAR OR OATES | | If yes, sp | | nn, Mexico | in, Puerto F | | Yee or No- | Blac | E — American Indian, ok, White, atc. |

16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTR College (1-4 or 5+) 12 Housewife

Own Home

17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Domenick Cirrilli Carmella Maselle 19a. INFORMANT'S NAME (Type/Print)

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

Carroll Tavenner 5006 Laguna Road, College Park, Md. 20740 20a METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION -- City or Town, State DATE 4 Donation Donation Cedar Hill Cemetery 03-06-91 Suitland, Maryland

22. NAME AND ADDRESS OF FACILITY
FRANCIS GASCH'S SONS FUNERAL HOME Hvattsville Md. 20781 11730 Ralt AVA

| | 20.00 | 1 | -/ (| _ | | - 64 | - | _ | 1413 | Dait | . /\/ . | , | Hyat | COALLIC | e, ivid. | 20/01 |
|----------|-----------|---|---------------|---|-----|------|---------------------------|---------|----------|-----------|---------------|------|------------|-------------|----------|---------------------------------|
| 23. PAF | | | | | | | sed the de n eech iine | | enter th | mode of d | ying, such ee | cerd | dlec or re | epiratory e | rreat, | Approximeta Intervai Between |
| IMMED! | | | Inel | | m | | | > . 4 / | | | 1 | | | | | Onset and Death |
| resultin | | _ | \rightarrow | | 111 | VO | CAR | DIAL | | WM | RCTIE | OA | 1 | | | HOURS |

DUE TO (OR AS A CONSEQUENCE OF) CARDIOVER CULAR DISCASE RIGRIOSCLEAMIC

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I.

DUE TO (OR AS A CONSEQUENCE OF):

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO 1 | YES 2 | NO

Vears

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 Impetient 2 ER/Outpetient 3 DOA OTHER: 4 Nursing Nome 5 Residence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATN 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DEŞCRIBE NOW INJURY OCCURED Natural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be datarmined

29a, CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner ee stated.

2. MEDICAL EXAMINER: On the besia of axamina

29c. LICENSE NUMBER 29b. SIGNATURE AND TITLE OF CERTIFIER Venuty medical 29d, DATE SIGNED (Month, Day, Year) levore in Sxamina

PA HYATSVIlle MA 20181 EVER MI

32. REGISTRAR'S SIGNATURE

8/6/23 Callege PARK Serve. Fred Address Dieset MYCHARDIA THARACTION Address of the contract of the same of the same The to the same of the same of the same

| TO THE MOSPITAL DA ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 nours after death. Page 6 may be retained by the host | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
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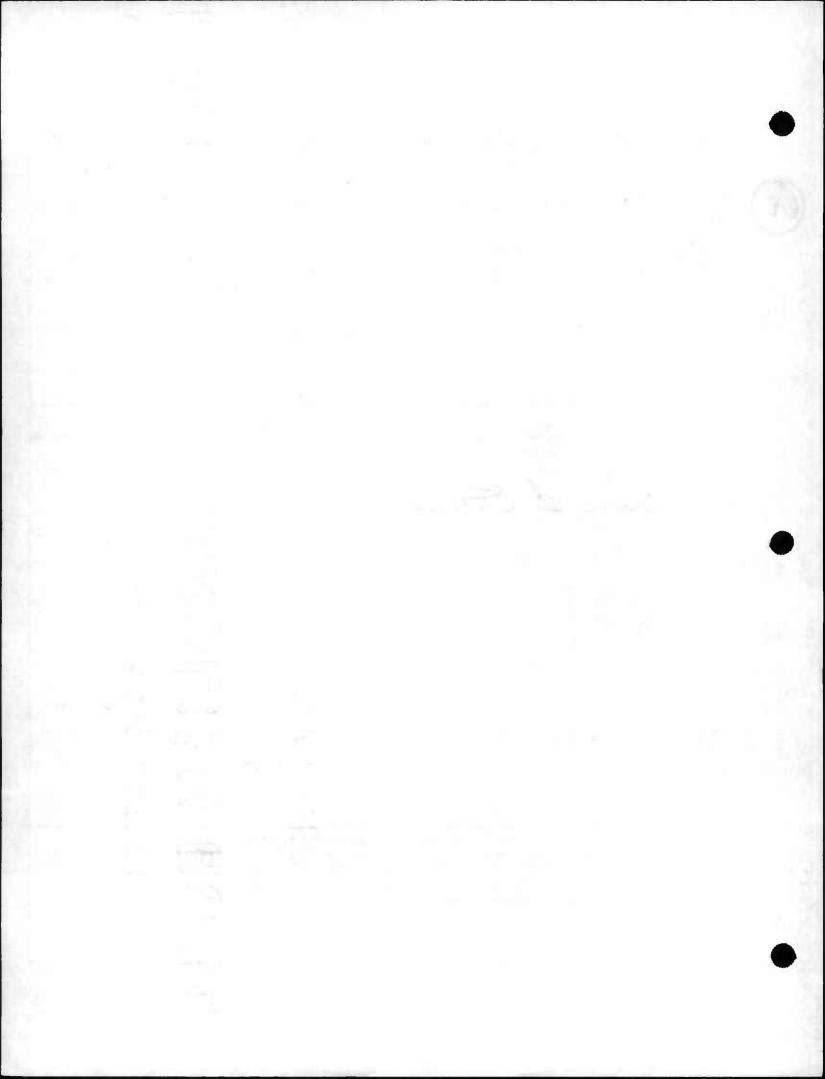
Md

Hospital Center,

Clinton,

| 1 - FOR STATE REGISTRAR | STATE UF N | IARYLAND / DEPA CERTI | RTMENT FICATE | | | | MENTAL | REG. NO | | | |
|---|---------------------------|---|---|----------------|--------------------------|--------------|------------------------------------|--------------|------------------|-----------|--|
| 1. OECEOENT'S NAME (First, Middle, Last) | TA | MAN | | | | | 2. DATE O | F OEATH | | YEAR 3. T | 604 A |
| 4. SOCIAL SECURITY NUMBER 578-30-6947 | 5. SEX 1 M 2 X F | 8. AGE (In yrs. lest birthda) 63 YRS. | MONTHS | 1 YEAR DAYS | IF UNDE | MIN. | 7. DATE O (Month, 5/26 | Day, Year) | | Country) | E (State or Foreign |
| 98. FACILITY NAME (If not institution, give SOUTHERN MAINTERN MAINTERNAME) | etreet and number) | HOSPITAL | 9b. CITY, | LIM | VI E | ON OF OE | EATH | | / / / - | VCE (| GEORGE |
| 100. STATE 10b. COUNT Maryland P. (| | | inton | | TION | | | | | 1000 | INSIDE CITY LIMITS? YES 24 2 NO |
| 7900 Old Alexan | 7 | | | 101 | 207 | | | | | SA | COUNTRY? |
| 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced | | T EVER IN U.S. ARMED YES 34 340 MR OR DATES | | f yes, sp | | ın, Mexica | NIC ORIGIN? in, Puerto Ri y: | | e or No— | Black, Wh | mericen Indian, Ite, etc. White |
| 15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12) | College (1-4 or 5 | (Give kind of life, Do NOT | "S USUAL OC of work done of use retired.) | luring mo | ON ost of worki | ing | 16b. | - | n Hor | | |
| 11 17. FATHER'S NAME (First, Middle, Last) Joseph Hendel | o rson | ноп | nemak | GI | | | ME (First, Mi | ddle, Melder | | | |
| 190. INFORMANT'S NAME (Type/Print) George M. Tay | yman | | ng address | | and Numbe | r or Rural i | Floute Numbi | | wn, State, Zip C | | |
| 20a METHOD OF DISPOSITION 1 & Buriel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify) | noval from State | 20b. PLACE AND DA | ctio | n C | eme | tery | 5-91TE | CI | ocation — ci | n,Md. | |
| 21. SIGNATURE OF FUNERAL SERVICE LI | CENSEE | n to | 6 | 633 | O1 | d Al | exan | | | H8T | e,Inc. |
| 23. PART/I. Enter the diseases, or ahook, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events | e. Due To | OR AS A CONSEQUENCE | OF): | euu | DTA | lig, suc | ice of | oc or resp | Source Source | et, | Approximate Interval Batwe Onset and De |
| PART II. Other significent condition | d | digith but not resulting | a in the un | derlylo | C COURS | duen In | Part i | 240 WMC A | N AUTOPSY | 24h WEE | E AUTOPSY FINDING |
| Corvical | distro | Sory | | | | | | | RMED? | COA OF | LABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 \(\sum \) NO |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO | HOSPITAL: | ER/Outpetient 3 DO/ | OTHEF 4 Num | 3 : | | | heck only one | | | | |
| 27. MANNER OF OEATH 1 Netural 8 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined | 28e. DATE OF (Month, E | | IME OF INJURY M m, street, fact | 1 🗆 | JURY AT ORK? YES 2 | Q-NO | 281. LOCA | | and Number of | h. | Number, |
| one) | | my knowledge, death occ xemination end/or investig | | | | | | | | | l manner es stated |
| 296. SIGNATURE AND TITLE OF CERTIFIE | - | | - Table 1971 | | | | | | | | |

20735



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

| FOR STATE REGISTE |
|-------------------------|
| 1. DECEDENT'S |
| 4. social sec 577- 3 |
| 9a. FACILITY N |
| RESIDENC 10a. STATE |
| Maryl 10a. STREET A |
| P. O |
| 1 Never Ma 3 Widowed |
| Elementary |

TO BE COMPLETED BY FUNERAL DIRECTOR

| STATE OF MARYLAND / DE | PARTMENT OF | HEALTH AND | MENTAL | HYGIENE |
|------------------------|---------------------------|-------------------|--------|----------|
| CERT | <i>TIFICATE OI</i> | F DEATH | | REG. NO. |

| 1 - STATE REGISTRAR | | OILL OF 1 | | CE | RTIF | ICATE | OF | DEATH | | F | REG. NO. | | | | | |
|---|-------------------------------|--------------------------|------------------------|---------------|-------------|------------------------------|------------|---------------|--------|-----------------------------------|-------------------------|-----------|---|------------|---------------------|---------|
| 1. DECEDENT'S NAME (First, | Middle, Last) | | | | | | | | | 2. DATE OF | DEATH DA | , | YEAR | 3. TH | ME OF DEAT | гн |
| WI | LLARI | D TAP | 2 | | | | | | | 3 | 15 | | 9(| 9 | 110 | AM |
| 4. SOCIAL SECURITY NUME | | 5. SEX | 6. AGE | (in yrs. lest | birthday) | IF UNDER 1 | _ | IF UNDER 24 H | IRS. | 7. DATE OF I | BIRTH N. Year) | | 6, BIRTI Count | HPLACE | E (State or Fo | preign |
| 577- 32-973 | 8 | M 2 □ F | 63 | | YRS. | MONTHS | DAYS | HOURS M | HN. | Feb.15 | | 8 | | | n, Ne | ab. |
| 9a. FACILITY NAME (If not in | stitution, give | street and number) | | | | 9b. CITY, 1 | OWN O | R LOCATION | OF DE | EATH | | 9c. CO | UNTY OF I | | | |
| UNION ME | | AL HOSP | ITAI | | | BAI | TI | MORE | C. | ITY | | Ba | altim | ore | } | |
| 10a. STATE | 10b. COUNT | Y | | | 10c. CIT | Y, TOWN OR | LOCATI | ON | | | | | | | INSIDE CITY | r |
| Maryland | Was | shington | | | Sh | arpsb | urg | | | | | | | | YES 2 | NO |
| 10s. STREET AND NUMBER | | | | | | | 10f. | ZIP CODE | | | | 10g. Cl | TIZEN OF | WHAT C | COUNTRY? | |
| P. O. Box | 239 | 205 West | Hig | h St | • | | | 21782 | 2 | | | | U. S | . A | 1 - | |
| 11. MARITAL STATUS | | 12. WAS DECEDED | T EVER I | N U.S. ARI | MED | | | | | NIC ORIGIN? (S in, Puerto Rice | | or No- | 14. RAC | E — An | nerican Indi | en, |
| 1 Never Married 2 1 | | IF YES, GIVE Y | WAR OR D | ATES | | | | | Specif | | 11, 010.7 | | Spec | offy: | | |
| | | Korean | Con | | | | | | | | | | | Whit | <u>:e</u> | |
| (Specify only | EDENT'S EDU y highest grad | e completed) | | (GI | ve kind of | work done du se retired.) | | | | 16b. KII | ND OF BUS | INESS/IN | IDUSTRY | | | |
| Elementary/Secondary (0 | 0-12) | Coflege (1-4 or 8 | +) | | auff | | | | | Δ1 | ito F | eala | ershi | in | | |
| 17. FATHER'S NAME (First, M | Matella Land | | | <u> </u> | dull | | | 40 14071150 | | ME (First, Midd | | | | - <u>P</u> | | |
| Walter | | app | | | | | | | | H. Har | | | | | | |
| 19a. INFORMANT'S NAME (| | -FF | _ | 101 | MAILIM | ADDRESS | Charact or | | | Route Number, | | | The Condo | _ | | |
| Audrey L | | | | | | | | | | sburg, | | | | 2178 | 32 | |
| 28a. METHOD OF DISPOSIT | | | | | | E OF DISPO | | (Name | | DATE | 20c. LO | CATION - | - City or T | own, St | ete | |
| 1 Donation 5 Other | (Specify) | | | | | y or other pla | | orv | | | Smi | thsk | ourq, | Mc | 1. | |
| 21. SIGNATURE OF FUNERA | T SPRVICE L | CENSEE | 100 | | | | | D ADDRESS | OF FA | | | | | | | |
| Tale | 1/2 44 | O H GOOT | H | , | | | am : | | | | | | nsbor | | | |
| 23. PART I. Enter the d | | Bast, Jr. | t cause | d the de | ath Do | | | | | HOME, E | | | | | Approxim | nete |
| | | . List Dnly one ce | | | | | | ac or aying | , 500 | ar do obraid | от тоор. | . a.o.y a | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Interval B | Between |
| IMMEDIATE CAUSE (Findiseese or condition | nel | | | | | | | | | | | | | i | Onset sn | |
| resulting in death) | → | PULM C | N PAR | 1 ED | EW 14 | NED. | | | | | | | | - | 3.12.0 | 11 |
| - | | | | | | | , | | | | | | | - į. | 3-12-0 | 3. |
| Sequentielly list condit | | A ACUTE A | | A CONSEC | | | 2N | | | | | | | | 2.16- | 11 |
| if sny, lasding to imme csuse. Enter UNDERLY | | · RECENT | | | | , | Δ.ο | Same | ~ | _ | | | | 1. | 3.12 | 9, |
| CAUSE (Disease or Injuthat initiated events | Jry S | DUE TO | (OR AS | A CONSE | DUENCE C |)F): | M-4-40 | 706-01 | 6 400 | 1 | | | | - | 3-10 | 61 |
| resulting in death) LAS | T | d. SEVERE | 000 | NAS | ARTI | EVEY DI | SEA | 58 | | | | | | | YEARS | |
| | _ | | | | | | | | | | | | | 1 | | |
| PART II. Other significa | | | deeth I | but not r | esulting | in the und | lerlying | csuse give | en in | Part I. 24 | e. WAS AN | | 24 | AVAIL | ABLE PRIOR | TO . |
| DIABETES M | | | | | | | | | | 1 | YES 2 | □ NO | | OF D | PLETION OF EATH? | , |
| AWTE RE | who e | MILLE | | | | | | | | _ | | | | 1 🔲 | YES 2 😿 | NO |
| | | | | | | | | | | | | | | | | |
| 25. WAS CASE REFERRED T EXAMINER? | MEDICAL | HOSPITAL: | | | | OTHER | | ACE OF DEAT | TH (C) | neck only one) | | | | | | |
| 1 TYES 2 W NO | | 1 1 inpetient 2 | _ | patient 3 | | 4 - Nursi | | e 5 🗆 Resid | lence | 8 C Other (S | pecify) | | | | | |
| 27. MANNER OF DEATH | Deadles | 28a. DATE O (Month, | F INJURY Day, Ybar) | | 28b. TH | JURY | | RK? | | 28d. DESCR | IBE HOW I | NJURY O | CCURED | | | |
| 2 Accident | Pending Investigation | - | | | | М | 1 🗆 1 | rES 2 N | 10 | | | | | | | |
| | Could not be | 28a. PLACE building | OF INJUR | Y — At ho | me, farm, | street, facto | ry, offici | | | 28t, LOCATE City or 1 | ON (Street lown, State) | and Numb | er or Rural | Floute N | Vumber, | |
| 4 Homicide | determined | _ | | | | | | | | - | | | | | | |
| 29a. CERTIFIER 1 CER | TIFYING PHY | SICIAN: To the best of | f my knov | vledge, de | ath occur | red at the tir | ne, data | and place, ar | nd du | o to the cause | (a) and ma | nner as s | tated. | | | |
| anal | DICAL EXAMIN | IER: On the besis of | examinatio | on and/or | Investigati | lon, in my op | lnion, d | eath occured | at the | time, date an | d placa, ar | d dua to | the cause | (a) and | manner sa | stated. |
| 29b. SIGNATURE AND TITLE | E OF CERTIFI | ER | | - | _ | | | 29c. LICENS | SE NU | MBER | | 29d. D. | ATE SIGNE | D (Mont | th, Day, Year) |) |
| Rondom 6 | aulus. | 15 MD | | | | | | D22 | 69 | 19 M | 9 | 13 | 3.15 | 91 | | |
| 30. NAME AND ADDRESS O | F PERSON W | | JSE OF D | EATH (ITE | M 27) (Typ | e, Print) | - | - | | | | | | | | |
| | | 251TY PAR | ~corr | in. | DUC | IMON | 1 | | U. | MO | | | | | | |
| 31. DATE FILED (Month, Day, | R18 'S | 25 TY PAC 32. REGISTR | Julia | David | lson-i | Pandell | | | | | | | | | | |
| la left | VIO 6 | 011 | | | | | | | | | | | | | | |

Alub West

FOR

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-frours after death. Page 6 may be retained by the hospital or attending physicien.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pay be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

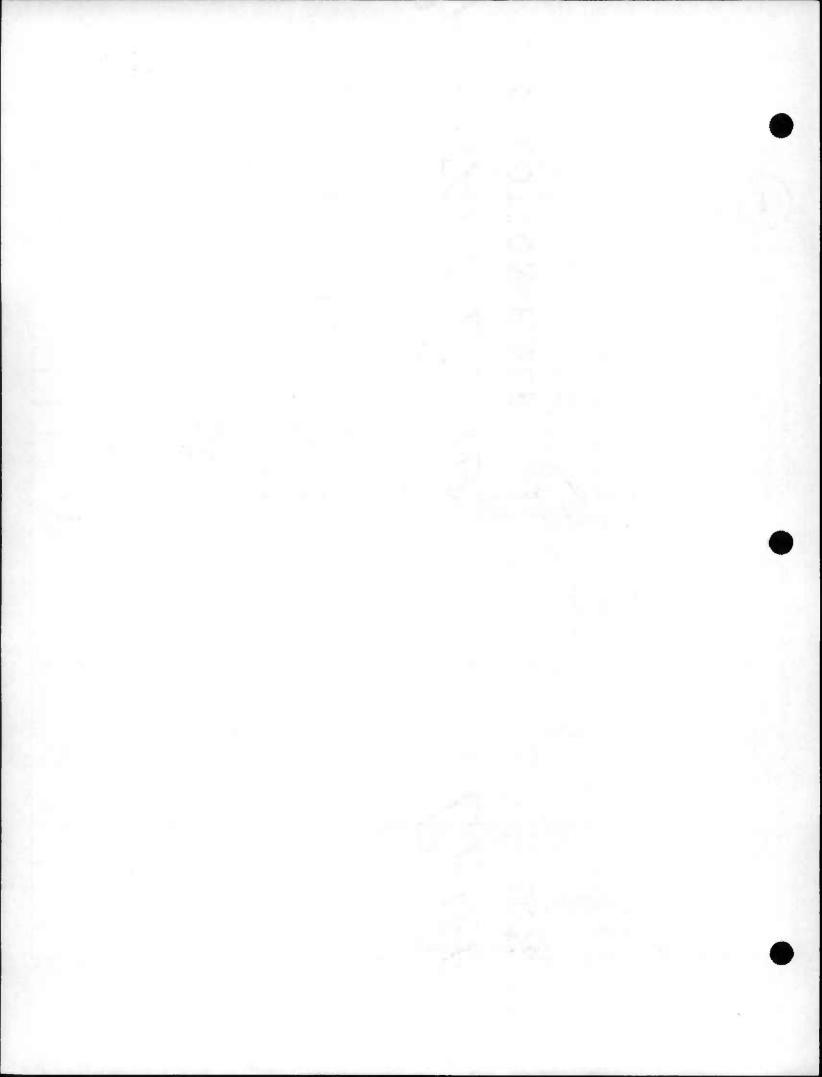
IMPORTANT: It leem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

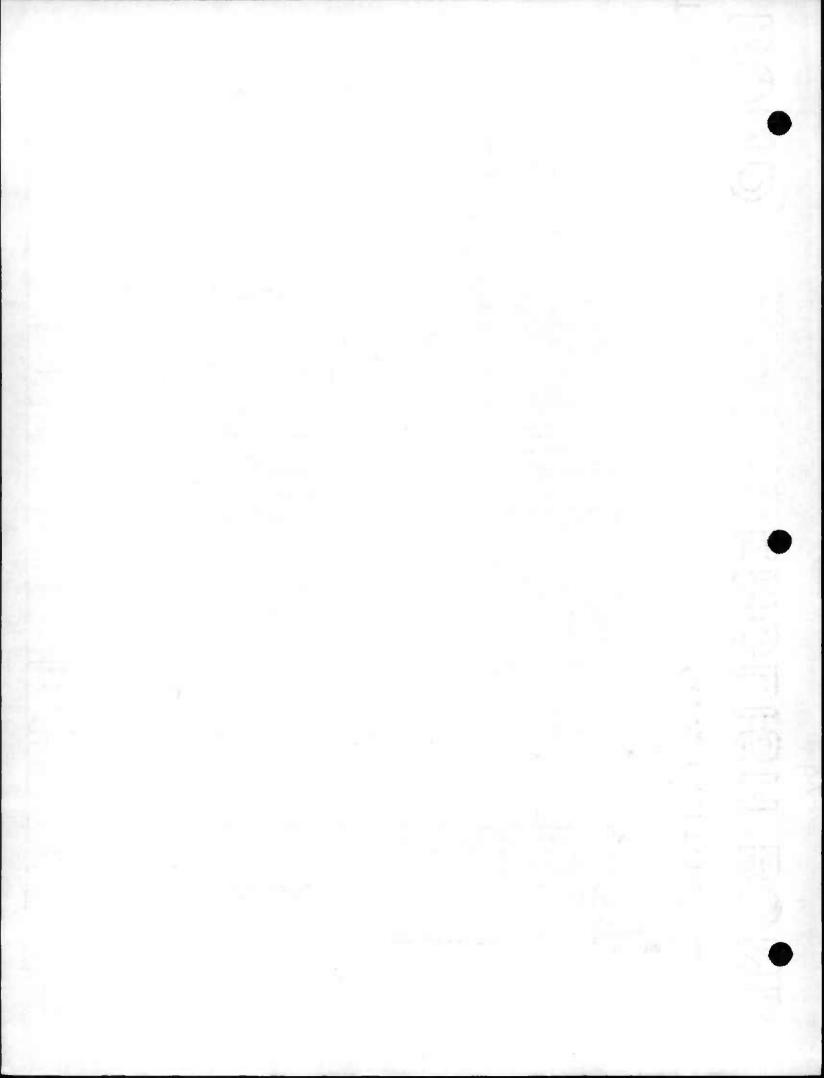
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|---|--|--------------------------|-------------------|---------------|-----------------------|----------------------|---------------|-----------------|----------------|-----------------------|-----------------------------------|
| LECOLA ECCITY MUNISHER 220-09-4302 \$\sqrt{9}\$ at \$\sqrt{9}\$ \$\sqr | | | | | | | 2. DATE | OF DEATH | AY | YEAR | 3. TIME OF DEATH |
| 220-09-4302 N is a P 70 | | | TRAIL | ,SR. | | | | | 0 1 | 991 | 0625 |
| RECEIVE MARY DEVELOPMENT SECURITY SECURITY MARY DEVELOPMENT SECURITY SECUR | | | | | | | ~. | | | 8. BIRTHP Country) | LACE (State or Foreign |
| SALISBURY WICOMICO SOLITOR TOWN ON LOCATION M. STREET M. COUNTY M. WICOMICO SALISBURY NO. CITY, TOWN ON LOCATION SALISBURY NO. CITY, TOWN ON LOCATION SALISBURY NO. CITY TOWN ON LOCATION SALISBURY SALISBURY NO. CITY TOWN ON LOCATION SALISBURY SAL | | | 3 70 | YRS. | | | | .21, | 1920 | | MO. |
| STRICE OF DECERDING TO MILE STRICE AND MARKET THE MILE STRICE OF THE STR | | | | | | | EATH | | | | |
| SETTIFE 196. COINTY WICOMICO SALISBURY 106. EP CODE 21801 109. CITIZET ON NUMBER 1005HERON COURT 109. CITIZET OF IN U.S. ANNOTO SALISBURY 109. CITIZET OF INVAIL STUDY 109. CITIZET OF INVAIL SOUTH 109. CITIZET OF INVAIL SOUTH 109. CITIZET OF INVAIL SOUTH 109. CITIZET OF INVAIL SOUTH 109. CITIZET OF INVAIL SOUTH 109. CITIZET OF INVAIL SOUTH 109. CITIZET OF INVAIL SOUTH 109. CITIZET OF INVAIL SOUTH 109. CITIZET OF INVAIL SOUTH 109. CITIZET OF INVAIL SOUTH 109. CITIZET OF INVAIL SOUTH 109. CITIZET OF INVAIL SOUTH 109. CITIZET OF INVAIL OF INVAIL SOUTH 109. CITIZET OF INVAIL OF INVAIL SOUTH 109. CITIZET OF INVAIL OF INVAIL SOUTH 109. CITIZET OF INVAIL OF INVAIL SOUTH 109. CITIZET OF INVAIL | | | | | SALI | SBURY | | | MI | COMI | |
| MICOMICO SALISBURY NO. 27 CODE 21801 NO. 27 CODE 21801 NO. 27 CODE 21801 NO. 27 CODE 21801 NO. 27 CODE 21801 NO. 27 CODE 21801 NO. 27 CODE 21801 NO. 27 CODE 21801 NO. 27 CODE 21801 NO. 27 CODE 21801 NO. 27 CODE 21801 NO. 27 CODE 21801 NO. 27 CODE 21801 NO. 27 CODE 21801 NO. 27 CODE 21801 NO. 27 CODE 21801 NO. 27 CODE 21801 NO. 27 CODE | | | | 10c. CITY | , TOWN OR LOCA | TION | | | | Т | 10d. INSIDE CITY |
| STREET HO NUMBER 1 OB HERION COURT 1 OB HERION COURT 1 OB HERION COURT 2 WAS DECEMBET EVEN IN U.S., AWARD PONCEST 1 (2) YES 2 (1) NO INVESTIGATION COURT (Specify Yes or No. 1) November 4 (2) Referring 1 (2) No. 1) November 4 (2) Referring 1 (2) No. 1) November 4 (2) Referring 1 (2) No. 1) November 4 (2) Referring 1 (2) No. 1) November 4 (2) Referring 1 (2) No. 1) November 4 (2) Referring 1 (2) No. 1) November 4 (2) Referring 1 (2) No. 1) November 4 (2) Referring 1 (2) No. 1) No. 1) November 4 (2) Referring 1 (2) No. 1) No. 1) No. 1) November 4 (2) Referring 1 (2) No. 1) No. 1) No. 1) No. 1) November 4 (2) No. 1) N | MO. | WICOMICO | | SA | LISBUF | Y | | | | | LIMITS? |
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| Northernal Content C | 1006HERON | COURT | | | | 21801 | | | | U.S. | A . |
| 18. DECEDENT'S EDUCATION (Specify only injusted prior conclusion) (Spe | Never Married 2 Marrie | FORCES? 1 | X YES 2 D | 40 | if yee, o | secify Cuban, Mexics | in, Puerto F | | s or No | Black, | - American Indian, White, etc. |
| Continue of the continue of | | 1 | | | 1 | - | l an | | 1 | | |
| SHEET METAL SHEET MAKE (First, Model, Makelon Surrame) WALTER LEROY TRAIL IN MOTHER'S NAME (First, Model, Makelon Surrame) WALTER LEROY TRAIL IN MOTHER'S NAME (First, Model, Makelon Surrame) MARY FAHE IN MAILTO ADDRESS (Street and Number or Rural Routh Number, Coy or Swir, Strein, 2p Code) 1006 HERON COURT, SALISBURY, MO. 2180 AMENINO ADDRESS (Street and Number or Rural Routh Number, Coy or Swir, Strein, 2p Code) 1006 HERON COURT, SALISBURY, MO. 2180 MARY TRAIL 20th PLACE OF DEPOSITION (Name of consister, consistory or Code) Devised 2) | (Specify only higher | st grade completed) | (G | ive kind of w | ork done during m | on on working | 166. | KIND OF BU | SINESS/IND | USTRY | |
| WALTER LEROY TRAIL INFORMATS NAME (Pyenhol) MARY THAIL INFORMATS NAME (Pyenhol) INFORMATS NA | | College (1-4 or 5 | +) | | | | | SHEET | MET | AL | |
| WALTER LERDY TRAIL WORMAN'S NAME (PyerPrint) WARY FAHEY 199. MAILING ADDRESS (Silved and Number or Rural Rook Number, City or Row, Sain, Zp Code) 218. METHOD OF DESPOSITION BURIAL 2/D Cremation 3 Removal from State 200. FLACE OF DISPOSITION (Name of commenty, committery or CAPE Many (Print) | FATHER'S NAME (First, Middle, L | est) | | | | 16. MOTHER'S NA | MIE (First, N | Aicidle, Meiden | Surnama) | | |
| 196. MAILING ADDRESS (Shoet and Number or Flural Placite Number, City or Sown, State, 2p Code) 1006 HERON COURT, SALISBURY, MO. 2180 200. PLACE OF DISPOSITION (Name of comments), consisting or CAPE HENLOPEN CREM. 200. PLACE OF DISPOSITION (Name of comments), consisting or CAPE HENLOPEN CREM. 2180 229. MARK AND ADDRESS (Shoet and Number or Flural Placite Number, City or Sown, State, 2p Code) 2180 200. PLACE OF DISPOSITION (Name of comments), consisting or CAPE HENLOPEN CREM. 229. MARK AND ADDRESS OF FACILITY 229. MARK AND ADDRESS OF FACILITY 229. MARK AND ADDRESS OF FACILITY 220. MARK AND ADDRESS OF FACILITY 220. MARK AND ADDRESS (Fine) 220. MARK AND ADDRESS OF FACILITY 220. MARK AND ADDRESS OF FACILITY 220. MARK AND ADDRESS (Fine) 220. MARK AND ADDRESS (Shoet and Number or Flural Place) in the Cape of C | WALTER LE | BOY TRATI | | | | | | 12.20 | our remay | | |
| ART I. Other significant conditions are performed to the caused the death but not resulting in the underlying cause given in Part I. Due to (or As a Consequence or): | | | 19 | b. MAILINO | ADDRESS (Street | | | | vn. State. Zip | Codel | |
| DOMESTIFICATION OF PARTIL ENERGY LICENSES SIGNATURE OF FUNERAL SERVICE LICENSES SIGNATURE OF FUNERAL SERVICE LICENSES SIGNATURE OF FUNERAL SERVICE LICENSES PART I. Ener the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, and only one cause on each line. WE PART I. Ener the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, in the sease or conditions, and consider that the death of the cause of dying, such as cardiac or respiratory arrest, in the sease or condition and the cause of the death of the cause of the death of the cause of dying, such as cardiac or respiratory arrest, in the sease or conditions and the death of the death of the cause of dying, such as cardiac or respiratory arrest, in the sease or conditions and the death of the death of the death of the cause of the death of the cause of the death of the cause of the death of the cause of the death of the death of the cause of the death of the cause | MARY TRAIL | | | | | | | | | | 1801 |
| DOMESTIFICATION OF PARTIL ENERGY LICENSES SIGNATURE OF FUNERAL SERVICE LICENSES SIGNATURE OF FUNERAL SERVICE LICENSES SIGNATURE OF FUNERAL SERVICE LICENSES PART I. Ener the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, and only one cause on each line. WE PART I. Ener the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, in the sease or conditions, and consider that the death of the cause of dying, such as cardiac or respiratory arrest, in the sease or condition and the cause of the death of the cause of the death of the cause of dying, such as cardiac or respiratory arrest, in the sease or conditions and the death of the death of the cause of dying, such as cardiac or respiratory arrest, in the sease or conditions and the death of the death of the death of the cause of the death of the cause of the death of the cause of the death of the cause of the death of the death of the cause of the death of the cause | . METHOD OF DISPOSITION | | 20b. PLACE | OF DISPOS | ITION (Name of ce | metery, crematory or | | 20c. LC | CATION — | City or Tow | rn, State |
| BOUNDS FUNERAL HOME, SALISBURY **PART I. Enter the diseases, of complications that caused the death. Do not anter the mode of dying, such as cardisc or respiratory arrest, and shock, or heart felluls. List only one cause on each line. **MEDIATE CAUSE (Fine) **sease or conditions** **sease or conditions** **sease or conditions** **sequentially list conditions, any, leading to immediate Nusse. Enter UNDERLYING AUSE (Disease or Injury at Initiated events southing in death) LAST **DUE TO (OR AS A CONSEQUENCE OF): **DUE TO (OR AS A CONSEQUENCE OF): **dual thirtisted events southing in death) LAST **ART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. **PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. **PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. **PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. **PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. **PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. **PART II. Other significant conditions.** **PART II. Other significant conditions.** **PART II. Other significant conditions.** **PART II. Other significant conditions.** **PART II. Other significant conditions.** **PART II. Other significant conditions.** **PART II. Other significant conditions.** **PART II. Other significant conditions.** **PART II. Other significant conditions.** **PART II. Other significant conditions.** **PART II. Other significant conditions.** **PART II. Other significant conditions.** **PART II. Other significant conditions.** **PART II. Other significant conditions.** **PART II. Other significant conditions.** **PART II. Other significant conditions.** **PART | | | CAPE | HEN | NLOPEN | CREM. | | FF | RANKE | ORO, | DEL. |
| ART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, abook, or heart fellure. List only one cause on each line. MEDIATE CAUSE (Final seases or complications) BOUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): | SIGNATURE OF FUNERAL SER | ICE LICENSEE | 0 | | 22. NAME A | ND ADDRESS OF FA | CILITY | | | | - |
| ART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. WAS CASE REFERRED TO MEDICAL EXAMINETY VES 2 NO | Museld | 1/2011 | 10X | | BOH | IDS ELINE | ED A 1 | HOME | GAI. | TCRI | IRY MD |
| ART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ART II. Other significant conditions contributing to death occurred to the underlying cause given in Part I. ART II. Other significant conditions contributing to death occurred to the subscience of the cause given contributing to death occurred at the time, data and place, and due to the cause(s) and manner as stated. ART II. Other significant conditions contributing to death | 2/DADT I Enter the disease | | 9 | oth Don | | | | | | | Approximate |
| DUE TO (OR AS A CONSEQUENCE OF): DUE TO | Isease or condition | | | | 11 | 7 | | - | | | Onset and De |
| WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO | any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury nat initiated events | DUE TO | (OR AS A CONSE | QUENCE OF | 7: | | | | | | |
| WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO | ART II. Other significant co | nditiona contributing to | death but not | resulting i | n the underlyle | ng cause given in | Part I. | PERFO | RMED? | | WERE AUTOPSY FINDIF |
| EXAMINER? YES 2 NO | | | | | | | _ | | | | |
| 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Realdence 6 Other (Specify) MANNER OF DEATH Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 28a. DATE OF INJURY — At home, farm, street, factory, office 29f. LOCATION (Street and Number or Plural Route Nut City or Town, State) 29g. PLACE OF INJURY — At home, farm, street, factory, office 29f. LOCATION (Street and Number or Plural Route Nut City or Town, State) 29g. PLACE OF INJURY — At home, farm, street, factory, office 29f. LOCATION (Street and Number or Plural Route Nut City or Town, State) 29g. PLACE OF INJURY — At home, farm, street, factory, office 29f. LOCATION (Street and Number or Plural Route Nut City or Town, State) 29g. DATE STANDARD ADDRESS OF PERSON WIJO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29g. LICENSE NUMBER 29d. DATE SIGNED (Month, Date of Complete Nut City or Town, State) 29d. DATE SIGNED (Month, Date of Complete Nut City or Town, State) 29d. DATE SIGNED (Month, Date of Complete Nut City or Town, State) 29d. DATE SIGNED (Month, Date of Complete Nut City or Town, State) 29d. DATE SIGNED (Month, Date of Complete Nut City or Town, State) 29d. DATE SIGNED (Month, Date of Complete Nut City or Town, State) 29d. DATE SIGNED (Month, Date of Complete Nut City or Town, State) 29d. DATE SIGNED (Month, Date of Complete Nut City or Town, State) 29d. DATE SIGNED (Month, Date of Complete Nut City or Town, State) 29d. DATE SIGNED (Month, Date of Complete Nut City or Town, State) 29d. DATE SIGNED (Month, Date of Complete Nut City or Town, State) 29d. DATE SIGNED (Month, Date of Complete Nut City or Town, State) 29d. DATE SIGNED (Month, Date of Complete Nut City or Town, State) 29d. DATE SIGNED (Month, Date of Complete Nut City or Town, State) 29d. DATE SIGNED (Month, Date of Complete Nut City or Town, State) 29d. DATE SIGNED (Month, Date of Complete Nut City or Town, State) 29d. DATE SIGNED (Month, Date of Complete | | | | | | LACE OF DEATH (C/ | neck only on | 10) | | | |
| MANNER OF DEATH Matural S Pending Investigation 28a. DATE OF INJURY 28b. TIME OF INJURY 1 YES 2 NO North, Day, Year) 28b. TIME OF INJURY North, Day, Year) 28b. TIME OF INJURY 1 YES 2 NO North, Day, Year) 28b. TIME OF INJURY North, Day, Year) 28b. TIME OF INJURY North, Day, Year) 28b. TIME OF INJURY AT WORK? YES 2 NO North, Day, Year) North, Day, Year) North, Day, Year) 28b. TIME OF INJURY North, Day, Year) North, Day, Y | | | ☐ ER/Outpatient 3 | □ DOA | | me 5 Residence | 6 Other | r (Specify) | | | |
| Natural Natural | MANNER OF DEATH | | | 26b. TIM | E OF 28c, IN | JURY AT | | | INJURY OC | CURED | |
| 3 Suicide 4 Homicide Could not be determined 29a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 29a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 29a. LOCATION (Street and Number or Rural Route Number Number Number or Rural Route Number Number Number or Rural Route Number Number or Rural Route Number Number Number Number Number Number Number or Rural Route Number Num | - town and | 19 | ray, rour | Intal | | | | | | | |
| a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (b. MATTINE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, of the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and my opinion. (c) LICENSE NUMBER 29d. DATE SIGNED (Month, or the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and my opinion. (d) LICENSE NUMBER 29d. LICENSE NUMBER 29d. DATE SIGNED (Month, or the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. | a [] a z z z z | 28e. PLACE | OF INJURY — At he | ome, farm, s | street, factory, offi | ce | | | | or Rural Ro | oute Number, |
| Check only 2 MEDICAL EXAMINER: On the basic of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. D. STANTINE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, D. 2) C. LICENSE OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3 (| | | , otal (alpenis) | | | | City | or rown, State | 7 | | |
| NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) A COCIONY, MS COLO | (Check only | | | | | | | | | | and menner as state |
| NA AND ADDRESS OF PERSON WIJO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) AND ADDRESS OF PERSON WIJO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Scale of Death (ITEM 27) (Typo, Print) Scale of Death (ITEM 27) (Typo, Print) | D. SANATUNE AND TIFLE OF C | ERTIFIER | | | | 29c, LICENSE NII | MBER | | 29d, DAT | E SIGNED | (Month, Day, Year) |
| AND ADDRESS OF PERSON WIJO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) | I CA | Soen un | | | | DICL | 74 | | > 3 | 1 | |
| JA Coclary, as isol your no 21401 | AND ADDRESS OF PER | ON WHO COMPLETED CAL | ISE OF DEATH (ITE | M 27) (Type | Print) | 1,- 20 0 | 1 (| | 1 3 | 111 | |
| | | 0 000 | | | Mow | en V | + . | 181 | | | |
| . DATE FILED (Month, Day, Year)32. REGISTRAR'S SIGNATURE | DATE FILED (Month Day Year) | 32 BEGISTO | AR'S SIGNATURE | 1 al | 1700 | 7 1 | 4 5 | داط | (| | |



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1 - STATE REGISTR | IAR | | CE | RTIF | ICATE OF | DEATH | REG. | NO. | | | |
|--|---|---|--|-------------------------------------|--|---|---|-------------------------|---------------|--|---------------|
| 1. DECEDENT'S | NAME (First, Middle, Last) | | 11 6 | | | | 2. DATE OF DEATH | | YEAR | 3. TIME OF DEA | |
| Joh | | n Vonvi | lle Sr. | • | | | MONTH 2 | 24 | 91 | 2:30 | Рм |
| | URITY NUMBER 6-7393 | 5. SEX 1 X M 2 F | 6. AGE (In yrs. les | t birthday) YRS. | MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN, | 7. DATE OF BIRTH Dec / 16, | 924 | e. Birth | HPLACE (State or F | oreign |
| | AME (If not institution, give | | | | 96. CITY, TOWN East | OR LOCATION OF D | | 9c. C | LIBOT | | |
| Mem RESIDENCE MDTATE 100. STREET AI Rt. 1 B | 10b. COUNT Caro | | | | r, town or Loca Greensbo | | | | | 10d. INSIDE CIT LIMITS? | |
| Rt.1 B | OX 57-34 | | | | 10 | 1. ZIP CODE 21639 | | | USA | WHAT COUNTRY? | |
| 3 Widowed | ATUS ried 2 Married 4 Divorced | FORCES? | NT EVER IN U.S. AR I XYES 2 N MAR OR DATES | | If yes, s | CENDENT OF HISPA Decify Cuban, Maxic 2 NO Speci | NIC ORIGIN? (Specify an, Puerto Rican, etc. fy: | Yea or No- | Blec | E — American Ind sk, White, stc. offy: White | len, |
| Elementary/12t | 15. DECEDENT'S ED (Specify only highest grad Secondary (0-12) | UCATION le completed) College (1-4 or 5 | (G | CEDENT'S ive kind of Do NOT u | USUAL OCCUPATI work done during m se retired.) | ON ost of working | 16b, KIND OF | BUSINESS/ | | | |
| 12t | :h | | tr | uck | driver | | A.H. | | | | |
| John | AME (First, Middle, Last) Frank Von | ville | | | | | AME (First, Middle, Me Tibbett Vo | | * | | |
| | IT'S NAME (Type/Print) | | | | | and Number or Rural | Route Number, City or | Town, State, | Zip Code) | | |
| mer re | Bachman Vo | onville | _ | _ | | | ensboro, | | | | |
| 1 X Buriel 2 | ☐ Cremation 3 ☐ Rei | moval from State | | | Shore | | | urloci | | | |
| 21. SIGNATURE | OF FUNERAL SERVICE L | ICENSEE TO SE | 7 | | Fleed | NO ADDRESS OF F | nbein Fu | reens | sboro Home | MD 21 POBx | 639 160 |
| disease or c resulting in a Sequentially if any, leadir cause. Enter | list conditions, gg to immediate UNDERLYING asse or injury events | b | O (OR AS A CONSE | OUENCE O | ord Co | Dranie Elec | Yand | tilal | ers | Onset at | d Deet Lo |
| PART II. Oth | ar significant condition | one contributing to | death but not i | resulting | in the underlyi | ng cause given in | PE | S AN AUTOP REFORMED? | | b. WERE AUTOPSY MAILABLE PRIO COMPLETION OF OF DEATH? 1 YES 2 | R TO CAUSE |
| 25. WAS CASE EXAMINER 1 YES 27. MANNER OF | | HOSPITAL: | ☐ ER/Outpatient 3 | | OTHER: | PLACE OF DEATH (C | | | | | |
| | FOEATH 5 Pending | 28a. DATE O (Month, | | 28b, TI | WE OF 28c. IN | JURY AT ORK? YES 2 NO | 6 Other (Specify, 28d, DESCRIBE H | | OCCUREO | | |
| 2 Accide 3 Suicid 4 Homic | 6 ☐ Could not be | 28a. PLACE | OF INJURY — At he I, stc. (Specify) | ome, farm, | atreet, factory, off | CB | 28t. LOCATION (S City or Town, | | nber or Rurai | Route Number, | |
| 4 Homle 29a. CERTIFIEF (Check only | | | | | | | | | | (a) and manner as | stated. |
| 296. SIGNATUR | E AND TITLE OF CERTIFI | FGG CANDIDETED CAN | HODE | 25 | MI | 29c. LICENSE NI | JMBER 537 | 29d. | DATE SIGNE | D (Month, Day, Yea | n |
| JU, NAME AND | ADDRESS OF PERSON W | Koo | le W | M 27) (7/0 | _ 503 | 3 Dutch | wen's 1 | -cone | E. | ston 1 | Pol |
| 31. DATE FILED | (Month Det yell | 32. HEGISTE | ABIA BEBATURA | indell | | | | | , | | |



VEC 0 101 NO

2. DATE OF DEATH

| | KENNETH | LEE | VALENTI | NE | | | | MARCH 8, | 991 | YEAR | 8:40 A |
|--|--|--------------|-------------------------|---|------------|--------------|--------------------------------|---|----------|--------------------------|--|
| | 4. SOCIAL SECURITY NUM 2151462 | | 6. SEX | 6. AGE (In yrs. lest birtho | MONTH | DER 1 YEAR | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIFTH (Month, Day, Year) FEB. 8, 1 | 921 | Count | IPLACE (State or Foreigr ry) RYLAND |
| GB (1) | | HEART | street and number) | | | | ERLAND | | | INTY OF D | |
| Page DIRECT | MARULAND | 10b. COUNT | EGANY | | | N OR LOCAT | | | | | 10d. INSIDE CITY LIMITS? 1, X YES 2 NO |
| nsit permit | 10e. STREET AND NUMBER | | TREET | | | 1000 | 21502 | | | SA | WHAT COUNTRY? |
| 215-0020 attending physician. se as the burial-transit | 11. MARITAL STATUS 1 Never Merried 2 X 3 Widowed 4 Div | | FORCES? | NT EVER IN U.S. ARMED (X) YES 2 NO WAR OR DATES | 1 | If yes, sp | | ANIC ORIGIN? (Specify Ye can, Puarto Rican, etc.) cily: | a or No— | 14. RACI Blac Spec | E — American Indian, k, White, etc. |
| | 15. DE (Specify or | CEDENT'S EDU | JCATION e completed) | 16a. DECEDER (Give kind | of work do | ne durina mo | ON ost of working | 16b. KIND OF BU | | | /2/=1.1/ |
| E # 2 | Elementary/Secondary (| (0-12) | College (1-4 or 5 | FACTO: | Ry W | orke | R | | | | ./KELLY- IRE CO. |
| YLAND by the hospit be detached at once. | 17. FATHER'S NAME (First, I | | VALENT | INE | | | | NAME (First, Middle, Maider ELIZABET | | RAUS | F. |

Malden Surname) BETH KRAUSE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ROZELLA CARROLL STREET-CUMBERLAND, MD 21502 VALENTINE 20s METHOD OF DISPOSITION
1 M Burlel 2 Cremetion 3 Removal from Stata
4 Donation 5 Dither (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE PARK 3-11-91 BURIAL HILLCREST CUMBERLAND, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY GEORGE-UPCHURCH FUNERAL HOME, P.A. 202 GREENE ST.-CUMBERLAND, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

shock, or heart failure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disesse or condition_ resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAILABLE PRIOR TO

| | | | | OF DEATH? |
|--|--|--|--|---|
| HOGBITAL | | | (Check only one) | 1 |
| | | | ce 8 C Other (Specify) | |
| 28a. DATE OF INJURY (Month, Day, Year) | 28b. TIME OF INJURY | 28c. INJURY AT WORK? 1 YES 2 NO | 28d. DESCRIBE HOW INJURY OCCU | PRED |
| 28e. PLACE OF INJURY — At he building etc. (Specify) | ome, farm, street | t, factory, office | 28f. LOCATION (Street and Number of City or Town, State) | r Rural Route Number, |
| | 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY — At he | 1 M inpetient 2 ER/Outpetient 3 DOA 4 ER/Outpetient 3 DOA 4 ER/Outpetient 3 DOA 4 ER/OUTPETIENT STREET STRE | HOSPITAL: 1 M Inpettent 2 = ER/Outpettent 3 = DOA | 1 M inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO 28c. PLACE OF INJURY — At home, farm, street, factory, office |

CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination as

29b. SIGNATURE AND TITLE OF CERT 29c. LICENSE NUMBER 29d. DATE SIGNED (Morith, Der Yber) 8

30. NAME AND ADDRESS OF PE WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

VIK POONAI, M.D. 715 WILLIAMS STREET CUMBERLAND, MD. 21502

31. DATE FILED (Month, Day, Year) MAR 1

32. REGISTRAR'S SIGNATURE

belingbing

be notified

the medical examiner must

2

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED If Item

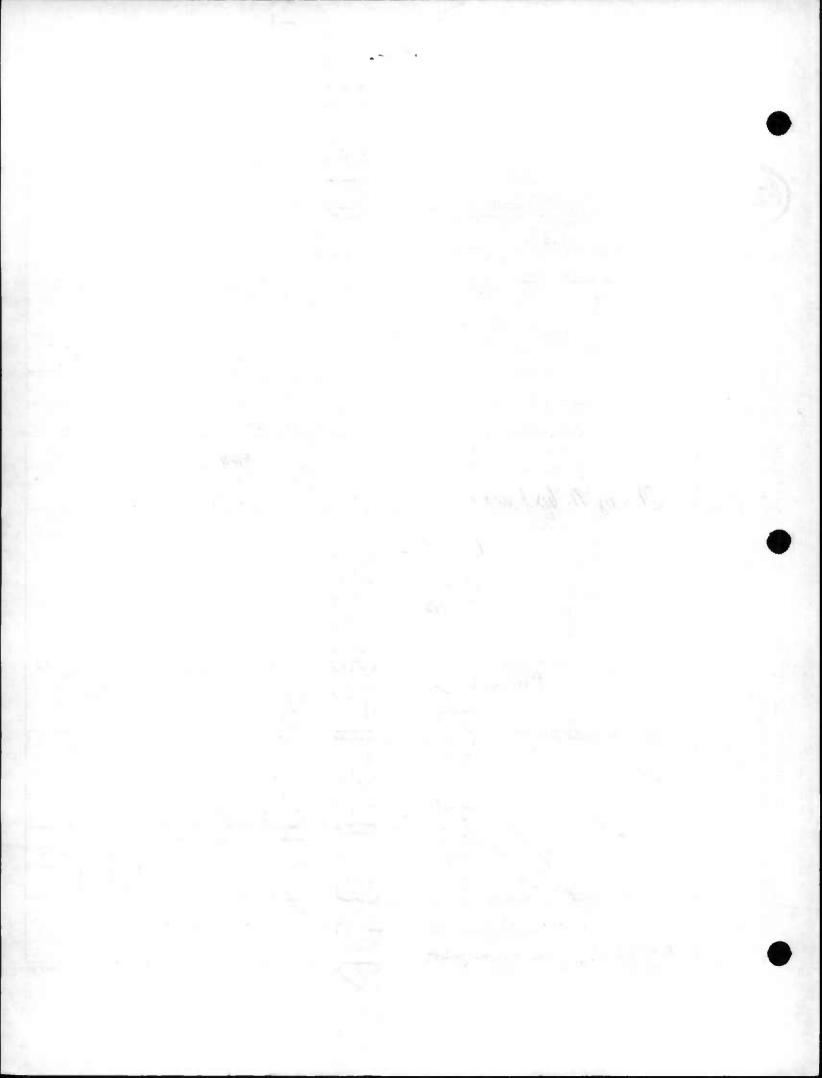
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2

FUNERAL Within 72 h HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

0

COMPLETION OF CAUSE



| SALES VOE OF SECONDS BY SALES | SALTIMODE TANK IN AND STAGE |
|--|--|
| DIVISION OF VIAL RECORDS, F.C. BOX 13149, | DALLIMON, MAIN LAID SIZOS-3140 |
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any output and the same of the same | is after death. Page 6 key tertilizated by the hospital or attending physician, |
| TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in | t by the tuneral director coup." I should be detached for use as the burial-transit permit. Pages 1, 2, 3 should |
| be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remine. | removat. |
| IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical assummer must be notified at once. | dical examiner must be notified at once. |
| | |

| | 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH | | | | | | | | | | | | | | |
|---------------|---|--------------------------------|--|------------------------|------------|---|---|-------------------------------|--|--------------|-------------------------------|------------|-----------|--|--|
| | | WIVEIL | | | | Feb 26 1991 | | | 8:25 P 1 | | | | | | |
| DIRECTOR | 4. SOCIAL SECURITY NUMBER 5. SEX 1 \(\overline{\text{1}} \overline{\text{M}} \) M 2 □ F | | | | | IF UNDER | 1 YEAR DAYS | IF UNDER | IF UNDER 24 HRS. 7. II | | | | Countr | BIRTHPLACE (State or Foreign Country) Maryland | |
| | 9a. FACILITY NAME (If not institution, give street and number) Frederick Memorial Hospital | | | | | | | OR LOCATI | ON OF DE | | | 9c. COU | INTY OF D | | |
| | RESIDENCE OF DECEDENT | | | | | | 0 401 | 011 | | | | 1 | 1 1 Cu | CILOR | |
| <u> </u> | Maryland | 10b. COUNT | | | 10c. CIT | Y, TOWN (| | | | | | | | 10d. INSIDE CITY LIMITS? | |
| | Maryland Frederick | | | | | r re | | Cick | 6 | | | T 100 CIT | IZEN OF Y | 1 YES 2 NO | |
| RA | 7194 Peekski | | | _ " | n. Eir COD | 217 | 02 | | log. on | | S.A. | | | | |
| BY FUNERAL | 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 M YES 2 N IF YES GIVE WAR OR DATES JAN 1952 TO Jan | | | | | | If yes, s | CENDENT (pocify Cubic S 2 NO | OF HISPAN | IIC ORIGIN | ? (Specify Ye lican, etc.) | a or No— | 14. RACE | — American Indian, c, White, atc. | |
| | 15. DEC | EDENT'S EDU y highest grade | ICATION completed) | 16a, D | ECEDENT'S | USUAL O | CCUPAT | ION net of worki | na | 16b. | KIND OF BU | ISINESS/IN | DUSTRY | | |
| COMPLETED | Elementery/Secondary (0-12) College (1-4 or 5+) | | | | Tecl | se retired.) | _ | out or work. | | | U. S. | Gov | ernm | ent | |
| BE CON | 17. FATHER'S NAME (First, M Roy Joseph | | 18. MOTHER'S NAME (First, Middle, Melden Surname) Helen Louise Guise | | | | | | | | | | | | |
| TO B | Helen Lorra | | ivell | | | | | | | | er, City or Tox leri.ck | | | 702 | |
| | 20a METHOD OF DISPOSIT 1 Disposit 2 Cremetic 4 Donation 5 Other | of dispos (aco) ha.vel | n Men | me of co | al G | metory or arde | ns | | ederi | 0.000 | | | | | |
| | 21. SIGNATURE OF TYNERA | | CENSEE A | 1 | 00021 | 22. | Kee | ney | and | our Basfo | ord Fi | mera | 1 Hor | 7 77 | |
| CERTIFICATION | Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | | | | | | | | | | | | | | |
| CER | resulting in death) LAST | | | | | | | | | | | | | | |
| MEDICAL | PART II. Other significa | resulting | | | | 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO | | 246 | 4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | | | | | |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) | | | | | | | | | | | | | | |
| 2 | EXAMINER? | | HOSPITAL: | ☐ ER/Outpatient | 3 🗆 DOA | 4 Nu | | me 5 □ R | lesidence | 6 🗆 Othe | r (Specify) | | | | |
| | 7 | Pending Investigation | 28a. DATE O (Month, | F INJURY Day, Year) | 26b. Till | IE OF JURY M | | JURY AT YORK? YES 2 [| _ NO | 28d. DES | CRIBE HOW | INJURY O | CCURED | | |
| TED BY | 2 Suicide 8 4 Homicide | ome, farm, | street, fac | tory, off | Ice | | 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | | | | | | | |
| COMPLET | cont only | | SICIAN: To the best of | | | | | | | | | | | a) and manner as stated. | |
| u | 29b. SIGNATURE AND TITLE | E OF CERTIFIE | ER | | | | | 29c. LIC | ENSE NU | MBER | | 29d. DA | TE SIGNE | (Month, Day, Year) | |
| TO B | 19 | 61 | 149 | | | | | 10 | 146 | 26 | | | 2/ | 26/91 | |
| | 30. NAME AND ADDRESS O | | HO COMPLETED CA | | | | E-C-Y | es Ez | . 5 | c | Fro. | 100. | 15 1 | 21701 | |
| | FEB 2 8 195 | 31 4 | hia Davidson | And S | | | | | | | | | | | |

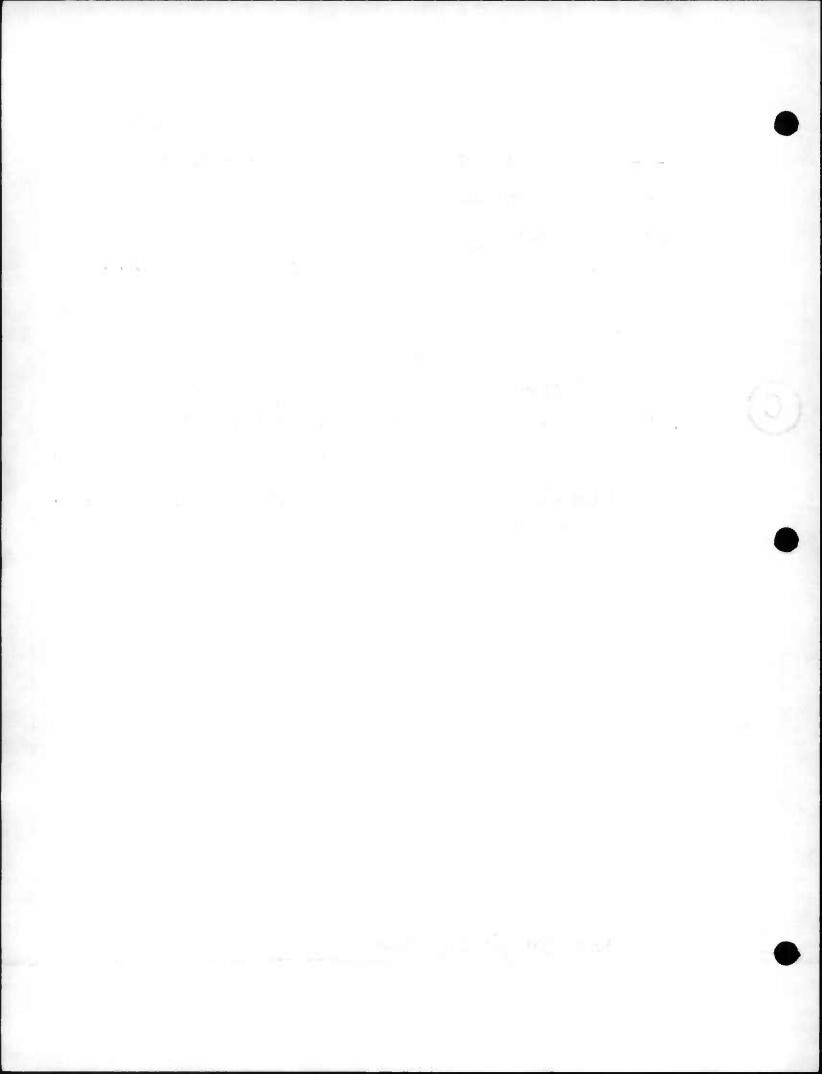
6+1/4

DHMH-18 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

| ORE | Page 6 may al director, p | | 20e, METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remote 4 Donation 5 Other (Specify) | oval from State | Sh |
|--|--|---|--|--|---|
| BALTIMORE | ter death. Page the funeral dir yal. | | 21. SIGNATURE OF PONERAL SERVICE LIC | C. Sarf | 2 |
| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within connected the formal to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funerate filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examit | TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION | 23. PART T. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 29 Accident 3 Suicide 8 Could not be determined | DUE TO (O | R AS A CC |
| | | | 24 DATE EN ED (Marth Day Mart) | a menorale | O SUCCESSION |

| TEGIOTTEGI | | | 0. | | OATE | . 01 | DEA | | HEG. NO. | | | |
|--|----------------------------------|-------------------|--|---------------------------------------|---------------------|----------|--------------------|-------------|--|-----------------------|-------------|---|
| 1. DECEDENT'S NAME (First, Middle, Last) Margaret Miller Willis | | | | | | | | | 2. DATE OF DEATH FEBRUary 0422, 1991 0445 A | | | |
| 4. SOCIAL SECURITY NUM | nen I | 5. SEX | 6. AGE (In yrs. last | hirthrian | IF UNDER | r VEAR | IF UNDER | 04.4000 | 7. OATE OF BIRTH 6. BIRTHPLACE (State or Fon | | | |
| 215-20-765 | | 1 M 2 XF | 73 | YRS. | MONTHS | DAYS | HOURS | MIN. | March 1, | 1917 | Couptpy) | ryland |
| 9a. FACILITY NAME (If not in | natitution, give str | reet and number) | | | 9b. CITY | TOWN | OR LOCATI | ON OF DE | ATH | 9c. COUNT | | |
| Frederick | Memor | ial Hosp | ital | | Fr | ede | rick | | | Fr | eder | ick |
| 10a. STATE | 10b. COUNTY | | | 400 CIT | r, TOWN C | 01000 | 71011 | | | | Las | A MINIOT OUTV |
| Maryland | | | | | | rich | | | | | | LIMITS? |
| 10e. STREET AND NUMBER | | | | | | 10 | . ZIP COD | E | | 10g. CITIZE | N OF WHA | AT COUNTRY? |
| 1310 David | Lane | | | | | | | 2170 | 2 | | U.S. | A. |
| 11. MARITAL STATUS | | 12. WAS DECEDEN | T EVER IN U.S. AR | | | | | | IIC ORIGIN? (Specify Yes | or No — 1 | | American Indian, Vhite, etc. |
| 1 Never Merried 2 3 Widowed 4 Dive | | IF YES, GIVE | | | | | 2 A NO | | n, Puerto Rican, etc.) | | Specify: | White |
| | EDENT'S EDUC ly highest grade | | (G | CEDENT'S ve kind of w Do NOT us | vork done | CCUPATI | ON ost of world | ng | 16b. KIND OF BUS | SINESS/INDU | STRY | |
| Elementary/Secondary (1 | 0-12) | College (1-4 or 5 | +) | mema | | | | | Home | 9 | | |
| 17. FATHER'S NAME (First, M | Aiddle Lest) | | | | | | T 16 MOT | HED'S NA | ME (First, Middle, Maiden | Sumamai | - | |
| lathias Bart | | ller | | | | | | | e May Gle | | | |
| 190. INFORMANT'S NAME (| | o nd | | | | | | | rick, Mar | | | 2 |
| | | anu | | | | | | _ | | | | - |
| 20e. METHOD OF DISPOSIT 1 Burlel 2 Cremetic 4 Donation 5 Other | on 3 🗆 Remo | oval from State | 20b. PLACE other place Smit | hsbu | | | | | | cation – ci ithsbu | | Maryland |
| 21. SIGNATURE OF PONERA 23. PART I. Enter the d | ul C | C. Day | 411 | 10002 | 1 | Kee | 6 Eas | and t Ch | Basford Fourth Street | et, Fr | eder | |
| IMMEDIATE CAUSE (Fidesase or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLY CAUSE (Disease or injected initiated events resulting in death) LAS | Rions, poliste Ping | | LIOR AS A CONSECUTION A | DUENCE OF | 01 A1 Fil Fil | odi V | mun us C | al | bleedn | 7 | | Onset and Death |
| | | 4 | | | | | | | | | | + |
| PART II. Other signification of the signification of the signification of the significant | e Ob | a contributing to | o death but poly | lm. | In the ur | 3 | Dis | 2.86-6 | PERFOI | | 0 | ERE AUTOPSY FINDINGS MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO |
| 25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO | TO MEDICAL | HOSPITAL: | ☐ ER/Outpetient 3 | □ DOA | OTHE | R: | | | 6 Cher (Specify) | | | |
| 27. MANNER OF DEATH | Pending | 28m. DATE O | | 20b. TIM | | 28c. IN | JURY AT ORK? | | 28d. DESCRIBE HOW | INJURY OCCU | RED | |
| 2 Accident | Investigation | 28e. PLACE | OF INJURY — At he | me, ferm, s | M street, fac | | YES 2 (| □ NO | 28f. LOCATION (Street | end Number o | r Rural Rou | ite Number, |
| 4 Homicide | Could not be determined | building | , etc. (Specify) | | | | | | City or Town, State |) | | |
| onel only | | | | | | | | | to the cause(e) and ma | | | and manner as stated. |
| 296. SIGNATURE AND TITLE | e of certifier | SE | M |) | | | 290010 | BOC | MOER / | 29d. DATE | SIGNED (A | forth, Day, Year) |
| 30. NAME AND ADDRESS O | DEPERSON WHI | COMPLETED CA | ME OF DEATH OTE | מקירו (דב ש | Print) | 11 | ul | Hou | 18 Avz | S | ut | = 203 |
| 31. DATE FILED (Month, Day, | | | AR'S SHOMATURE | ~ Ran | dall | | | | FRE | DER | use | e, MD |
| | | | AND ADDRESS OF THE PARTY OF THE | | | | | | | | | |



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| NOU | led ii | l. 0r | E | |
| in 24 | ely fil | nation | th. | |
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be referred to | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 | be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. | IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be netilined and | |
| cuted | 100 p | unal, | tic e | : |
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| STATE OF MARYLAND / DEPARTMENT OF HEALTH AND | MENTAL HYGIENE |
|--|-----------------------|
| CERTIFICATE OF DEATH | REG. NO. |

| | 1 - STATE OF MARY | LAND / DEPARTM CERTIFICA | | | IENTAL HYGIEN | _ | | | |
|---------------------------------|--|---|----------------------------|---------------------------------|---|---|---|--|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) UTILIS 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE | tkins | B. Wa. | F 18050 01 100 | 2. DATE OF DEATH MONTH D | 3/8/97 | 3. TIME OF DEATH 3. TIME OF DEATH AND AND AND AND AND AND AND AND AND AND | | |
| | 213-03-0480 150 M 2 D F | 901 | Maryland | | | | | | |
| TOR | So. FACILITY NAME (It not institution, give street and number) Herman Wison Health Care Center Gaethersburg RESIDENCE OF DECEDENT Sc. COUNTY OF DEATH Bc. COUNTY OF DEATH MON | | | | | | | | |
| DIRECTOR | Maryland Montgomery | wn on Location | | | 10d. INSIDE CITY LIMITS? 1 PYES 2 NO | | | | |
| FUNERAL | 100. STREET AND NUMBER 301 Russell Ave. | 101. ZIP CODE 20877 | | | | USA | | | |
| BY FUN | 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR | 2 5NO | If yes, spec | | C ORIGIN? (Specify Yes, Puerto Ricen, etc.) | or No- 14. | BACE — American Indian, Black, White, etc. Specify: White | | |
| COMPLETED | 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) | 16a. DECEOENT'S USU (Give kind of work life. Do NOT use ret Parts 1 | done during most ired.) | | 166. KIND OF BU | | | | |
| COMF | 17. FATHER'S NAME (First, Middle, Last) | 7 44 00 1 | | | NE (First, Middle, Maiden | Surname) | 501103 | | |
| John U. T. Watkins Evie L. King | | | | | | | del | | |
| 2 | Marjorie B. Watkins | | | | Gaithersburg, Md. 20877 | | | | |
| | 20e. METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Removal from State 4 Donetion 8 Other (Specify) | other place) Damascus | | ntery, cremetory or Cemetery | | | or Town, State | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY OLIN L. Molesworth, P.A. 26LOL Ridge Rd Damascus. Md. 2 | | | | | | | | |
| CERTIFICATION | 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reaptratory errest, shock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | |
| MEDICAL | PART II. Other aignificent conditions contributing to deeth | 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 YOU | | | | | | | |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | | | CE OF DEATH (Che | ck only one) | | | | |
| IYSIC | 1 TYES 2 NO 1 Inpetient 2 ER/OL | ripstient 3 DOA 4 | | 5 Rasidence | | M. H. S. O. O. O. O. O. O. O. O. O. O. O. O. O. | | | |
| | 1 Natural 8 Pending (Month, Day, Year, | Y 28b. TIME OF INJURY | WOR | IK? | 28d. DESCRIBE HOW | INJUNT OCCUP | NED | | |
| TED BY | - Account | RY — At home, farm, stree pecify) | it, factory, office | | | | reet end Number or Rural Route Number, tate) | | |
| COMPLET | 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examinat | | | | | | euse(e) end menner as stated. | | |
| BE C | 29b. SIGNATURE AND TITLE OF CERTIFIE | 1 | | 29c. LICENSE NUM | BER | 29d. DATE S | IGNEO (Month, Day, Year) | | |
| ₽ 4 | 30. NAME AND ADDRESS OF PURBLIN WHO COMPLETED CAUSE OF C | DEATN (ITEM 27) (Type, Pris | Ra | Olees 1 | Ave G | eithe | oby my | | |
| | 31. DATE ELED (MORD, Day, Your) Julia Dundson Man | CAMPURE | | | | | y | | |

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| 2140 | president physician. | I have as the burial-transit permit, Pages 1, 2, 3 should |) |
|--|--|--|--|
| BALLIMORE, MARTLAND 2003-5140 | thin 24 hours after death. Page 6 may be retained by the ho | etely filled in by the funeral director, page 5 should be detailed in amazion. or removal. | nt, the medical examiner must be notified at once |
| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the death certificate be executed within 24 hours after death. | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should by certificate has been signed by the attending physician and Completely filled in by the funeral director, page 5 should be certificate has been with the State pear of Health and Mental Honleine prior to burial, cremation, or removal. | MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at over |
| | TO THE HOS | TO THE FUN | IMPORTAN |

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| 1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. | 000 |
| MONTH DAY YEAR | ME OF DEATH 1:46Am m |
| | e (State or Foreign |
| | |
| 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. | INSIDE CITY LIMITS? YES 2/1/10 |
| | AA |
| I Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) If yes, specify Cuben, Mexican, Puerto Rican, etc.) If yes, specify Cuben, Mexican, Puerto Rican, etc.) Specify: | merican indian, la, atc. White |
| 15. OECEOENT'S EDUCATION (Specify only highest grade completed) Elemantary/Secondary (0-12) OUT OF BUSINESS/INDUSTRY (Ske kind of work done during most of working life. Do NOT use retired.) HOUSEWIFE 18. MOTHER'S NAME (First, Middle, Last) 184. KIND OF BUSINESS/INDUSTRY (Ske kind of work done during most of working life. Do NOT use retired.) 185. ELEMANTARY SUMAL OCCUPATION (Ske kind of work done during most of working life. Do NOT use retired.) 186. KIND OF BUSINESS/INDUSTRY | |
| Wilmer Bristow Sarah Van Buskirk Sarah Van Buskirk Sarah Van Buskirk Sarah Van Buskirk William State Tin Code 21 | 620 |
| Ruth W Drice RD 4 Box 122 River Rd Chestert 20s. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometary, crematory or cher place) 20c. LOCATION – City or Town, 9 Chesaeake Ci | tota |
| 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY R.T. FOARD FUNERAL HOME CHES | CITY N |
| 23. PÁRT I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF): | Approximata interval Between Onset and Death |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF): d. | |
| PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 URS 2 PNO 24b. WER ANAITOPSY PERFORMED? 1 URS 2 PNO OF E | E AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO |
| 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: | |
| 1 VES 2 NO 1 Department 2 ER/Outpetlent 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 Netural 5 Pending 28d. OESCRIBE HOW INJURY OCCUREO | |
| 2 Accident Investigation 28e PLACE OF INJURY — At home, farm, street, factory, office 28s, LOCATION (Street and Number or Bural Boute | Number, |
| Success Succ | I manner as stated. |
| 296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. DIG 488 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pring) | th, Day, Year) |
| Way Re D. Ben and Milled Plag. Chesterton St. Date Filed (Month, Day, Year) 32. REGISTRAR'S SIGNATURES | Mi |
| MAR 1 1 '91 Jourdson-Randalle | DHMH-16 Rev 1/89 |

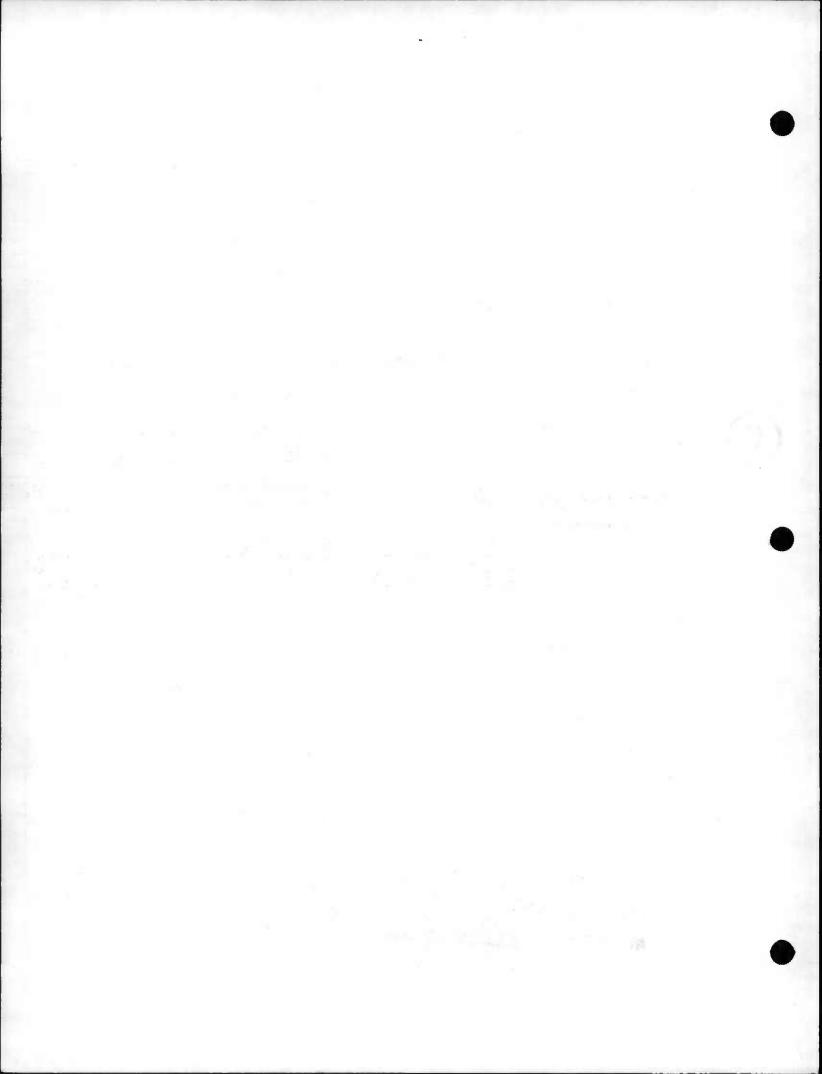
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BALTIMOPE WARYLAND 21203-3146

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| | examine | | funeral | death. P. |
| | IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner in | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral descriptions | TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. wours after death. Par |
| | 9 | tion, | / filled | 10 47 |
| | event, | . crema | mpleteh | d within |
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| TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION | shows | of Heal | en sign | requires |
| Z | 23 | Dept. | as b | ME |
| SICI | Item | State 1 | ficate h | N: The |
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| | | CERTIFIC | JAIL | | HE | G. NO. | |
|--|---|---|---|---|---|---|--|
| 1. DECEDENT'S NAME (First, Middle, Last) ROBERT HES | SS WIGGINS | | | | 2. DATE OF OI MONTH MARC | DAY | 991 2:15 A N |
| 4. SOCIAL SECURITY NUMBER 212-16-7446 | | | F UNDER 1 YEA | | (Month, Day, | TH (None) | a. BIRTHPLACE (State or Foreign Country) 7 PENNSYLVAN |
| 9e. FACILITY NAME (If not institution, give : | | | 9b. CITY. TOW | N OR LOCATION OF | | | NTY OF DEATH |
| 20 FUNK ROAD | and the many | 1 | | RT DEPO | | A | CECIL |
| RESIDENCE OF DECEDENT | | | 101 | CI DEFO | 27.7 | | |
| 10e. STATE 10b. COUNT | Υ | 10c. CITY, | TOWN OR LO | CATION | | | 10d. INSIDE CITY |
| MARYLAND CH | ECIL | P | ORT D | EPOSIT | | | 1 YES 2 TO NO |
| 10e. STREET AND NUMBER | | | 101. ZIP CODE | | | 10g. CIT | IZEN OF WHAT COUNTRY? |
| .20 FUNK ROAD | | | | 2190 | 1 | | USA |
| 11. MARITAL STATUS | 12. WAS DECEDENT EVER | | | DECENDENT OF HIS , specify Cuben, Me | | | 14. RACE — American Indian, Black, White, atc. |
| 1 Never Merried 2 Merried 3 Widowed 4 Olivorced | FORCES? Y YES | | | YES XX NO Sp | | | Specify: WHITE |
| 15. DECEDENT'S EDU (Specify only highest grade | JCATION e completed) | 18a. DECEDENT'S U (Give kind of wo | ork done during | ATION most of working | 16b. KIND | OF BUSINESS/IN | DUSTRY |
| Elementary/Secondary (0-12) | College (1-4 or 5+) | life. Do NOT use | retired.) | | | | |
| UNKNOWN | | TRUCK | DRIVE | | | VIL SE | RVICE |
| 17. FATHER'S NAME (First, Middle, Last) | | | | 16. MOTHER'S | NAME (First, Middle, | Maiden Sumame) | |
| WILLIAM WIGG | INS | | | | CHAMB | | |
| 19e. INFORMANT'S NAME (Type/Print) | | | | et end Number or Ru | | | |
| LILLIAN WIGGIN | | | | | | | MD 21904 |
| 20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify) | novel from State | NORTH EA | ST CE | Cometery, cremetory CMETERY | or | | EAST MD |
| 21. SIGNATURE OF FUNERAL SERVICE LI | ICENSEE | 0 | 22. NAM | E AND ADDRESS OF | FACILITY | | |
| 23. PART I. Enter the diseases, or | L (for | ofie . | | | | | ME, RISING SUI |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | c | A CONSEQUENCE OF | | | | | year |
| PART II. Other aignificant condition | na contributing to death | but not resulting in | n the underl | ying cause giver | | WAS AN AUTOPSY PERFORMEO? YES 2 NO | 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO |
| | | | | | | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL - | | | 8. PLACE OF DEATH | (Check only one) | | |
| | HOSPITAL: | | OTHER: | 8. PLACE OF DEATH | | ecify) | |
| EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending | 1 Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) | rtpetient 3 DOA 28b. TIME | OTHER: 4 Nursing OF 28c | , | ce 6 Other (Spe 28d. DEŞCRIB | ecity) BE HOW INJURY OC | CCURED |
| EXAMINER? 1 YES 2 1 NO 27. MANNER OF OEATH 1 Natural 5 Pending | 28a. DATE OF INJUM (Month, Day, Year) 28a. PLACE OF INJUM | ripetient 3 DOA 28b. TIME INJU | OTHER: 4 Nursing OF 28c JRY 1 | Home 5 Resider INJURY AT WORK? YES 2 NO | ce 6 Other (Spi 28d. DESCRIB | E HOW INJURY OO | or or Rural Route Number, |
| EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Chack only one) 2 MEDICAL EXAMIN | 28a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Sc SICIAN: To the best of my knoten.) | ripetion: 3 DOA 28b. TIME INJU RY — At home, ferm, at early) | OTHER: 4 Nursing OF 28c RY M 1 treet, factory, | Home 5 Resider INJURY AT WORK? YES 2 NO office date end place, and on, death occured at | 28d. DE\$CRIB 28d. DE\$CRIB 28f. LOCATION City or Town due to the cause(s) the time, date and | N (Street and Number vn, State) end manner as at place, end due to | er or Rural Route Number, sted. the cause(e) end menner as stated. |
| EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER | 28a. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Sc SICIAN: To the best of my kno iER: On the best of axaminet | ripetion 3 DOA 28b. TIME INJU RY — At home, farm, at early) wiedge, death occurre- ion and/or investigation | OTHER: 4 Nursing OF PRY M 1 Ineet, factory, d at the time, n, in my opinic | Home 5 Resider INJURY AT WORK? YES 2 NO | 28d. DE\$CRIB 28d. DE\$CRIB 28f. LOCATION City or Town due to the cause(s) the time, date and | N (Street and Number vn, State) end manner as at place, end due to | er or Rural Route Number, |
| EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN | 28a. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Sc SICIAN: To the best of my kno iER: On the best of axaminet | AT — At home, farm, at eachy) At home, farm, at eachy) Wedge, death occurred ion and/or investigation DEATH (ITEM 27) (Type, | OTHER: 4 Nursing OF 28c, RRY M 1 Intreet, factory, d at the time, n, in my opinic | Home 5 Resider INJURY AT WORK? YES 2 NO office date end place, and on, death occured at | 28d. DESCRIE 28d. DESCRIE 28f. LOCATION City or Ton due to the cause(s) the time, date end NUMBER | N (Street and Number vn, State) end manner as at place, end due to | er or Rural Route Number, sted. the cause(s) end menner as stated. |

41VA



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

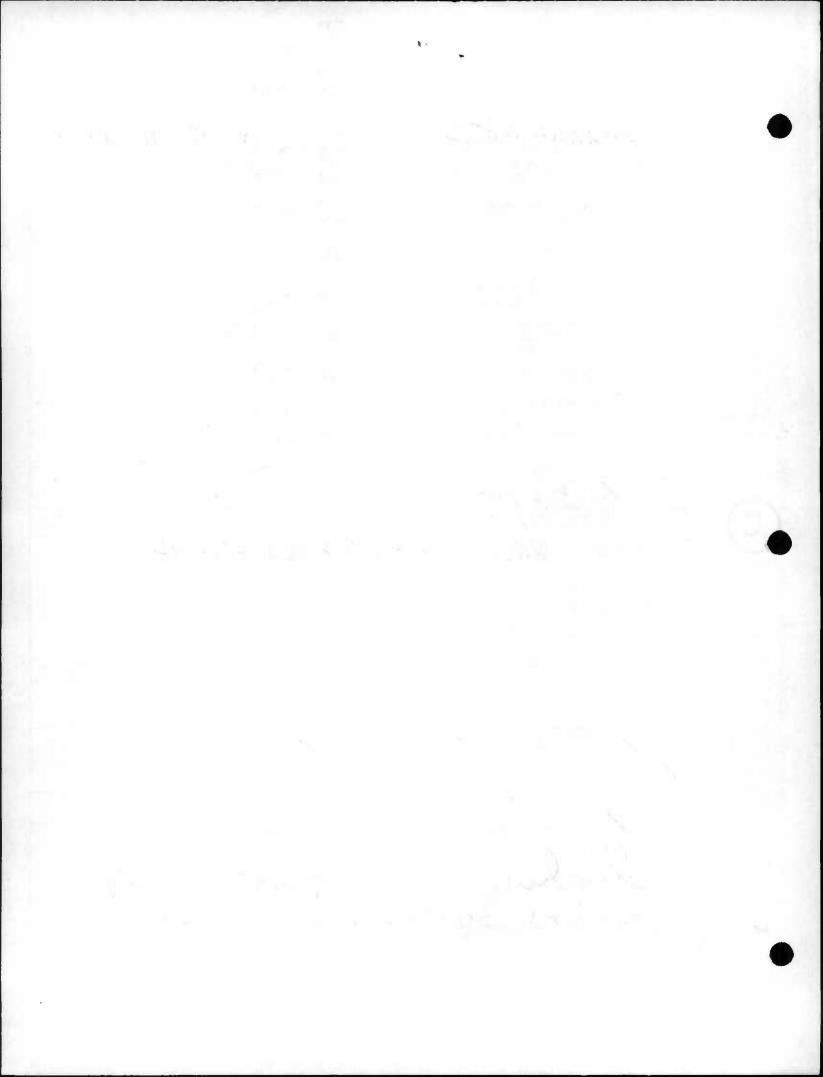
| 1. DECEDENT'S NAME (First | Middle Last) | ם אישדתים | ACHET. | WARF | THTD | 71700 | | 2. DATE OF DEATH | | | 3. TIME OF DEATH |
|--|--|--------------------------------------|----------------------|--------------------------------|------------------|---------------------|------------|--|------------|-------------|--|
| | | TIT IV | MAILE | AARSTIT. | كلند ندع | Unit I | | MONTH DA | /A | YEAR | THE CANADA |
| EDITH 7 | | 8. SEX | 1 | | | Т | | 3/4/91 7. DATE OF BIRTH | | | 8:00 a M |
| | | | | | (Month Day Year) | . | Count | (עמל | | | |
| 214-20-507 | 214-20-5073 1 M 2 M F 83 YRS. WHITE DATE TO THE DATE OF THE PROPERTY OF THE PR | | | | | | | 8/25/07 | | Ma | ryland |
| 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION | | | | | | | ION OF DE | ATH | 9c. COU | NTY OF C | DEATH |
| Montgom | ory C | Conoral | + - 1 | 0 | lney | | | Mo | nta | omery Co | |
| Montgomery General Hospital | | | | | | - | | | 1711 | irryi | |
| 10a. STATE | 10b. COUNTY | | | | , TOWN OR I | | | | | | 10d. INSIDE CITY LIMITS? |
| Maryland | He | oward C | ounty | | Clark | svill | _e | | | | 1 TYES 2 NO |
| 10e. STREET AND NUMBER | | | | | | 101. ZIP COD | E | - | 10g. CIT | IZEN OF | WHAT COUNTRY? |
| 13790 High | land | Road | | | | | 21 | 029 | | US. | A |
| 11. MARITAL STATUS | 120110 | 12. WAS DECEDE | NT EVER IN U.S. | ARMED | 13. WA | DECENDENT | | IIC ORIGIN? (Specify Yes | or No- | 14. BAC | E — American Indian, ik, White, etc. |
| 1 Never Married 2) | Married | | 1 YES 2 WAR OR DATES | NO | If y | YES 24 NO | en, Mexica | n, Puarto Rican, etc.) | | 0.00 | |
| 3 Widowed 4 Dive | best | IF YES, GIVE | WAR OR DATES | | '- | TES PE NO | Specin | r: | | Spec | White |
| 15, DEC | EDENT'S EDU | CATION | 18s. | DECEDENT'S | USUAL OCCI | IPATION | _ | 16b, KIND OF BUS | BINESS/INI | DUSTRY | WILLOC |
| | y highest grade | | | (Give kind of ville. Do NOT us | vork done duri | ng most of work | ing | | | | |
| Elementary/Secondary (| J-12) | College (1-4 or 5 | " Nu | ırse | | | | Hospi | tal | | |
| 17. FATHER'S NAME (First, A | Andrew Arrest | | | | | | | ME (First, Middle, Maiden | | | |
| Nichola | as Hoi | nry War | field | | | | Lore | | | lto | n |
| | | illy war | | | | | | | | | |
| Jean Warf | | | | | | | | Route Number, City or Yow | | | 1020 |
| Jean Wari. | тета | | | DOX | TO/, | Glari | 79 A T | ile, Mai | утаг | iu z | 1029 |
| 20a. METHOD OF DISPOSIT | | own from State | other | place) | | of cemetery, cre | | | | | own, Stata |
| 4 Donation 5 Other | (Specify) | IOVER HOILI STATE | _ Lin | thicu | m Cha | apel (| eme | tery C | lark | svi | lle, MD |
| 21. SIGNATURE OF FUNERA | 21. NAME AND ADDRESS A FACE | | | | | | | | | | |
| Slack Funeral Home Moo535 Ellicett City, Maryland 21043 | | | | | | | | | | | |
| 160 | 49 | 00 | | 00535 | | | - P. C. 12 | | | | d 21043 |
| 23. PART I. Enter the d | | complications th List only one ca | | | not anter th | e mode of dy | ying | # 3 cardlec or reap | iratory ar | reat, | Approximate Interval Between |
| IMMEDIATE CAUSE (FI | nel | | | | ^ | | | | | | Onset and Death |
| disease or condition | → | . Mai | 10- | 15 | | 100 | | 1101+ | | | 3 deux |
| resulting in death) | , | OUE TO | O (OR AS A CON | SEOUENCE OF | F): | [][| ACVL | LIBO | | ^ | 1 |
| disease or condition resulting in death) a. Harris Boss a Consequence of: Sequentially list conditions, Det To (or As A consequence of): If any, leading to immediate | | | | | | | | | | | |
| Sequentially list condi- if any, leading to imme | tions, | DVE TO | O (OR AS A CON | SEQUENCE OF | F): | 132 | - Inca | ary in | | | |
| cause, Enter UNDERLY | ING | | | | | | | | | | |
| CAUSE (Disease or Injustrate initiated events | ury | DUE TO | O (OR AS A CON | SEQUENCE OF | F): | | | | | | 1 |
| resulting in deeth) LAS | ST E | | | | | | | | | | |
| | | d | | | | | | | | | |
| PART II. Other algnific | ant condition | na contributing t | o death but no | t resulting | in the unde | rlying cause | given in | Part I. 24a. WAS AN | | 24 | b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO |
| | | | | | | | | 1 TYES | - | | COMPLETION OF CAUSE |
| | | | | | | | | | 140 | | OF DEATH? |
| | | | | | | | | | | | 1 YES 2 NO |
| 25. WAS CASE REFERRED | ID MEDICA: | 1 | | | | 26 DI ACE O- | DEATH (C) | heat anti-anti- | | | |
| EXAMINER? | MEDICAL | HOSPITAL: | _ | | OTHER: | 26. PLACE OF | | | | | |
| 1 TYES 2 NO | | 1 Inpatient 2 | | - | 4 - Numin | | Realdence | 8 Other (Specify) | | | |
| 27. MANNER OF DEATH | Bandles | 28a. DATE C (Month, | Day, Year) | 28b. TIM | JURY | Be. INJURY AT WORK? | | 28d. DESCRIBE HOW | INJURY O | CURED | |
| 1 Netural 8 2 Accident | Pending Investigation | | | | М | 1 YES 2 | □ NO | | | | |
| 3 Suicide 8 | Could not be | 28a. PLACE building | OF INJURY — At | home, farm, | street, factor | , offica | | 28f. LOCATION (Street City or Town, State | and Numbe | er or Rural | Route Number, |
| 4 Homicide | detarmined | | | | | | | | | | |
| 29a, CERTIFIER 1 CER | TIFYING PHYS | SICIAN: To the heat | of my knowledge | death occurr | ed at the tim | , date and nie | e, and dre | to the cause(s) and ma | nner aa re | ated. | 9 |
| (Critical Unity 4 | SZ - SZ - SZ - SZ | | | | | | | | | | (a) and manner as stated |
| 2 MEDICAL EXAMINER: On the basis of azamination sho/or investigation, in my opinion, death occurred at the time, data and piace, and due to the cause(a) and manner as stated. | | | | | | | | | | | |
| 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) | | | | | | | | | | | |
| Arthur F. Woodward, Jr., M.D. D2490 3/4/9 | | | | | | | | | | | |
| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (1) EM 27) (Typa, Print) 78 111 Prince Philips By | | | | | | | | | | | |
| | - | 0 0 | | / | | 6 111 | 1 | An en en | pr 14 - | 100 | 34 |
| att. | 7.11 | 1_/_ | 10 | | | 5 111 | P | ofar- | Red | ly. | 20430 |
| Out have | 7.11 (1) (der) | (B2, REGISTA | RAR'S SIGNATUR | e pws | | 5 111 | Ρ. | Diney | Red | ly | 20835 |
| 31. DATE FILED (Month, pp. MAR O 8 9 | 7. M | (B2, REGISTA | -14 | e pws | | 8 577 | | orace | Fiel | ly. | 20835 |

| unit meath. Page 6 may be retained by the hospital or attending physician. | uneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should | ter examiner must be notified at once. | TO BE COMPLETED BY FUNERAL DIRECTOR |
|---|--|--|---|
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within personn and wath. Page 6 may be retained by the hospital or attending physician. | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete. The first units of the direction, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be also within 70 buris after death with the State Dark of Health and Marrial Hariese nion in bindial community. | IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. | TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION |

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

| | 1. DECEDENT'S NAME (First, Mid | | E. WA | TI | U\$113 | am Ec | lasy | . tlatta | 2. DATE OF DEATH | 27 | YEAR | 3. TIME OF DEATH |
|---|--|------------------------|--|--------------------|----------------------|--------------------|-------------|---|---|-----------------------------------|----------------------------|---|
| | 4. SOCIAL SECURITY NUMBER | - | | 8. AGE (In yrs. | | IF UNDER 1 | - | IF UNDER 24 HRS. | 7. DATE OF BIRTH | 8 | A BIRTH | PLACE (State or Foreign |
| i | 220-09-8268 | | 1 2 □ F | 72 | YRS. | MONTHS | DAYS | HOURS MIN. | (Month, Day, Year 5-17-18 | | Country | ryland |
| | 99. FACILITY NAME (If not institute 8332 Woodward | Stre | | | | Sava | | OR LOCATION OF DI | EATH | | Howar | |
| | | DARMO OMSLQ | | | | ry, town or | LOCA | TION | | | | 10d, INSIDE CITY Y YIMITS? 1 X YES 2 NO |
| | 10e. STREET AND NUMBER | | - | | | _ | 10: | I. ZIP CODE | | 10g. CI | TIZEN OF W | HAT COUNTRY? |
| | 8332 Woodward | Stre | et | | | | | 20763 | | USA | A | |
| | 11. MARITAL STATUS 1 Never Married 2 Men 3 Widowed 4 Divorced | rled | IF YES, GIVE WA | YES 2 | | H | yes, sp | ENDENT OF HISPAI ecity, Cuban, Mexics 2 1 NO Specif | NIC ORIGIN? (Specify in, Puerto Rican, etc.) y: | Yes or No- | 14. RACE Black Speci | - American Indian, White, etc. |
| | 15. DECEDE (Specify only hig | NT'S EDUCAT | TION | 16a. | DECEDENT'S | USUAL OC | CUPATION OF | ON pet of working | 16b. KIND OF | BUSINESS/IN | IDUSTRY | |
| | Elementary/Secondary (0-12) | | College (1-4 or 5+) | | Illa. Do NOT u | ate [| | | Gover | nment | | |
| | 17. FATHER'S NAME (First, Middle William J. Wa | | | | | | | Nable F | ME (First, Middle, Mei Perkins | den Sumame) | | |
| | 190. INFORMANT'S NAME (Type/ Geraldine Wat | | | | 196. MAILING 8332 | HOOD | street o | ond Number or Rural Street | Route Number, City or Savage, | Town, State, 2 | land | 20763 |
| | 264/METHOD OF DISPOSITION 1 Buriel 2 Cremation : 4 Donation 5 Other (Spi | | al from State | othe | r place) | | | ial Park | | LOCATION - | | wn, state aryland |
| | 21. SIGNATURE OF FUNERAL SE | CAN LICEN | Caple | 2/ | | 22. N | AME A | ND ADDRESS OF FA | GILITY Fleck | Fune | ral H | ome, Inc. ryland 2070 |
| | Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Dissease or injury that initiated events | | DUE TO (| OR AS A CON | SEQUENCE C |)F): | CEN | inc (E) | LARU) | VIPI H | | |
| | resulting in death) LAST | d. | | | | | | | | | | |
| | PART II. Other eignificent | conditione | contributing to | death but no | ot resulting | in the und | lerlyin | g cause given in | PER | S AN AUTOPS' FORMED? S 2 NO | Y 24b | WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| | 25. WAS CASE REFERRED TO M | EDICAL | | | | | 26. P | LACE OF DEATH (C) | neck only one) | | | |
| ı | 1 YES 2 NO | | HOSPITAL: | ER/Outpetien | 3 🗆 DOA | OTHER 4 Nurs | | ne 5 🖸 Residence | 8 Other (Specify) | | | |
| | 27. MANNER OF DEATH 1 Netural 5 Pen | ding | 28a. DATE OF (Month, De | INJURY y, Year) | 25b. TH | ME OF JURY M | M | JURY AT ORK? YES 2 NO | 28d. DESCRIBE HO | W INJURY O | CCURED | |
| | 3 Suicide 6 Cou | | 25e. PLACE OF building, o | INJURY — A | t home, farm, | street, facto | ry, offic | De . | 281. LOCATION (Str. City or Town, S | eet and Numb tate) | per or Rural I | Route Number, |
| | and and | TO THE PERSON NAMED IN | The state of the s | | | | | | to the cause(s) and time, data and place | | | a) and manner as stated. |
| | 29b. SIGNATURE AND TIPLE OF | CERTIFIER | rul | | | I | | Dayo | 3T | 29d. D/ | ZZZ | Month, Day, Year) |
| | 30. NAME AND ADDRESS OF PE | ALLIF | COMPLETED CAUS | E OF DEATH | PAIN 170 | E (o | EO | RUE S | T LAVI | ran | 102 | (070) |
| | MAR 0 7 9 | , | 32. REGISTRAI | en fano | E | | | | | | | |



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| - STATE REGISTRAR | OIALE OF MAIL | | | F DEATH | REG. NO |). | |
|--|---|--|-----------------------------|--|--|-------------------------------|---|
| 1. DECEDENT'S NAME (First, Middle, L | ast) | | | | 2. DATE OF OEATH | | 3. TIME OF DEATH |
| Catherine | L.ee | Whit | e | | 3 8 | | 1 12:37 A |
| 4. SOCIAL SECURITY NUMBER | | (In yrs. last birthday) | F UNDER 1 YEA | AR IF UNDER 24 HRS. | 7. DATE OF BIRTH | 0.1 | BIRTHPLACE (State or Foreign |
| 214-42-7973 | 1 🗆 M 2 🖵 F | 47 YRS. | ONTHS DAY | 78 HOURS MIN. | (Month, Day, Year) 1-14-194 | | country) |
| Easton Memoria | Hospital Box | ORT. 1 . FINER LN. | | NN OR LOCATION OF DE | EATH | Carol: | of DEATH ine County |
| RESIDENCE OF DECEDEN 10a. STATE 10b. CO | | 10c. CITY, 1 | TOWN OR LO | CATION | | | 10d. INSIDE CITY |
| Md C | aroline | Ridg | gely | | | | 1 TES 2 NO |
| Rt. 1, Box 4 | l, Holsinger | Lane | | 10f. ZIP CODE 21660 | 1 | 10g. CITIZEN | OF WHAT COUNTRY? |
| I1. MARITAL STATUS I Never Married 2 Married B Widowed 4 Divorced | 12. WAS DECEDENT EVER FORCES? 1 YES | 2 XNO | If yes | DECENDENT OF HISPAI Is, specify Cuben, Mexica YES 2 NO Specify | n, Puerlo Rican, etc.) | | RACE — American Indian, Black, White, etc. Specify: White |
| 15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 1 2 | | 18a. DECEDENT'S US (Give kind of wor life. Do NOT use i Seamstr | rk done during retired.) | PATION g most of working | | rior (| design |
| 17. FATHER'S NAME (First, Middle, Las | 0 | | | 18. MOTHER'S NA | ME (First, Middle, Maide | | |
| Paul Broderi | ck Russell | | | Doris | | | Horney |
| Richard C. | White | the state of the state of | | eet and Number or Rural : 41, Rid | | | |
| 20a. METHOD OF DISPOSITION | | Ob. PLACE AND DATE Of cemetary, crematory or | | | DATE 20c. L | | or Town, Stata etown, Del |
| 1. BIGHATURE OF PUNERAL DERVICE | | ne | 22. NAM | E ANO ADDRESS OF FA | CILITY 12 | S. 21 | nd Street |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | bDUE TO (OR AS | A CONSEQUENCE OF): A CONSEQUENCE OF): | | | | | |
| PART II. Other aignificant cond | d | but not resulting in | the under | fying cause given in | | N AUTOPSY DRMED? 2 NO | 24b. WERE AUTOPSY FINDIN AMULABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 Y NO |
| 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 X YES 2 NO | HOSPITAL: | | OTHER: | 8. PLACE OF OEATH (CI | | | |
| 27. MANNER OF DEATH 1 Natural 6 Pending | 28s. DATE OF INJUR (Month, Day, Year | Y 26b. TIME | OF 280 | Home 6 Residence - INJURY AT WORK? YES 2 NO | 28d. OEŞCRIBE HOW | INJURY OCCUR | RED |
| 2 Accident Investiga 3 Suicide 6 Could no 4 Homicide delarmin | 28e. PLACE OF INJU | RY — Al home, farm, str | reet, factory, | offica | 28f. LOCATION (Stree City or Town, Stat | t and Number or | Rural Route Number, |
| Orioun oring | PHYSICIAN: To the best of my kn | | | | | | ause(a) and manner as stated |
| 29b. SIGNATURE AND TITLE OF CER | Dright MD | | | O.C.M | | 70 | IGNED (Month, Day, Year) 9-1991 |
| DONALD G. WRIG | | | | Street Bal | timore.Mar | ryland | 21201 |
| 31. DATE FILED (Month, Day, Year). | 32. REGISTRAR'S SI | | | | | 1 | |

BALTIMORE, MARYLAND 21203-3146

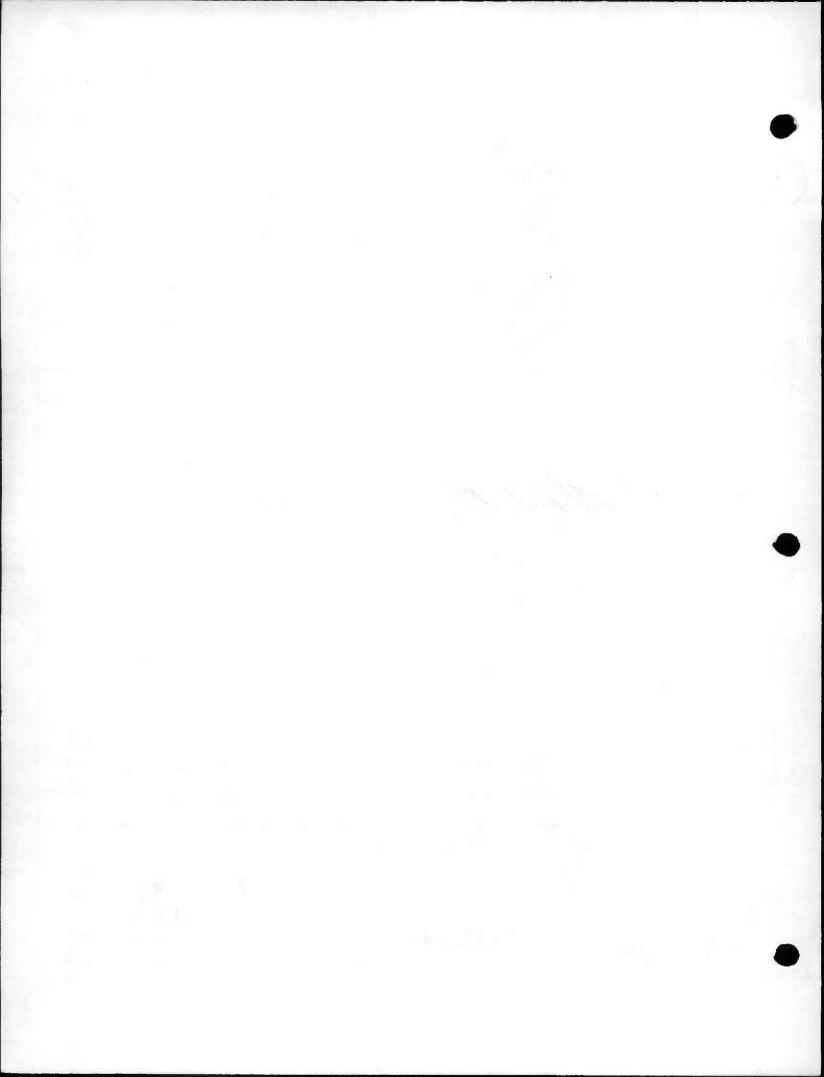
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Then within the flash. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral direction, page 5 should be detached for use as the buntal-transit permit. Pages 1, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

6

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | | 2. DATE OF OEAT MONTH | H DAY | YEAR | 3. TIME OF OEATH |
|---------------|---|--------------------------------|-------------------------------|----------------|----------------|--------------------------------|--------------------------------------|----------------|--------------|---|
| | Richard | | | 7 | | | March | | 1991 | 9:00 a M |
| | 4. SOCIAL SECURITY NUMBER | | i. AGE (In yrs. lest birthde) | MONTHS | 1 YEAR DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Yes | nr) | 8. BIFT | HPLACE (State or Foreign try) |
| - 1 | 579 30 2272 | 1 M 2 D F | 62 YRS. | | | | April | | | Wash DC. |
| ~ | 9e. FACILITY NAME (If not institution, give | and an interest | | | | R LOCATION OF D | | | UNTY OF C | |
| 6 | 5512 Hillview | Dr. | | Ch | esar | eake Be | ach | Ca | alver | t |
| DIRECTOR | 10e. STATE 10b. COUNT | | 10c. C | ITY, TOWN O | R LOCAT | Che | sapeake 1 | Beach | | 10d. INSIDE CITY LIMITS? |
| | Maryland Cal | vert | | | T 404 | . ZIP COOE | | 10-0 | TITCH OF | 1 😿 YES 2 □ NO WHAT COUNTRY? |
| FUNERAL | | _ | | | 101 | | | log. Ci | TIZEN OF | WHAT COUNTRY? |
| N N | 5512 Hillview | | EVER IN U.S. ARMED | 19 1 | MAS DEC | 20732 | NIC ORIGIN? (Specif | . You on No | US | A E — American Indian, |
| BY FL | 1 Never Married 2 Merried 3 Widowed 4 Divorced | | YES 2 NO | | f yes, sp | | en, Puerto Ricen, etc | | Spec | k, White, etc. |
| | 15. OECEOENT'S EO | | 16a. DECEDENT | 'S USUAL O | CUPATIO | DN . | 16b. KIND OF | BUSINESS/II | NOUSTRY | |
| COMPLETED | (Specify only highest grad | College (1-4 or 5+) | | use retired.) | | | | TTL 2 9 2 | | |
| M | 17. FATHER'S NAME (First, Middle, Linst) | | Fiecti | onic | кер | airman | AME (First, Mickella, Ma | Utili | | |
| | | | To and | | | | , | , | | - , |
| 8E | Richard 190. INFORMANT'S NAME (Type/Print) | | Vard | ADDRESS | /Dimet a | | ude Eve: | | Zin Codel | Jacobs |
| 6 | Faye Ward | | -3 | as 1 | | | riodie Number, Gity di | rown, State, 2 | Lip Code) | |
| | 20e. METHOD OF DISPOSITION | | 20b. PLACE OF DISP | | | | 200 | LOCATION - | - City or T | own State |
| | 1 25 Burlel 2 Cremetion 3 Rer 4 Donation 6 Other (Specify) | noval from State | Md. Veter | | | | 100 | nelten | | |
| | 21. SIGNATURE OF FUNERAL DETIVICE L | сеузае | - 1 | | | D ADDRESS OF F | | 1010011 | 1141117 | (10) 115 |
| | ·///. /// | dal | Phusis | Ra | usci | n Funera | 1 Home, (| Owings | , MD | 20736 |
| | 23. PART I. Enter the diseeses, or | complications that | caused the death. De | | | | | | | Approximata |
| | ahock, or heart failure IMMEDIATE CAUSE (Fine) disease or condition resulting in death) | List only one caus | on each lina. | aki | ~> | Ry | mphen | ٩ | | Interval Batween Onset and Death |
| _ | resoluting in death) | DUE TO (C | OR AS A CONSEQUENCE | orn: | | 1 | 0 | | | |
| ATION | Sequentially list conditions, if any, leading to immediate cause, Entar UNDERLYING | DUE TO (C | OR AS A CONSEQUENCE | OF): | | | | | | |
| CERTIFICATION | CAUSE (Disesse or injury that initiated events resulting in death) LAST | DUE TO (C | OR AS A CONSEQUENCE | OF): | | | | | | |
| CE | | d | | | | | | _ | | |
| MEDICAL | PART II. Other significant condition D Melu | one contributing to d | eath but not resulting | g in the ur | derlyln | g cause given in | | S AN AUTOPS | Y 24 | b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE |
| | | | | | | | | | | OF DEATH? |
| AN | 25. WAS CASE REFERRED TO MEDICAL | | | | 26. P | LACE OF DEATH (C | heck only one) | | | |
| 2 | EXAMINER? | HOSPITAL: | ER/Outpetient 3 🗆 DOA | OTHE! | Pt: | | 6 Other (Specify | 4 | | |
| PHYSICIAN: | 27. MANNER OF DEATH | 26e. DATE OF II (Month, Day | NJURY 28b. 1 | IME OF | 28c. IN. | JURY AT DRK? | 28d, OESCRIBE H | | CCURED | |
| BY F | 1 Netural 6 Pending 2 Accident Investigation | | INJURY — At home, ferr | М | 1 🗌 | YES 2 NO | 26f. LOCATION (S | tract and Numb | has as Dame! | Drude Alumbar |
| TED | 3 Suicide 6 Could not be determined | | tc. (Specify) | | ory, one | | City or Town, | | per or nurer | Note Namour |
| COMPLET | anal anny | 233 1 (3 | ny knowledge, death occ | | | | | | | |
| CO | 2 MEDICAL EXAMIN | | mination end/or investige | etion, in my o | plnion, o | | | e, end due to | the ceuse | (e) end manner as stated. |
| TO BE | 296. SIGNATURE AND TITLE OF CERTIFI | · M | · D | | | D 19 | 427 | 29d. D | 3 | (Month, Day, Year) |
| | 30. NAME AND ADDRESS OF PERSON W | VSHI.M | 1. D. PR | INC | E F | REDE | RICK | M | D 6 | 20678 |
| | 31. DATE FILED (Month, Day, Year) MAR 2510 | Q1 A REGISTRAR | 'S SIGNATUR | b | | | | | | |



MARYLAND 21203-3146

BALTIMORE,

BOX 13146,

o

RECORDS.

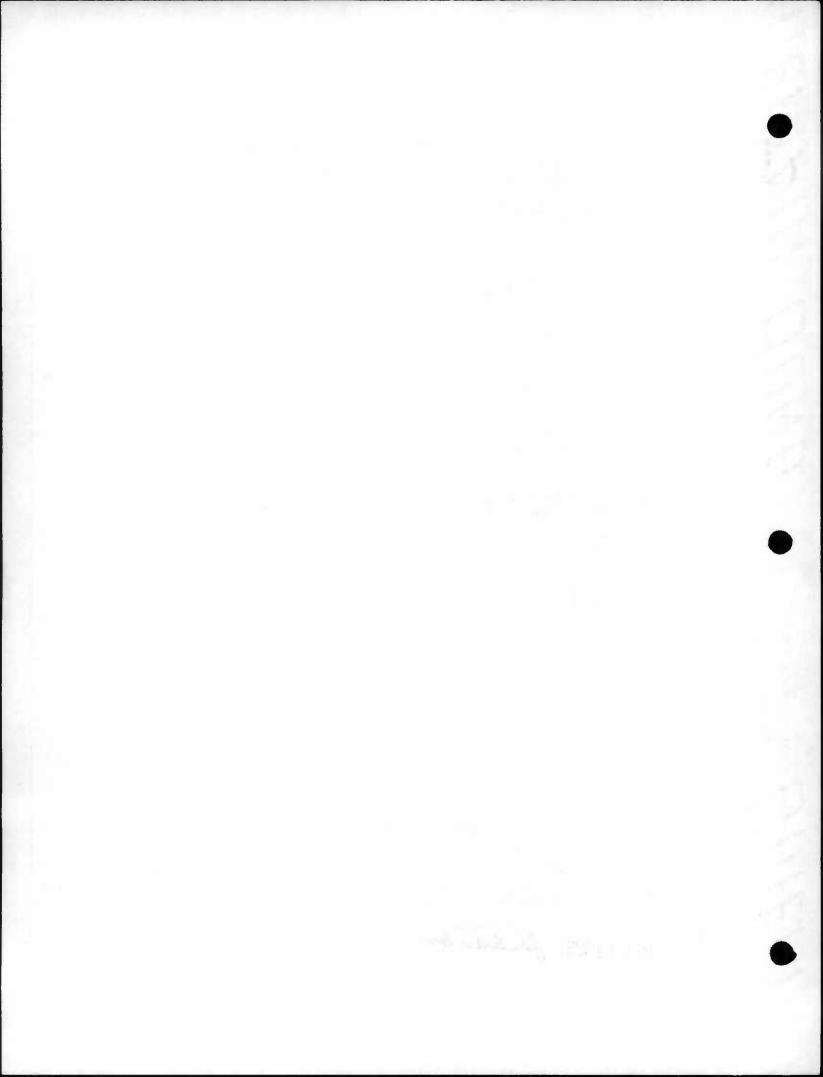
DIVISION OF VITAL

6

Page 6 may be retained by the hospital or attending physician. all director, page 5 should be detached for use as the burial-transit I Ħ notified a 3 must funeral director, examiner death. filled in by the fillen, or removal. after medicai ŏ completely filler rial, cremation, the event. executed within in and com to burial, traumatic attending physician artal Hygiene prior to certificate be other 6 death o d by the atten Injury. the requires that amy signed b Shows been at. of h has b Dept. N. 23 The th the State L Hem HOSPITAL OR ATTENDING PHYSICIAN: 5 this c marked, DIRECTOR: After the hours after death 60 28 Item FUNERAL within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I

1. DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH A 03 Chester Ward 13 1991 Norfolk 0555 M 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 - F YRS. 217 14 7263 April 4,1909 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Calvert Memorial Hospital Prince Frederick Calvert RESIDENCE OF DECEDENT 10b. COUNTY 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Calvert Owings 1 TYES 2 NO FUNERAL 104 STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2113 Horace Ward Road 20736 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 YES 2 NO Specify: white BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) farmer agriculture 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Horace Ward BE Margaret E. Norfolk 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mildred V. Ward same as #10 20e. METHOD OF DISPOSITION
1 ₹ Burlel 2 ☐ Cremation 3 ☐ Re 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 4 Donation 5 Other (Specify) Harmony Cemetery Owings Calvert Maryland P.O. Box 45 owings Maryland 20736 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line Interval Between Onset end Deeth IMMEDIATE CAUSE (Finel Metabolic Scross / Respiratory disease or condition resulting in death) Mondes remonta CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? **MAILABLE PRIOR TO** Bacterenta COMPLETION OF CAUSE 1 - YES 2 NO Status Post Abdumal Resention 1 | YES 2 | NO Arterroscherotte Cardro Vesteran Distea PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 | Nursing Home 5 | Realdence 8 | Other (Specify) 1 TYES 2 NO 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 25b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 25f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(e) and manner ee ateted. 296. SIGNATURE AND TITLE OF CERTIFIER.

CEVALLO P. Sterves 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Ferald March 13, 1991 D17245 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) MAR 1 4 1991



| DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146 |
|--|
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. |
| TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. |
| IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |

| | REGISTRAR | CERTIFIC | CATE OI | DEATH | REG. N | O. | | |
|------------------|---|---|------------------------|---|---|-------------------------------|---------------------------|--|
| , | 1. DECEDENT'S NAME (First, Middle, Lest) Sylvia W | Y | WHITE | | 2. DATE OF DEATH MONTH MArch 3, | T 991 | YEAR | 3. TIME OF DEATH 9:10 A M |
| | 019 36 9896 1 M 2 F 91 | | ONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) Mar. 3 19 | 00 | a. BIRTH Countr Mas | IPLACE (State or Foreign y) SS • |
| TOR | 9a. FACILITY NAME (If not institution, give street and number) Magnolia Hall Nursing Center RESIDENCE OF DECEDENT | | | or location of de rtown, Md | | | INTY OF D | EATH |
| FUNERAL DIRECTOR | 10m. BTATE 10b. COUNTY Maryland Kent | | TOWN OR LOC Chester | | | | | 10d. INSIDE CITY LIMITS? XES 2 \(\text{NO}\) NO |
| VERAL | 10e. STREET AND NUMBER 221 Birch Run Road Chester | | | 01. ZIP CODE 21620 | | 10g. CI | | VHAT COUNTRY? USA |
| B | 11. MARITAL STATUS Widowed 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES | NO | If yes, | CENDENT OF HISPAN pecify Cuban, Maxica S 2 NO Specify | n, Puerto Rican, atc.) | Yea or No | 1 30000 | E — American Indian, k, Whita, etc. L'te |
| COMPLETED | 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 | n. DECEDENT'S US (Give kind of wor life, Do NOT use | rk done during r | nost of working | 166. КІМО ОБ | Home | | |
| COM | 17. FATHER'S NAME (First, Middle, Last) Louis C. Whitin | g | | | ME (First, Middle, Maker rah Morse | | | |
| TO BE | 190. INFORMANT'S NAME (Typo/Print) Sylvia W. Sawyer (Daughter) | 196. MAILING A 221 Bit | poness (Street | and Number or Rural I | Route Number, City or hestertow | own, State, Z | ip Code) 21 | 620 |
| | | | | emetery, crematory or $(3/4/91)$ | | over, | | |
| 1 | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE | 10, | | and address of fa | Ρ. | | | X 264 d. 21620 |
| CERTIFICATION | 23. PART I. Enter the diseases, or complications that caused the hock, or heert fellure. List only one cause on each immediate CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury | NSEQUENCE OF): | in Fa | ritos | | | | Approximate Interval Between Onset and Death |
| SERTIFI | that initiated events resulting in deeth) LAST | NSEQUENCE OF): | | | | | | |
| MEDICAL | PART II. Other significant conditions contributing to death but a | not resulting in | the underly | ng cause given in | PER | AN AUTOPSY FORMED? 2 NO | 248 | AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | 1 | OTHER: | PLACE OF DEATH (Ch | eck only one) | | | |
| YSI | 1 YES 2 HO 1 Inpetient 2 ER/Outpetie | nt 3 🗆 DOA | Nursing H | ome 5 🗆 Residence | | | | |
| ву Рн | 27. MANNER OF DEATN 1 | 28b. TIME INJU | M 1 | NJURY AT VORK? YES 2 NO | 28d. DESCRIBE HO | | | |
| 8 | 3 Suicide 6 Could not be 4 Nomicide detarmined 28e. PLACE OF INJURY — bullding, etc. (Specify) | At home, farm, st | reet, factory, of | lice | 261. LOCATION (Str. City or Town, St | et and Numb ate) | er or Rural | Route Number, |
| COMPLET | 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge of my knowledge one) | | | | | | | s) and manner as stated. |
| ш | 296. SIGNATURE AND TITLE OF CERTIFIER | | | 29c. LICENSE NU | MBER | | | D (Month, Day, Year) |
| 0 | () / lon | | | D-16488 | | ► M | lar. | 1991 |
| ٩ | 30. Wame and address of person who completed cluse of death Wayne D. Benjamin (# D-16488) | | | , Md. 216 | 20 | | | |
| 13 | 31. DATE FILED (Month, Dey, Year) MR 5 91 | mdall_ | | | | | | |

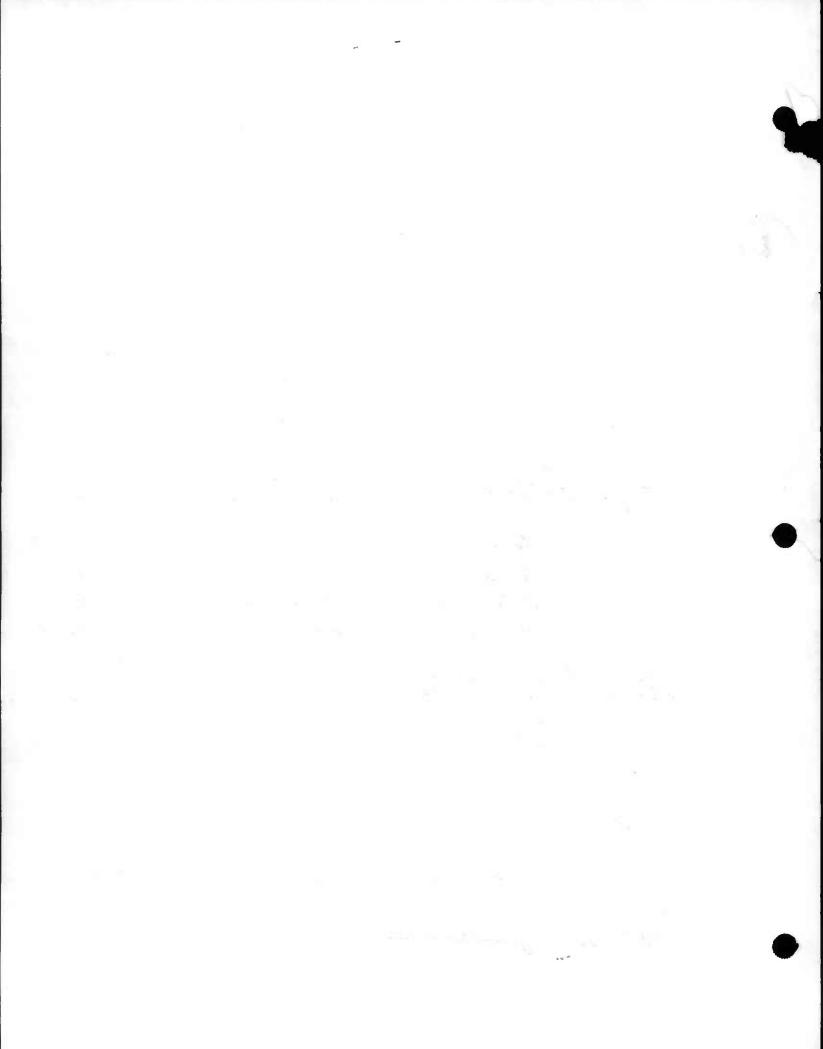


| | 1. OECEDENT'S NAME (First, Middle, La | ist) | | | | | | | 2. DATE | OF DEATH | DAY | YEA | | OF DEATH |
|---------------------------------|--|--|--|--|---|--|--|--------------------|-------------|--|--|--|-----------------------------------|--|
| | William Elwood | | | | | | | | 0.2 | | 11 | Q. | 1 8 | ·10 P |
| | 4. SOCIAL SECURITY NUMBER | 5. SEX | | rs. lest birthday) | IF UNDER | DAYS | IF UNDE | R 24 HRS. | (Month | OF BIRTH , Day, Year, | 70-0 | | untry) | State or Foreign |
| | 220-03-2879 | 1 💢 M 2 🗆 F | 77 | YRS. | | | | | May | 24, | 1913 | | MD |) |
| æ | 9a. FACILITY NAME (If not institution, gi | | | | | | | ION OF DE | | | 9c. CO | O YTNUC | F DEATH | |
| DIRECTOR | Kent & Queen An | nes Hospit | tal Inc | c., | Che | ster | rtown | a, Md | | | Ke | nt | | |
| | 10e. STATE 10b. COU | | - | | Y, TOWN | OR LOCAT | TION | | | | | | | SIDE CITY |
| | | ent | | | Crum | pton | l | | | | | | 1 🗆 Y | ES 2 HO |
| FUNERAL | 10e. STREET AND NUMBER | | | | | 101 | 216 | _ | | | 10g. CI | USA | F WHAT CO | UNTRY? |
| Ę | BOX 83 | 12. WAS DECEDE | | | 1 | | | | | | | | | |
| - 11 | 1 Never Married 2 Merried | FORCES? | 1 YES 2 | NO | | If yes, sp | ecify Cub | an, Maxica | n, Puerto I | | Yes or No- | В | llack, White, | |
| ă I | 3 Widowed 4 Divorced | IF YES, GIVE | WAR OR DATES | 3 | | 1 U YES | Z G NO | Specify | r: | | | S | pec#yWni | te |
| ETED | 15. OECEDENT'S E (Specify only highest gi | EDUCATION rade completed) | 16 | a. DECEDENT'S | USUAL O | CCUPATIO | ON ost of work | ina | 16b | KIND OF | BUSINESS/II | NDUSTR | ry | |
| | Elementary/Secondary (0-12) | College (1-4 or 5 | 5+) | Iffe. Do NOT u | se retired.) | | , | | | Cannal | O II o | Cour | Co | |
| COMPL | unknown | | - n= 1 | | | nspector | | | | | pell S | _ | , | |
| _ 11 | 17. FATHER'S NAME (First, Middle, Last) | | | | | | | rher's na Tulia | | | den Sumame) |) | | |
| BE | William Wallace 198. INFORMANT'S NAME (Type/Print) | 2 | | 19b. MAILING | 3 ADDRES | S (Street - | | | | | Town State | Zin Code | ı | |
| 2 | Charles M. Wall | lace | | Box 5 | | | | | | 9808 | iowii, State, 2 | 210 0000 | , | |
| | 20s. METHOD OF DISPOSITION | | 20b. PL | ACE OF DISPO | | | | | | 20c. | LOCATION - | — City o | or Town, Stat | |
| | 1 Burial 2 Cremetion 3 F 4 Donation 5 Other (Specify) | Removal from State | ott | her place) | umpt | on (| lemet | ery | | (| Crump | ton, | , MD | |
| į | 21. SIGNATURE OF FUNERAL SERVICE | LICENSEE | | | | | | ESS OF FA | | | | | | |
| | & Sam B | Fellow | 5 | | | | TWS I | uner | al H | ome | | | | 03.053 |
| | TP! | recon | | | | | - 0 | | C1. | | | | 3.50 | |
| | 23. PART I. Enter/the diesesee. | or complications th | | na death. Do | | | | | | M | illing | | | |
| | 23. PART I. Enter the dieaesee, ahock, or haart fellu | | net ceused th | | | | ode of dy | lng, auc | h ae card | M | | | Î | pproximate |
| | ahock, or haart fellu iMMEDIATE CAUSE (Final disease or condition | re. List only one ca | net ceused th nuse Dn each | i line. | not antei | r the mo | ode of dy | | h ae card | M | | | Î | pproximate |
| | ahock, or haart fellu iMMEDIATE CAUSE (Finai | ere. List only one ca | net ceused th | i line. Le leuo | not ante | r the mo | ode of dy | lng, auc | h ae card | M | | | Î | pproximate |
| N | ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death) | ere. List only one ca | net coused the | i line. Le leuo | not ante | the mo | ode of dy | ying, auci | h ae card | flac or re | | | Î | pproximate |
| NOIL | ahock, or heart fellu iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediata | ere. List only one ca | net coused the | i line. Le leuo | not anter | the mo | ode of dy | ying, auci | h ae card | flac or re | | | Î | pproximate |
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| TIFICATION | ahock, or heart fellu iMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING | ere. List only one ca | o con AE A CO | k line. | not anter | the mo | ode of dy | lng, auc | h ae card | flac or re | | | Î | pproximate |
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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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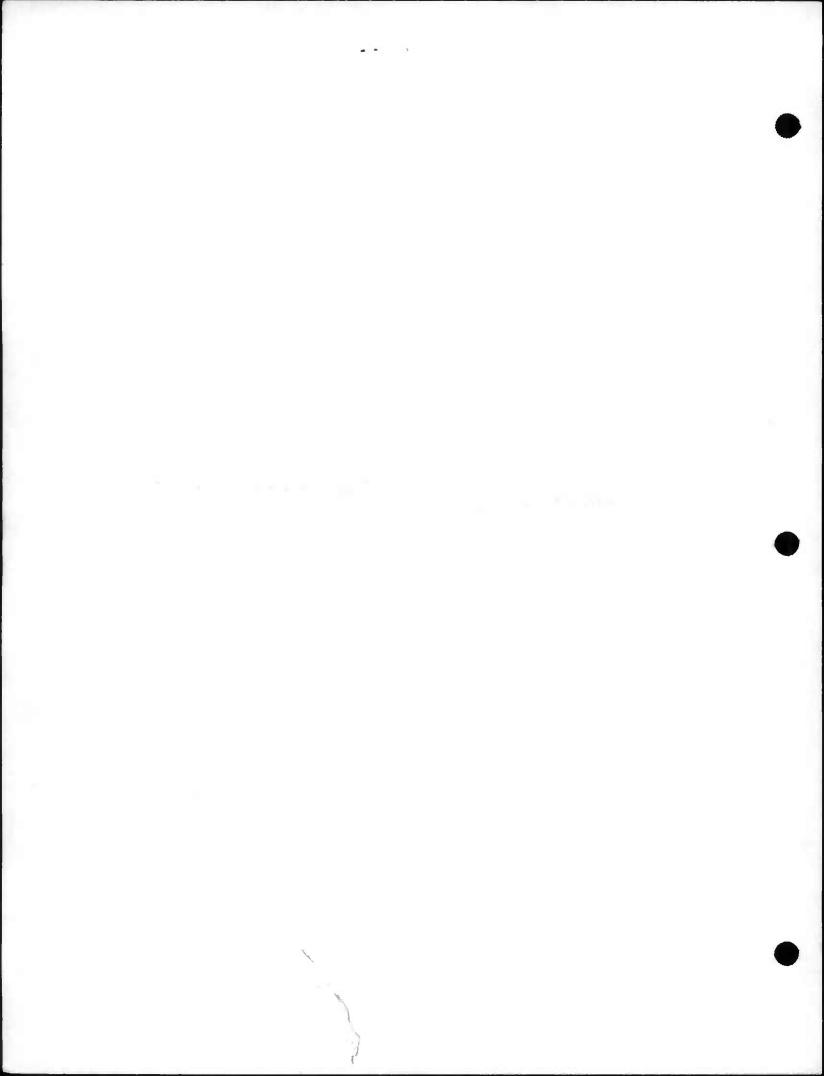
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| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be in | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page | DESTRUCTIONS AND CONTRACT OF THE CARE DOLL OF THE OWNER INVARINGE THE OWNER, CHIEFUNG. THE CASE WITH IT, A CONTRACT OF THE CARE DOLL OF THE OWNER INVARIANCE THE OWNER, CHIEFUNG. THE CASE WITH IT AND THE CASE OWNER THE CASE OWNER IN THE OWNER THE OWNER, CHIEFUNG. THE CASE OWNER THE CASE OWNER THE OWNER |
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

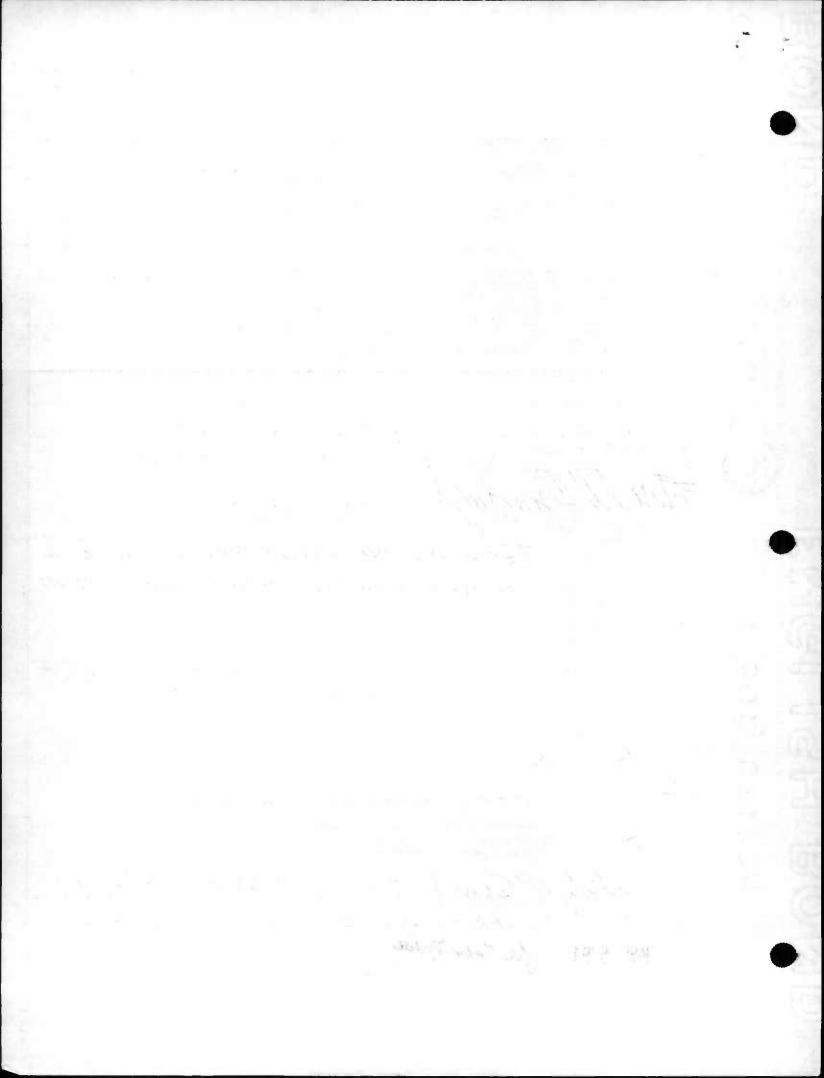
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| | 1. DECEDENT'S NAME (First, Middle, Lest) | 101 | liam | ~S | | | 2. DAT MON | | 4 | YEAR 3. | TIME OF DEATH |
| | 4. SOCIAL SECURITY NUMBER 218054549 | | E (In yrs. lest | | NDER 1 YEAR THE DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DAT | E OF BIRTH | | Country) | ACE (State or Foreign Carolina |
| OR | 9a. FACILITY NAME (If not institution, give | street and number) | | 9b. | CITY, TOWN | BALL | | | | TY OF DEA | |
| ECT | RESIDENCE OF DECEDENT 10a. STATE 10b. COUN | | | 10c. CITY, TO | | TION | | | | 10 | Dd. INSIDE CITY |
| <u>a</u> | | rford | | Edge | ewood | | | | | | LIMITS? YES 2 NO |
| FRAL | 160. STREET AND NUMBER 1624 Meadowwo | ood Drive | | | 10 | H. ZIP COOE | 21040 |) | | S.A. | AT COUNTRY? |
| BY FUNERAL DIRECTOR | 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OF | S 2 N | MEO O | If yes, s | CENDENT OF HISP pecify Cuban, Mexic S 2 1 NO Spec | can, Puarte | | | 14. RACE - | - American Indian, White, etc. |
| COMPLETED | 15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12) | UCATION le completed) College (1-4 or 5+) | (Gh life. | CEDENT'S USUA ve kind of work of Do NOT use reth | lone during m red.) | | | J.S. GO | | JSTRY | |
| OM | 17. FATHER'S NAME (First, Middle, Last) | | TITUK | CR DII | , С1 | 18. MOTHER'S N | | , Middle, Maiden | | | |
| BE C | Henry Williams | | | | | Laur | | | | | |
| 5 | 190. INFORMANT'S NAME (Typo/Print) Mrs. Ethel J. Wi | illiams | | | | and Number or Burn 700d Dri | | | | | 040 |
| | 20a. METHOD OF DISPOSITION 1 🔀 Buriel 2 🗆 Cremetion 3 🗆 Rei 4 🗆 Donation 5 🗀 Other (Specify) | | | | norial | ometery, cremetory o | S | Fal | | ı, Mar | ryland |
| | 21. SIGNATURE OF FUNERAL SERVICE L | B Cana | en i | | 22. NAME / | South P | A RC | Co - A | Berd | DON | Md 21001 |
| | 23. PART i. Enter the disasses, or shock, or heart failure | complications that cause or | | | | | | | | | Approximata interval Between |
| | iMMEDIATE CAUSE (Final disease or condition resulting in death) | | | | 1 | Dissocia | ation | , | | | Onset and Dasth |
| NOI | Sequentially list conditions, if sny, lasding to immediata | b. SIP | S A CONSEC | TI WLL | F. | br. Hatio | ^ | | | | |
| CERTIFICATION | cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST | DUE TO (OR | S A CONSEC | DUENCE OF): | cars | Fach | rN | | | | |
| | PART II. Other algnificant condition | one contributing to deat | h but not n | eaulting in th | e underlyle | ng causa givan i | in Part i. | 24a. WAS AN PERFOR | | | /ERE AUTOPSY FINOINGS MAILABLE PRIOR TO |
| PHYSICIAN: MEDICAL | | | | | | | | 1 TYES 2 | □ NO | 0 | OMPLETION OF CAUSE OF DEATH? YES 2 NO |
| AN: | 25. WAS CASE REFERRED TO MEDICAL | | | | 26. I | PLACE OF DEATH (| Check only | one) | | | |
| SIC | EXAMINER? 1 YES 2 NO | HOSPITAL: | Outpatient 3 | | HER: | me 5 - Reeldenc | | | | | |
| | 27. MANNER OF DEATH 1 Natural 5 Pending | 26a, OATE OF INJUI (Month, Day, Yes | | 26b. TIME OF INJURY | W | JURY AT PORK? YES 2 NO | 28d. D | EŞCRIBE HOW II | NJURY OCC | URED | |
| TED BY | 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined | 28e. PLACE OF INJI | JRY — At hor Specify) | me, farm, street | | | | OCATION (Street a ity or Town, State) | and Number | or Rural Rou | ite Number, |
| COMPLETED | anal control only | SICIAN: To the best of my ki | | | | | | | | | and manner as stated. |
| ш | 296. SIGNATURE AND TITLE OF CERTIF | | | | | 29c. LICENSE N | UMBER | | 29d. DATE | SIGNEO (A | Aonth, Day, Year) |
| TO B | 30. NAME AND ADDRESS OF PERSON V | 1 1/ | DEATH (ITER | | 1) | D4089 | 54 | | • | 3161 | laj |
| | 31. DATE FILED (Month, Day, Year) | 32. REGISTRAN'S S | IGNATURE | | | | | | | | |
| | MAR 0 × '91 | Greha David | Son-Ray | ndelle | | | | | | | |
| 1 | | U | | | | | | | | , | DHMH-16 Rev 1/89 |



| BALTIMORE, MARYLAND 21215-0020 | and death Pros. 6 manuse retained by the hospital or attending physician. | by the natural press, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 | eal avantage must be polified at once |
|--|--|---|--|
| DIVISION OF VITAL RECORDS, P.O. BOX 68760, | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns are death. Figure in many retained by the hospital or attending physician. | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the national process. 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 and the state hand to the state permit of Halfill and Merial Mailene prior to burial cremation. | on more want. It have been made or them 23 shows any injury or other transmitte event the medical provided or hand and one |

should

| | ALGIOTHAN | | OLITI | 11 10/11 | | | | (1 | EG. 140. | | | |
|------------------|--|---|--------------------------|------------------------------------|-------------|---------------|-------------|----------------------------|---------------|--------------|------------------------|--|
| | 1. DECEDENT'S NAME (First, Middle, L | | | | | | | 2. DATE OF E | DEATH | , | YEAR 3 | . TIME OF DEATH |
| | Gordon | A. Wheat | | | | | | 3 | 4 | - | 91 | 1:25 a ^M |
| | 4. SOCIAL SECURITY NUMBER | | AGE (In yrs. last birtho | MONTHS | | IF UNDE | R 24 HRS. | 7. DATE OF B (Month, De | | | 8. BIRTHPL Country) | ACE (State or Foreign |
| | 216-12-2751 | 1 ₹ M 2 □ F | 71 YR | S. MONTHS | DAYS | HOURS | MIN. | JAN. | | 920 | | RYLAND |
| | 9a. FACILITY NAME (If not institution, | give street end number) | | 9b. CITY | , TOWN | OR LOCAT | ION OF DE | ATH | | 9c. COUN | ITY OF OEA | тн |
| 8 | Memorial Hos | spital | | E | ast | on | | | | Tal | bot | |
| 5 | RESIDENCE OF DECEDENT | | 1 400 | CITY, TOWN | 001004 | rion | | | | | La | od. INSIDE CITY |
| <u>=</u> | | CAROLINE | 100. | | | | | | | | 1 1 | LIMITS? |
| | MARYLAND (| ARULINE | | וע | ENTO | N ZIP COE | NF | | | 40. 0000 | | T YES 2 X NO |
| FUNERAL DIRECTOR | | OND ORDER | | | 1 10 | | | | | 13.0 | | |
| N N | 902 SOUTH SEC | 12. WAS DECEDENT E | VED IN II S ADMED | 1 42 | WHO DEC | | 629 | IIC ORIGIN? (S | na attu Maa | | S.A. | |
| 5 | 1 Never Married 2 Merried | FORCES? 1 X | YES 2 NO | | If yes, sp | ecify Cub | en, Mexica | n, Puerto Ricar | | O/ NO. | | - American Indien, White, etc. |
| BY | 3 Wildowed 4 Divorced | IF YES, GIVE WAR | . II | | 1 YES | 2 [ANC | Specify | / : | | | Specify: | HITE |
| | 15. DECEDENT'S | EDUCATION | 16a. DECEDER | T'S USUAL C | CCUPATI | ON | | 16b. KIN | D OF BUS | INESS/IND | USTRY | |
| COMPLETED | (Specify only highest Elementary/Secondary (0-12) | College (1-4 or 6+) | life. Do Ni | f of work done OT use retired.) | dunng mo | ost of work | ing | | | | | |
| 를 | 12 | 4 | CHI | ROPRAG | CTOR | | | | | | | |
| ğ | 17. FATHER'S NAME (First, Middle, Las | n | | | | 18. MO | THER'S NA | ME (First, Middl | le, Maiden S | Surname) | | |
| BEC | MERVIN WHEAT | [| | | | | CARR | IE IROI | NMONG | GER | | |
| TO B | 19e. INFORMANT'S NAME (Type/Print) | | 19b, MAI | JNO ADORES | S (Street | and Numbe | er or Rural | Route Number, C | City or Town | , State, Zip | Code) | |
| F | BETTY F. WHEAT | | 902 | S. SEC | COND | STR | EET, | DENT | ON, N | 1ARYL | AND 2 | 21629 |
| | 20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 | Removal from State | 20b. PLACE AND I | DATE OF DISP | POSITION | (Name | | DATE | 20c. LOC | CATION — | City or Town | ı, Stata |
| | 4 Donetion 5 Other (Specify) | | MARXLA | ND VE | <u>rera</u> | | | 3/7 | BEU | JLAH, | MARY | LAND |
| | 21. SUCHASTORE OF FUNERAL BERVIS | t uppepte | 110 | | | | ESS OF FA | NERAL I | HOME | DΛ | | |
| | COWAW W. | Dunk | chA. | | | | | | | | | ND 20650 |
| | 23. PART i. Enter the diseeses, | or complications that | the deeth. | Do not ente | r the mo | ode of d | ying, suc | h se cardisc | or respir | ratory srr | eat, | Approximate |
| | shock, or heart fell | ure. List only one ceus | en eech iine. | | | | | | | | | Interval Between Onset and Death |
| | iMMEDIATE CAUSE (Final disease or condition | TEC | A LACA / | AR | 0. 4 | 2 95 | 704 | Pn | 100 | 64214 | UZA | TO HAS |
| | resulting in death) | DUE TO (O | R AS A CONSEQUENCE | E OF): | | - 10 4 | 10 | 7.70 | | Pro | | 40 |
| ~ | | o. TERO DUE TO (OI | nuno | 84 | ST | 71 | (| -4 M | PNI | mi | 4 | 19 mo |
| CERTIFICATION | Sequentielly list conditions, if any, leading to immediate | DUE TO (O | AS A CONSEQUENCE | E OF): | | | | | | | | |
| S | cause. Enter UNDERLYING CAUSE (Disease or Injury | c | | | | | | | | | | |
| E | that initiated events | DUE TO (O | R AS A CONSEQUENC | E OF): | | | | | | | | |
| EH | resulting in deeth) LAST | d | | | | | | | | | | |
| | PART II. Other significent cond | fitions contributing to de | eath but not recuit | ing in the u | nderivin | a ceuse | given in | Part I. 24 | , WAS AN | AUTOPSY | 24b. V | VERE AUTOPSY FINDINGS |
| EDICAL | | | | | , | | | | PERFOR | MED? | | WAILABLE PRIOR TO COMPLETION OF CAUSE |
| | | | | | | | | 11 | YES 2 | No | | OF DEATH? |
| Σ | | | | | | | | - | | | 1 | YES 2 NO |
| AN | 25. WAS CASE REFERRED TO MEDIC | AL I | | | 26 P | I ACE OF | DEATH #0 | | | | | |
| PHYSICIAN: | EXAMINER? | HOSPITAL: | | OTHE | R: | | | neck only one) | | | | |
| 14S | 27. MANNER OF DEATN | 112 Inpatient 2 E | | TIME OF | - | JURY AT | Residence | 6 Other (S) | | MILIBA UC | CHRED | |
| | Natural 6 Pending | (Month, Day, | | INJURY | W | ORK? YES 2 | □ NO | Edd. DESCH | DE HOW II | WON1 00 | CONED | |
| BY | 2 Accident Investiga 3 Suicide & Could be | 28a PLACE OF I | NJURY At home, fr | rm, street, fa- | | | | 281, LOCATIO | ON (Street a | ind Number | or Rural Boo | ute Number |
| | 3 Suicide 6 Could no | ot be building, at | | ,, | ,,, | | | | own, State) | | | , |
| COMPLETED | 290. CERTIFIER | NAME OF THE PARTY | | | | | | Daniel Inc. | . Carried the | LE VIER | | |
| MP | CONSON SINY | PHYSICIAN: To the beat of m AMINER: On the beele of exar | | | | | | | | | | and manner on man d |
| 8 | | | milation endor invest | gation, in my | opinion, | death occ | urea at the | time, date enc | a piece, en | G 004 10 II | ie cause(e) | end menner as stated. |
| BE | 29b. SIGNATURE AND TITLE OF CER | PIFIER P. | 0 | 1 | | 29c. LI | CENSE NU | MBER | | 29d. DAT | Z / | Complete Many |
| 5 | 2341 | 000 | m | 1- | | 6 | 0/ | | | | 1/ | 171 |
| | 30. NAME AND ADDRESS OF PERSO | N WHO COMPLETED CAUSE | OF OEATH (ITEM 27) | (Type, Print) | - | 1 | 300 | 100 | 1 | 1 5 | 1 | 1110 |
| | Ş / | ANA | vey, w | 1) | 12 | 1. | 200 | N | r | / L |) 44 | 1601 |
| | 31. DATE FILEO (Month, Day, Year) MAD 5 '0 1 | 32. REDISTRAR | s signature | 00- | | | |) | | | | |
| | MAR 5'91 | gune par | Jugar - J | CTO | | | | | | | | |

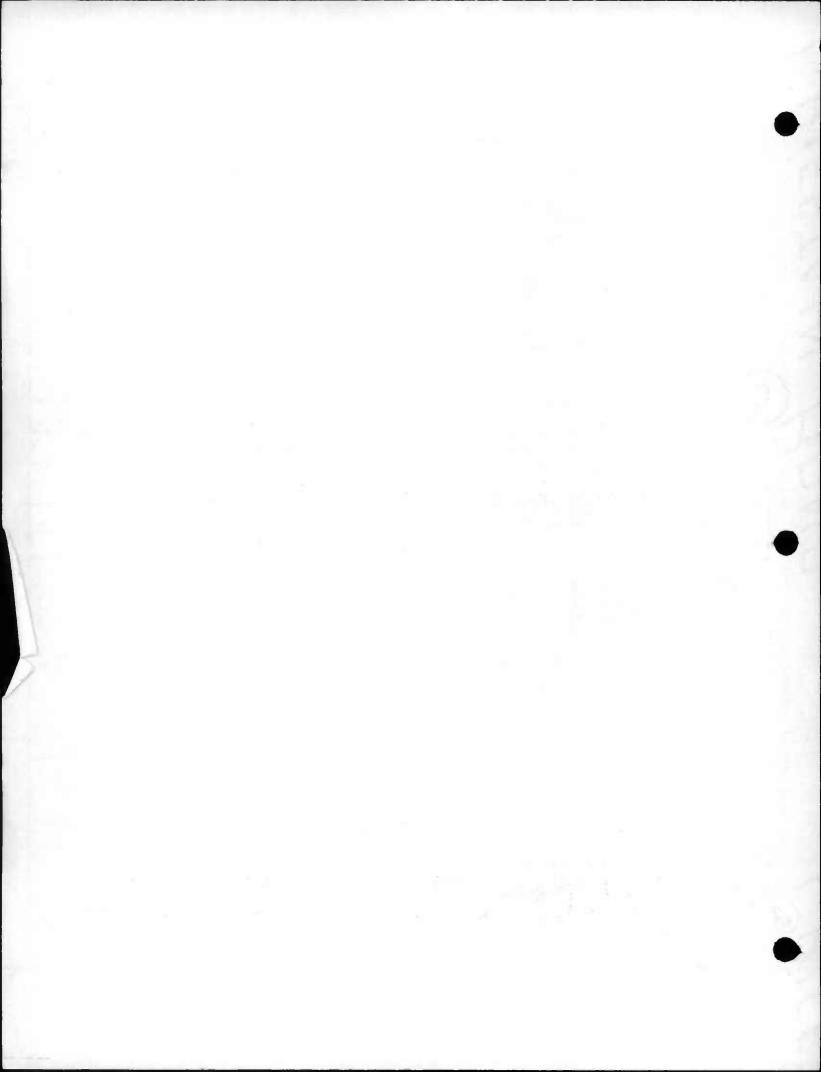


and for use as the burial-transit permit. Pages 1, 2, 3 should

spital or attending physician. ND 21203-3146

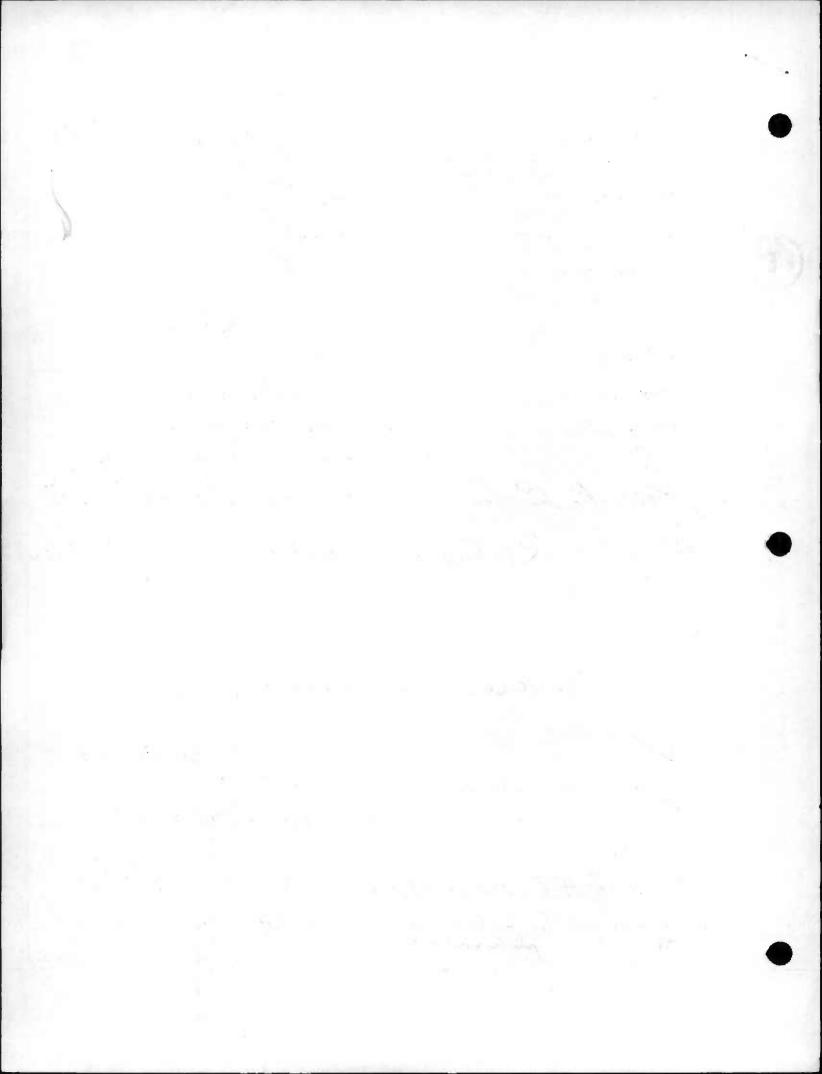
BALTIMORE, M THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be 710 THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be DIVISION OF VITAL RECORDS, P.O. BOX 13146,

| | 1. DECEDENT'S NAME (First EDWARI | Middle, Lest) WINT | ERS | | | | | | | 2. DATE OF MONTH | DEATH DA 22/91 | | YEAR | 3. TIME OF DEATN 10:45 A |
|-----------------------|---|--------------------------------|------------------------|---|-------------------------|------------|----------------|----------------------------|-----------------|---|----------------------------|-----------|---------------|--|
| | 4. SOCIAL SECURITY NUMBER 244-16-9751 | | 5. SEX 1 🔣 M 2 🗌 F | 6. AGE (In yrs. less | birthday) YRS. | IF UNDER | 1 YEAR DAYS | IF UNDER | 24 HRS. MIN. | 7. DATE OF (Month, De | BIRTH ny, Ybar) | | Country | |
| OR | 90. FACILITY NAME (II not in 915 Comanch | | | | | | | OR LOCATI | ON OF DE | 5/23 EATN | /18 | | NTY OF D | |
| FUNERAL DIRECTOR | RESIDENCE OF DEC | 10b. COUNT P.G | | | 1000 | y, town | | | | | | | | 10d. INSIDE CITY LIMITS? 1 YES 2 NO |
| RAL | 100. STREET AND NUMBER 915 Comanch | | ve | | | | | 1. ZIP COD | | | 150 | 10g. CIT | | THAT COUNTRY? |
| BY FUNE | 11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 Dive | | FORCES? | NT EVER IN U.S. AR 1 YES 2 N WAR OR DATES | MED | | If yes, sp | CENDENT Concepts 2 NO | n, Mexica | NIC ORIGIN? (5 in, Puerto Rice y: | specify Yes n, etc.) | or No— | | - American Indian, t, White, etc. |
| COMPLETED | | EDENT'S EDU y highest grade | | (Gi | tve kind of Do NOT u | work done | during me | ost of worki | ng | | Self | | | |
| COM | 17. FATHER'S NAME (First, A. J. C. Winte | | | | | | | | | ME (First, Midde e Wint | lle, Malden | | | |
| TO BE | 196. INFORMANT'S NAME (June K. Wir | | | | | | | | | Aoute Number, | | | | |
| | 204 METNOD OF DISPOSIT 1 N Buriel 2 Crematic 4 Donation 5 Other | TION on 3 Rem | noval from State | 20b. PLACE other place Me 1 | of DISPO | sition (N | eme of ce | metery, cree (unera | remains or | atory | | | chy or To | |
| | 21. SIGNATURE OF FUNERA | AL SERVICE LI | CENSEE M. G | ola | #7 | 4.7 | Robe | no Addre | ss of FA | _ | nera | 1 Hc | ome, | Inc. |
| TION | IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentielly list condi- if eny, leading to imme | tione, | Squar | MOUS Cel. O (OR AS A CONSEC | 1 Ca: | OF): | emo | of (1 | R) P. | arotid | Gla | nd | | interval Between Onset end Death |
| ERTIFICA | cause. Enter UNDERLY CAUSE (Disease or Inje- that initiated events resulting in deeth) LAS | ury 1 | d. | O (OR AS A CONSEC | QUENCE C | OF): | | | | 7,3,4 | | | | |
| MEDICAL CERTIFICATION | PART II. Other eignific | ant condition | ne contributing to | o death but not r | reculting | in the u | ndertyir | ng ceuse | given in | | A. WAS AN PERFOR | RMED? | 24b | WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| ICIAN | 25. WAS CASE REFERRED EXAMINER? | TO MEDICAL | HOSPITAL: | | | OTHE | | LACE OF I | DEATH (C | heck only one) | | | | |
| BY PHYSICIAN: | 1 VES 2 NO 27. MANNER OF DEATN 1 Anatural 5 2 Accident | Pending Investigation | 28s. DATE C | ER/Outpetient 3 F INJURY Day, Year) | 28b. TH | | 28c. IN | JURY AT ORK? YES 2 | | 8 Other (S | | INJURY O | CCURED | |
| 0 | | Could not be determined | 28e. PLACE building | OF INJURY — At he g, etc. (Specify) | ome, ferm, | street, fe | ctory, offi | ce | | 261. LOCATI City or | ON (Street Town, State) | and Numbe | er or Rural i | Route Number, |
| COMPLET | 4-41 | | | of my knowledge, de examination end/or | | | | | | | | | | s) end manner es stated. |
| TO BE C | 29b. SIGNATURE AND TITL | Fap | lan | MJ. | | | | 29c. LIC MD# | D- | MBER 35635 | | 29d, DA | 2/25 | (Month, Day, Year) |
| Ĕ | JOSEPH KAPI | | | 3800 Res | | | Road | , N. | ٧.,١ | Washin | gton | , D. | C. | 20007 |
| | 31. DATE THED (Month, On | Year) | Julia Da | MAR'S SIGNATURE | lee | | | | | | | | | |



| | hosp | ache | | .00 |
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| | the | de | | 0 |
| | 3 | A P | | 9 |
| | TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nouns after death. Page 6 may be retained by the hosp | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached | | IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
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| | with | nplete | be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. | vent |
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| LOCATION J. WALLES GORDON J. WALLES LOCATION | 1. DECEDENT'S NAME (First, | | OFI | CHIF | CATE O | DEAL | н | REG. NO | | | |
|--|--|--|--|--------------|---|--|----------------------------|--|---------------|-----------------------------|---|
| GORDON J. Wales | | Middle, Last) | | | | | 2. | DATE OF DEATH | AY | YEAR | 3. TIME OF DEATH |
| 224-14-1371 TX = 10 TX TX TX TX TX TX TX T | | | | | | | | March | 7.10 | 791 | 11:301 |
| Tea CUTY NAME of the Committee, per series and multiple | | | L AGE (In yrs. lest bit | rthday) | | - Y | 24 HRS. 7. | DATE OF SIRTH | | 8. PIRTH | PLACE (State or Foreign |
| ### A300 Church Road ### Westminster # | 224-14-1371 | 1 💢 M 2 🗆 F | 67 | YRS. | MONTHS DATE | HOURS | 1 | May 24, | 1923 | | |
| The STATES NAME COUNTY Us. CITY, TOWN OR LOCATION Us. STATES AND NAMED Us. CITY TOWN OR LOCATION Us. STATES AND NAMED Us. STATES AND NAMED Us. STATES AND NAMED Us. STATES AND NAMED Us. ADMITTS AND NAMED US. ADMITTS AND NAMED US. ADMITTS AND NAMED | 9a. FACILITY NAME (If not ins | titution, give street and number) | | | 9b. CITY, TOWN | OR LOCATIO | ON OF OEATH | | 9c. COU | NTY OF DE | ATH |
| THE SERVICE OF DECERBENT 100. STORE 300. CONTY MAY JAIN 100. STORE AND NAMEDER 350 DOYAL COURT 11. MANUAL STOYUE 11. MANUAL STOYUE 11. MANUAL STOYUE 11. MANUAL STOYUE 12. MARCHARD STORE STO | 4300 Churc | h Road | | | Uppe | rco | | | Ва | ltime | ore |
| Maryland Carroll Westminster 100.270 COE 1 | | | * | | ** | | | | | | |
| THE TAND NUMBER 350 DOTAL COURT TH. MARTIAL STRUCK 12 - WAS DECEDENT FOR MULE. ARMED 13 - WAS DECEDENT STANDARD 14 - WAS DECEDENT STANDARD 15 - WAS DECEDENT STANDARD 16 - MARTIAL STRUCK 17 - WAS DECEDENT STANDARD 18 - MARTIAL STRUCK 19 - WAS DECEDENT STANDARD 19 - WAS DECEDENT STANDARD 10 - WAS DECEDENT STANDARD 10 - WAS DECEDENT STANDARD 10 - WAS DECEDENT STANDARD 11 - WAS DECEDENT STANDARD 12 - WAS DECEDENT STANDARD 13 - WAS DECEDENT STANDARD 14 - WAS DECEDENT STANDARD 15 - WAS DECEDENT STANDARD 16 - WAS DECEDENT STANDARD 17 - WAS DECEDENT STANDARD 18 - WAS DECEDENT STANDARD 19 - WAS DECEDENT STANDARD 19 - WAS DECEDENT STANDARD 19 - WAS DECEDENT STANDARD 10 - WAS DECEDENT STANDARD 10 - WAS DECEDENT STANDARD 10 - WAS DECEDENT STANDARD 10 - WAS DECEDENT STANDARD 11 - WAS DECEDENT STANDARD 12 - WAS DECEDENT STANDARD 12 - WAS DECEDENT STANDARD 13 - WAS DECEDENT STANDARD 14 - WAS DECEDENT STANDARD 15 - WAS DECEDENT STANDARD 16 - WAS DECEDENT STANDARD 16 - WAS DECEDENT STANDARD 17 - WAS DECEDENT STANDARD 18 - WAS DECEDENT STANDARD 19 - WAS DECEDENT STANDARD 19 - WAS DECEDENT STANDARD 19 - WAS DECEDENT STANDARD 10 - WAS DECEDENT STANDARD 10 - WAS DECEDENT STANDARD 10 - WAS DECEDENT STANDARD 11 - WAS DECEDENT STANDARD 12 - WAS DECEDENT STANDARD 12 - WAS DECEDENT STANDARD 13 - WAS DECEDENT STANDARD 14 - WAS DECEDENT STANDARD 15 - WAS DECEDENT STANDARD 16 - WAS DECEDENT STANDARD 17 - WAS DECEDENT STANDARD 18 - WAS DECEDENT STANDARD 19 - WAS DE | | | 1 | loc. CITY | | | | | | | LIMITS? |
| 3.50 DOPAL COURT II. MARIAL SERVIS II. Never Married II. Never Married II. Never Married II. Never Married III. Never Ma | | Carroll | | | | | | | | | |
| 11. MARY AND COEDED TO THE SHARE (PROPER) 12. NAME DECEMBER 1981 N. L.S. AMED TO RESTS 1. NAME OCCEDENT OF HEAVING CHECK SHARE (PROPER) 1881 N. L.S. AMED TO RESTS 1. NAME OCCEDENT OF HEAVING CHECK SHARE (PROPER) 1881 N. L.S. AMED TO RESTS 1. NAME OCCEDENT OF HEAVING CHECK SHARE (PROPER) 1881 N. L.S. AMED TO RESTS 1. NAME OCCEDENT OF HEAVING CHECK SHARE (PROPER) 1881 N. L.S. AMED TO RESTS 1. NAME (PROPER) 1881 N. L.S. AMED SHARE (PROPEN) 1881 N. L.S. AMED SHARE (PROPEN) 1881 N. L.S. AMED SHARE (PROPEN) 1881 N. L.S. AMED SHARE (PROPEN) 1881 N. L.S. AMED SHARE (PROPEN) 1881 N. L.S. AMED SHARE (PROPEN) 1881 N. L.S. AMED SHARE (PROPEN) 1881 N. L.S. AMED SHARE (PROPEN) 1881 N. L.S. AMED SHARE (PROPEN) 1881 N. L.S. AMED SHARE (PROPEN) 1881 N. L.S. AMED SHARE (PROPEN) 1881 N. L.S. AMED SHARE (PROPEN) 1881 N. L.S. AMED SHARE (PROPEN) 1881 N. L.S. AMED SHARE (PROPEN) 1881 N. L.S. AMED SHARE (PROPEN) 1881 N. L.S. AMED SHARE (PROPEN) 1881 N. L.S. AMED SHARE (PROPEN) 1881 N. L.S. AMED SHARE (PROPEN) 1881 N. L.S. AMED SHARE (PROPEN) 1881 N. L.S. AMED SHARE (PROPEN) 1881 N. L | | | | | 1 | | | | 10g. CITI | IZEN OF W | HAT COUNTRY? |
| Tyres peoply Claims, Machine, Peorle Rices, etc. Section Tyres, specify Claims, Machine, Peorle Rices, etc. Specify White Section Tyres, specify Claims, Machine, Peorle Rices, etc. Specify White Section Secti | | | | | | | | | | | |
| 18. DECEMENT'S DECISION 18. DECEMENT'S DEVIA COCURS (14. or 5.) 18. DECEMENT'S DECEMENT (14. or 5.) 18. DECEMENT (14. or 5.) 18. DECEMENT (14. or 5.) 18. DECEMENT (14. or 5.) 18. DECEMENT (14. or 5.) 18. DECEMENT (14. or 5.) 18. DECEMENT (14. or 5.) 18. DECEMENT (14. or 5.) 18. DECEMENT (14. or 5.) 18. DECEMENT (14. or 5.) 18. DECEMENT (14. or 5.) 18. DECEMENT (14. or 5.) 18. DECEMENT (14. or 5.) 18. DECEMENT (14. or 5.) 18. DECEMENT (14. or 5.) 18. DECEMENT (14. or 5.) 18. DECEMENT (14. or | 1 Never Merried 2 1 | FORCES? 1X | XYES 2 NO | D | It yes, | specify Cube | n, Mexican, P | ORIGIN? (Specify Yes uarto Rican, etc.) | or No— | 14. RACE Black Specif | - American Indian, , White, etc. Vhite |
| Beneroary/Secondary (6:12) High School College (14 or 5+) Roofer Roofer 17. FATHER'S HAME (First, Amodin, Last) May E. Parsley Earl W. Wales May E. Parsley Barthouse (First, Amodin, Amodin Sumanus) Earl W. Wales May E. Parsley Barthouse (First, Amodin, Amodin Sumanus) Barthouse (First, Amodin, Amodin Su | 15. DECE | DENT'S EDUCATION | 16a. DECEI | DENT'S | USUAL OCCUPA | TION | | 16b. KIND OF BU | SINESS/INC | DUSTRY | |
| High School To Part Name (Pietr Motion, Mascian Sumana) Earl W. Wales Bearl W. Wales Ste. Malier Sterve and Number or Partil Road Number of Partil Road | | | life. Do | NOT us | e retired.) | nost of workin | g | | | | |
| EART W. Wales 199. MAY E. Parsley 199. MAY E. Parsley 190. May E. Parsley 190. Location F. Mad. Documents 190. L | | | | Ro | ofer | | | | | | |
| 196. MALING ADDRESS (Stores and Number or Paral Roots Number, City or Your. Stern, 2g Code) Dawn E. Wolfe Source S. Wolfe | 17. FATHER'S NAME (First, Mic | idle, Last) | | | | 18. MOTH | IER'S NAME | (First, Middle, Maiden | Sumame) | | |
| Dawn E. Wolfe 200. METHOD OF DISPOSITION 1 Burlet 2 (Certainton 3 I) Removal from State 200. PLACE OF DISPOSITION (Insert of context) contently, correctory or Contently and Contently (Catton - City or Town, State) 21. SIGNATURE (Scientific Scientific) 22. NAME AND ADDRESS OF FACILITY 11824 Reisterstown Rd. 23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval shock, or heart feiture. List only one ceuse on each line. MIMEDIATE CAUSE (Fine) MIMEDIATE CAUSE (Fine) DUE TO (OR AS A CONSEQUENCE OF): 4. DUE TO (OR AS A CONSEQUENCE OF): 4. DUE TO (OR AS A CONSEQUENCE OF): 4. DUE TO (OR AS A CONSEQUENCE OF): 4. DUE TO (OR AS A CONSEQUENCE OF): 4. DUE TO (OR AS A CONSEQUENCE OF): 4. DUE TO (OR AS A CONSEQUENCE OF): 4. DUE TO (OR AS A CONSEQUENCE OF): 4. DUE TO (OR AS A CONSEQUENCE OF): 5. WAS CASE RIGISTRATED TO MEDICAL EXAMINER OF DEATH (Check only one) 25. WAS CASE RIGISTRATED TO MEDICAL EXAMINER OF DEATH (Check only one) 26. PLACE OF DEATH (Check only one) 27. MANNERO OF DEATH 28. DATE OF REALITY AT SENDING CONSTRUCTION OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 29. PLACE OF DEATH (Check only one) 20. ADSIGNATION OF THE CAUSE (Check only one) 20. ADSIGNATION OF THE CAUSE (Check only one) 20. ADSIGNATION OF THE CAUSE (Check only one) 20. ADSIGNATION OF THE CAUSE (Check only one) 20. ADSIGNATION OF THE CAUSE (Check only one) 20. ADSIGNATION OF THE CAUSE (Check only one) 20. ADSIGNATION OF THE CAUSE (Check only one) 21. MANNERO OF DEATH 22. ADSIGNATION OF THE CAUSE (Check only one) 23. ADSIGNATION OF THE CAUSE (Check only one) 24. DATE OF THE CAUSE (Check only one) 25. WAS CASE RIGISTRATED SUCKNESS OF FERSON WHO COMPLETED CONNICOUSLY (Check only one) 26. DATE OF THE CAUSE (Check only one) 27. MANNERO OF DEATH 28. DATE OF THE CAUSE (Check one) 28. DATE OF THE CAUSE (Check one) 29. DATE OF THE CAUSE (Check one) 20. DATE OF THE CAUSE (Check one) 20. DATE OF THE CAU | Earl W. W | lales | | | | | May E | . Parsley | 7 | | |
| 20. LOCATION — City or Town, State 1 Cl Burlat 2 (Cernation 3 Removal from State 4 Cl Donation 5 Other (Specify) 21. SIGNATURE OF PURCHAL SERVICE UCENSES 22. NAME AND ADDRESS OF FACILITY 11824 Reisterstown Rd. 23. NAME AND ADDRESS OF FACILITY 11824 Reisterstown Rd. 24. DATE of the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. MMEDIATE CAUSE (Finet MMEDIATE CAUSE MMEDIATE MMEDIATE CAUSE M | 19a. INFORMANT'S NAME (Ty) | pe/Print) | 19b. N | AILING | ADDRESS (Stree | and Number | or Rural Rout | e Number, City or Tow | n, State, Zic | Code) | |
| 20. LOCATION — City or Town, State 1 Cl Burlat 2 (Cernation 3 Removal from State 4 Cl Donation 5 Other (Specify) 21. SIGNATURE OF PURCHAL SERVICE UCENSES 22. NAME AND ADDRESS OF FACILITY 11824 Reisterstown Rd. 23. NAME AND ADDRESS OF FACILITY 11824 Reisterstown Rd. 24. DATE of the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. MMEDIATE CAUSE (Finet MMEDIATE CAUSE MMEDIATE MMEDIATE CAUSE M | Dawn E. Wol | .fe | 50 | 4 E | . Lynn | Ave. | Balt | timore, N | ſd. | 2122 | 3 |
| 22. NAME AND ADDRESS OF FACILITY 11824 Reisterstown Rd. 22. NAME AND ADDRESS OF FACILITY 11824 Reisterstown Rd. 23. PART II. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. 11824 Reisterstown Rd. 21. PART II. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Calaxis. (Pinel Interval Calaxis (Pinel Interval Calaxis) (Pinel Calaxis) (Pinel Interval Calaxis) (Pine | 20a. METHOD OF DISPOSITIO | ON | 20b. PLACE OF | DISPOS | | | | | | City or Tox | vn, Stale |
| 22. NAME AND ADDRESS OF FACILITY 11824 Reisterstown Rd. 23. PART I. Entar the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval Between the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval Between the death. Do not enter the mode of dying, such as cardiac or respiratory errest, approximate interval Between the condition resulting in death) Due to (by As A consequence of): Sequentisity list conditions, if any, leading to immediate cause. Enter NUDERLYING CAUSE (Disease or Injury that Intificial events resulting in death) Due to (or As A consequence of): Due to (or As A consequence of): Due to (or As A consequence of): Due to (or As A consequence of): Due to (or As A consequence of): 25. WAS CASE REFERENCE TO MEDICAL EXAMINED: 1 | 1 ☐ Buriel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other | Specify) | Carr | 011 | Cremat | ions | | Han | npste | ad, l | Md. |
| Eline Funeral Home Reisterstown, Md.21136 22. PARTI I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, increased line. IMMEDIATE CAUSE (Finel dilignates or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO | 21. SIGNATURE OF FUNERAL | SERVICE LICENSEE | -2 | | 22. NAME | AND ADDRES | S OF FACILI | TY | | | |
| 22. PART I. Entair the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shorter fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease) or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury) that influend eventy that influence developes or injury that infl | Kana | k Ol | | | | | | | | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINED 1 | resulting in deeth) Sequentisity list condition if any, leading to immedicause. Enter UNDERLY!! CAUSE (Disease or Injurthet initiated events | b. DUE TO (C | OR AS A CONSEQUE | ENCE OF | 7): | | 31 | | | | VUdde, |
| EXAMINED 1 | | | | - | | | | | | | |
| 1 Impatient 2 ER/Outpetient 3 DOA A Nursing Home 5 Residence & Drifter (Specify) NTY ROAD 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF NJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 28a. DATE OF INJURY 28b. TIME OF NJURY 28d. DESCRIBE HOW INJURY OCCURED 2 Accident 3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City of Now, Steel) 28a. DESCRIBE HOW INJURY OCCURED 28b. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City of Now, Steel) 28a. DESCRIBE HOW INJURY OCCURED 28b. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City of Now, Steel) 28b. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City of Now, Steel) 28b. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City of Now, Steel) 28b. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City of Now, Steel) 28b. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City of Now, Steel) 28b. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City of Now, Steel) 28t. LOCATION (Street and Number or Rural Route Number, City of Now, Steel) 28t. LOCATION (Street and Number or Rural Route Number, City of Now, Steel) 28t. LOCATION (Street and Number or Rural Route Number, City of Now, Steel) 28t. LOCATION (Street and Number or Rural Route Number, City of Now, Steel) 28t. LOCATION (Street and Number or Rural Route Number, City of Now, Steel) 28t. LOCATION (Street and Number or Rural Route | PART II. Other significer | () | | 6 8 | a | | | PERFO | RMED? | 24b. | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| 1 | 25. WAS CASE RESERRED TO | Severe | | 6 8 | heps | en | ed. | PERFOI | RMED? | 24b. | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 29e. CERTIFIER (Check only one) 2 I JAEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTARIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Near) 31. DATE, FILED (Month, Day, Near) 32. REGISTRAR'S SIGNATURE | 25. WAS CASE REFERRED TO EXAMINED | Severe MEDICAL HOSPITAL: | _Em | B | heps 26. OTHER: | PLACE OF D | EATH (Check | PERFOI | RMED? | 24b. | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTRIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mg/fth, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED OLIVER (Type, Print) 31. DATE, FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE | 25. WAS CASE REFERRED TO EXAMINED. 1 | MEDICAL HOSPITAL: 1 Inpatient 2 28a. DATE OF 8 (Month, Day) | ER/Outpetient 3 🗆 | DOA ROD. TIM | 26. OTHER: 4 Nursing He | PLACE OF D | EATH (Check reidence 8 (| only one) | RMED? | Tyk | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED COALISE OF DEATH (ITEM 27) (Typo, Print) 31. DATE FOR CONVERNMENT TO SOME TO SOME THE STORY SOMETHER. 31. DATE FILED (MONTH), Day, You) 32. REGISTRAR'S SIGNATURE | 25. WAS CASE REFERRED TO EXAMINED TO EXAMINED TO PART OF DEATH 1 Noture of Death 2 Account 1 3 Suicide 6 | MEDICAL HOSPITAL: 1 Inpetient 2 Inpetient | ER/Outpetient 3 1 NJURY (Sear) (NJURY — At home | DOA ROB. TIM | 26. OTHER: 4 Nursing He E OF URY D M 1 | PLACE OF DOME 5 Re | EATH (Check reidence 6 (| only one) Officer (Specify) Ad. DESCRIBE HOW R. LOCATION (Street | RMED? | Tyk | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| Charles FOr Convell Mo-2501 Yorked Tourson Md | 25. WAS CASE REFERRED TO EXAMINED 1 DES 2 NO 27. MANNER OF DEATH 1 New 1 | MEDICAL HOSPITAL: 1 Inpatient 2 Inpatien | INJURY At home c. (Specify) or knowledge, death | DOA INJ | 26. OTHER: 4 Nursing He EOF URY D M 1 street, factory, of | PLACE OF D Ome 5 Re NJURY AT VORK? YES 2 Effice whe and place | EATH (Chock seldence 6 C) | only one) Officer (Specify) A. LOCATION (Street City of Town, Stele, C | NJURY OC | Ty K coned or Rural R | AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
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| THE WANTED TO THE TAX AND THE | 25. WAS CASE REFERRED TO EXAMINED. 1 | Pending 28a. DATE OF the Month, Day Providing 28a. PLACE OF the Month, Day Provided the Month of | ER/Outpetient 3 USURY Your 2 INJURY | DOA INJ | 26. OTHER: 4 Nursing He E OF URY M 1 Rivest, factory, of Road at the time, di | PLACE OF DOME 5 PAR A TOORKY TOORKY THE AND PROPERTY OF THE AND PR | EATH (Check visidence & [] | only one) Ther (Specify) Id. DESCRIBE HOW Id. LOCATION (Street City og Town, Stefe) The cause(e) and ma | NJURY OC | Ty According to a Rural R | AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Oute Number, |



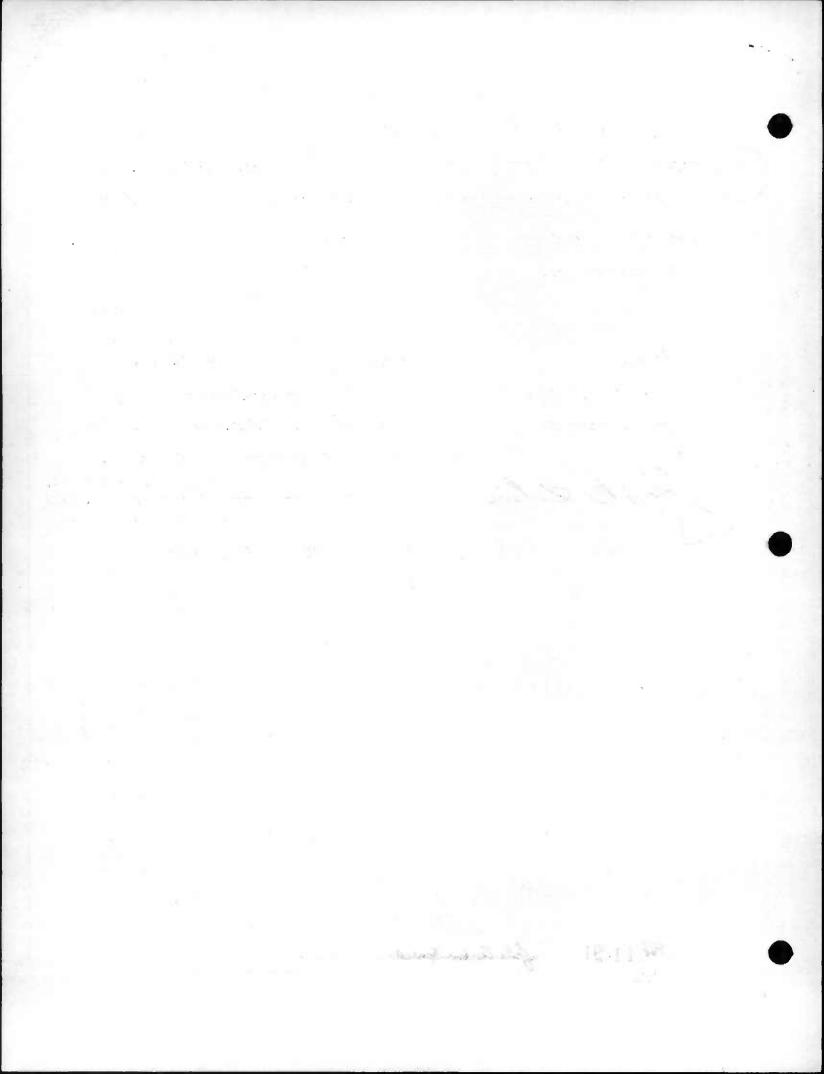
| | STATE OF | MARYLAND / DEPARTMENT CERTIFICATE | MENTAL HYGIENE REG. NO. |
|-----|----------|--------------------------------------|-------------------------------|
| st) | | | 2. DATE OF DEATH MONTH DAY |

| FOR 1 - STATE REGISTRAR | STATE OF MARYLA | | NT OF HEALTH AND TE OF DEATH | MENTAL HYGIEN | E 7 [| 0/301 |
|---|---|------------------------------|---|---|------------------------------|--|
| 1. DECEDENT'S NAME (First, Middle William E 4. SOCIAL SECURITY NUMBER | Weir | in yra. last birthday) IF UN | DER 1 YEAR IF UNDER 24 HRS. 18 DAYS HOURS MIN. | 2. DATE OF DEATH MONTH DA CONTROL OF BIRTH (Month, Day, Year) | 8. BIRT | 20.10 |
| RESIDENCE OF DECEDIO | n, give street and number) anty General I NT COUNTY | Hospital | N OR LOCATION | eath T | 90. COUNTY OF | |
| | Carroll | | Westminste | r | 10g. CITIZEN OF | 1 YES 2 NO |
| 10e. STREET AND NUMBER 901 Cindy 11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER IN | 2 NO | 13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Specif | an, Puerto Rican, etc.) | or No — 14. RA Ble Spe | CE — American Indian, ick, White, etc. |
| 15. DECEDEN | T'S EDUCATION est grade completed) College (1-4 or 5+) | | LOCCUPATION one during most of working od.) classified | Dept | of De | |
| Tr. FATHER'S NAME (First, Middle, William P. 199. INFORMANT'S NAME (First, Middle, | Weir | 40. 4441 NO 4000 | Marg | AME (First, Middle, Melden garet Free | estone | |
| Mrs. Marily | n Weir | 901 Ci | ndy Lane, W (Name of cometery, crematory or | lestminste | er, Md | Town, State |
| 1. Burlel 2 Cremation 3 4 Donation 5 Other (Spec | | | theran Ceme 22. NAME AND ADDRESS OF FO Pritts Fune 412 Washing | ral Home | & Chaj | pel |
| | a | | 1 aly | Mole Wali | Reon | Approximate Interval Betv Onset end D |
| PART II. Other significent of | onditions contributing to death b | ut not resulting in the | e underlying ceuse given in | Part I. 24a. WAS AN PERFOF | RMED? | 4b. WERE AUTOPSY FIND ANALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO |
| 25. WAS CASE REFERRED TO ME EXAMINER? | HOSPITAL: | | 26. PLACE OF DEATH (C | | | |
| 2 Deviates | 28e, PLACE OF INJURY | 28b. TIME OF INJURY | 28c. INJURY AT WORK? 1 YES 2 NO | 28d. DESCRIBE HOW I | | al Route Number |
| 4 Homicide deter | if not be building, etc. (Specimened) IG PHYSICIAN: To the best of my know examination | idge, death occurred at (| the time, date and place, and du | e to the cause(a) and man | nner as stated. | |
| 296. SIGNATURE AND TITLE OF | | 3MMD | 290, LICENSE NU | DO D | 29d. DATE SIGN | ED (Morith, Day, Year) |
| 31. DATE FILED (Month, Day, Year) | 12. REGISTRAR'S SIGN Julia Davi | | 5 Joo A poor | TEN WI | | 21177 |

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| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely flued in by the funeral directors and some signed death with the State Beat of Health and Montal Horison news to hard compatition. | IMPORTANT: If I lem 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner mu |
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| H | TH C | 100 |
| 5 | F 1 | 5 = |

| 1. DECEDENT'S NAME (FIVE, Models, Last) 1. DECEDENT'S NAME (FIVE, Models, Las | | | | L HYGIENE REG. NO. | MENTAI | | | | | D / DEPAI | | STATE OF M | | FOR STATE REGISTRAR |
|--|--------------------|---------------|----------------|-----------------------|-------------------|--------------|--------------------|-------------|-------------|------------------|---------------------------------|-------------------------------|---------------------|--|
| A. BOOLA. SECURITY ROBBER 20-14-5095 1-92 EV 67 YRS. 67 YRS. 67 YRS. 67 YRS. 67 YRS. 67 YRS. 67 YRS. 67 YRS. 67 YRS. 67 YRS. 68 STRIPT AND SUMBER 20-14-5095 BAILTIMOTE COUNTY General Hospital Randallstown Baltimore County General Hospital Randallstown Baltimore County General Hospital Randallstown Baltimore County General Hospital Randallstown Baltimore County General Hospital Randallstown Baltimore County General Hospital Randallstown Baltimore County General Hospital Randallstown Baltimore County General Hospital Randallstown Baltimore 100. 29 COCC 100. 29 COCC 20136 USA T. MARTAL STATUS T | OF DEATH | | VEAR | OF DEATH | 2. DATE | | | | | IFA | 1 2 5 | 0 | | |
| 220-14-5095 | 305 | 110 | 91 | 3 8 | WORTE | | | | 1 | HEA | Wt | <u>C.</u> | LYN | EVE |
| 220-14-5095 In 19 NET 15 NET | State or Foreig | IRTHPLACE | 6. BIRT | OF BIRTH | 7. DATE (Month | | - | | | . last birthday) | 6. AGE (In yrs. | | | |
| Baltimore County General Hospital Randallstown Baltimore Restaura Management | ind | | 3 Ma | | | Mile. | HOURS | DATS | MUNITAS | YRS. | 67 | 1 ☐ M 2 💢 F | 5 | 220-14-509 |
| No. STATE 188. CORNEY 189. COUNTY 190. CITY, TOWN ON LOCATION 100. MINUMENT 190. STREET AND NUMBER 190. CITYLEN OF WHAT COUNTY 190. CITYLEN | |)F DEATN | c. COUNTY OF | 9c. (| EATH | ON OF DI | R LOCATIO | , TOWN C | 9b. CIT | | | reet and number) | natitution, give st | B. FACILITY NAME (If not in |
| Maryland Baltimore Reisterstown No. STRET AND NUMBER 27 ChatsWorth Ave. 10. INFO CODE 11. MARTIAL STATUS 11. MARTIAL STAT | <u>}</u> | timor | Balt | | n . | towr | | | | | Hospi | | CEDENT | ESIDENCE OF DEC |
| TO STREET MO NUMBER 27 Chatsworth Ave. 11 NARITAL STATUS 1 NARI | SIDE CITY MITS? | 10d. | | | | | | | | 10c. CF | | | | |
| 27 Chatsworth Ave. 11. Mark Status 12. Was DECEDENT EVEN NU.S. AMADE 13. Was marked 2 Marked 15. Was Decedent of History States 16. News Extended 2 Marked 17. News Marked 2 Marked 18. DECEDENT BEDUCATION 17. EX 20 NO Speech? 18. DECEDENT BEDUCATION 19. DECEDENT BEDUCATION 19. DECEDENT BEDUCATION 19. DECEDENT BEDUCATION 10. DECEDENT BEDUCATION 10. DECEDENT BEDUCATION 10. DECEDENT BEDUCATION 10. DECEDENT BEDUCATION 11. DECEDENT BEDUCATION 12. YES 2 NO Speech? 12. YES. 13. DECEDENT BEDUCATION 14. DECEDENT BEDUCATION 15. DECEDENT BEDUCATION 15. DECEDENT BEDUCATION 16. DECEDENT BEDUCATION 17. ENTRY NAME (First, Model, Marked Burnard) 17. ENTRY NAME (First, Model, Marked Burnard) 17. ENTRY NAME (First, Model, Marked Burnard) 17. ENTRY NAME (First, Model, Marked Burnard) 17. ENTRY NAME (First, Model, Marked Burnard) 18. DECEDENT BEDUCATION 19. DECEDENT BEDUCATION 19. DECEDENT BEDUCATION 10. DECEDENT BEDUCATION 10. DECEDENT BEDUCATION 10. DECEDENT BURNARD CONTRY BURNARD PART BURNARD P | ES 2 X NO | 1 🗆 | | | | | | | Reis | | | imore | | |
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| ST WASHINGTON Discount F YES, GAVE WAR OR DATES 1 YES 2 NO Specify Specify College (| rican Indian, | RACE - An | No - 14. RAI | N? (Specify Yea or No | NIC ORIGIN | F NISPAI | ENDENT O | WAS DEC | 13. | ARMED TO NO | TEVER IN U.S. | 12. WAS DECEDENT FORCES? 1 | | |
| 15. DECEDENT'S EDUCATION (Close bill of highest produce compiled) Elementary Secondary (Pt. 2) 12 yrs. 17. FATHER'S HAME (First, Michies, Leav) Franklin M. Hedges 19. MALINO ADDRESS (Sime and Number or Paul Rolls Michies Burnaria) Type Malino Address (Sime and Number or Paul Rolls Michies Burnaria) 19. MALINO ADDRESS (Sime and Number or Paul Rolls Michies Burnaria) Mae Schanberger 19. MALINO ADDRESS (Sime and Number or Paul Rolls Michies Burnaria) Mae Schanberger 19. MALINO ADDRESS (Sime and Number or Paul Rolls Michies Burnaria) Mae Schanberger 19. MALINO ADDRESS (Sime and Number or Paul Rolls Michies Burnaria) Mae Schanberger 19. MALINO ADDRESS (Sime and Number or Paul Rolls Michies Burnaria) Mae Schanberger 20. LOCATION — City or Town, State Sent Compileration (Number of Commisting, Commistory or Compileration (Number of Paul Rolls Michies Burnaria) 21. MARIA 2. Commission 3 — Removal from State Sent Compileration (Number of Commission, Commission) 22. NAME AND ADDRESS OF FADILITY 18. MALINO ADDRESS OF FADILITY 18. MALINO ADDRESS OF FADILITY 22. NAME AND ADDRESS OF FADILITY 18. MALINO ADDRESS OF FADILITY 18. MALINO ADDRESS OF FADILITY 18. MALINO ADDRESS OF FADILITY 18. MALINO ADDRESS OF FADILITY 18. MALINO ADDRESS OF FADILITY 18. MALINO ADDRESS OF FADILITY 18. MALINO ADDRESS OF FADILITY 18. MALINO ADDRESS OF FADILITY 18. MALINO ADDRESS OF FADILITY 18. MALINO ADDRESS OF FADILITY 18. MALINO ADDRESS OF FADILITY 18. MALINO ADDRESS OF FADILITY 18. MALINO ADDRESS OF FADILITY 18. MALINO ADDRESS OF FADILITY 18. MALINO ADDRESS OF FADILITY 21. MALINO ADDRESS OF FADILITY 22. MALINO ADDRESS OF FADILITY 23. MALINO ADDRESS OF FADILITY 24. MALINO ADDRESS OF FADILITY 25. MALINO ADDRESS OF FADILITY 26. MALINO ADDRESS OF FADILITY 26. MALINO ADDRESS OF FADILITY 27. MALINO ADDRESS OF FADILITY 28. MALINO ADDRESS OF FADILITY 28. MALINO ADDRESS OF FADILITY 28. MALINO ADDRESS OF FADILITY 28. MALINO ADDRESS OF FADILITY 28. MALINO ADDRESS OF FADILITY 28. MALINO ADDRESS OF FADILITY 2 | | Specify: | | Though area; | | | | | | | | | | |
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| T7. PATHER'S NAME (**Pist. Middin, Lasi) Franklin M. Hedges 19a. INFORMATTS NAME (**Pist. Middin, Malthon Surnamen) Lynn P. Szcepanik 27. Chatsworth Ave. Reisterstown, Md. 211. 20a. METNOO OF DISPOSITION 1 Daniel 2 Covenation 3 Removel from State 1 Daniel 2 Covenation 3 Removel from State 2 Daniel 2 Covenation 3 Removel from State 2 Daniel 2 Covenation 3 Removel from State 2 Daniel 2 Covenation 3 Removel from State 2 Daniel 2 Covenation 3 Removel from State 2 Daniel 2 Covenation 3 Removel from State 2 Daniel 3 Covenation 3 Removel from State 2 Daniel 3 Covenation 3 Removel from State 2 Daniel 3 Covenation 3 Removel from State 2 Daniel 3 Covenation 3 Removel from State 2 Daniel 3 Covenation 3 Removel from State 2 Daniel 3 Covenation 3 Removel from State 2 Daniel 3 Covenation 3 Removel from State 2 Daniel 3 Covenation Removel Fraction Research 2 Daniel 3 Covenation Removel Fraction Research 2 Daniel 3 Covenation Research 2 Daniel 3 Covenation Research 2 Daniel 3 Covenation Research 2 Date 10 (On As A Consecousnice of): | | | 11 Co | Fuel Oil | | | | | | |) | College (1-4 or 5+ | 0-12) | |
| Franklin M. Hedges 199. NFORMANTS NAME (PiperPrint) Lynn P. Szcepanik 200. PLACE OF DISPOSITION (Name or Parall Route Number, City or Town, Stein, Zip Code) 1 (Abstral 2) Commission S (Bernovel from State) 200. PLACE OF DISPOSITION (Name or Comment, commission, commission) 200. PLACE OF DISPOSITION (Name or Comment, commission, commission) 201. PLACE OF DISPOSITION (Name or Comment, commission, commission) 202. PLACE OF DISPOSITION (Name or Comment, commission, commission) 203. PLACE OF DISPOSITION (Name or Comment, commission, commission) 204. PLACE OF DISPOSITION (Name or Comment, commission, commission) 21 | | • | | | | tem to | 40. **** | 4 | eehe | DOOK | | | Aiddle Last | |
| 19a. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, Stees, Zp Code) Lynn P. Szcepanik 27 Chatsworth Ave. Reisterstown, Md. 211. 280. METIOLOG DISPOSITION (Name of centerly, crematory or Burling) 290. Expensive and Number or Rural Route Number, City or Rown, Stees, Zp Code) 21 Chatsworth Ave. Reisterstown, Md. 211. 290. Expensive and Number of Rural Route Number, City or Rown, Stees, Zp Code) 21 Chatsworth Ave. Reisterstown, Md. 211. 290. Expensive and Number of Rural Route Number, City or Rown, Stees, Zp Code) 291. Each of the Steeper of Number of Rural Route Number, City or Rown, Stees, Zp Code) 292. LOCATION — City or Town, Stees 293. Each of the Steeper of Steeper of Number of Rural Route Number, City or Rown, Stees, Zp Code) 294. Each of the Steeper of Number of Rural Route Number, City or Rown, Stees, Zp Code) 295. Each of Steeper of Number of Rural Route Number of Rural Route Number of Rural Route Number, City or Rown, Stees, Zp Code) 206. LOCATION — City or Town, Stees 207. Each of Steeper of Rural Route Number of Rural Route Number, City or Rown, Stees, Zp Code) 208. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Applied Accounter (Licenselle) 21 Application of Rural Route Number of Rural | | | name) | | | | | | | | | 1 | | |
| Lynn P. Szcepanik 27 Chatsworth Ave. Reisterstown, Md. 211. 28. PLACE OF DISPOSITION (Name of centellary, crematory or Information of Ching Disco) Baltimore National Cemetery Baltimore, Md. 21. Blood Time (Specify) Baltimore National Cemetery Baltimore, Md. 22. NAME AND ADDRESS OF FACILITY 1824 Reisterstown, Md 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, and one of the condition or resulting in death) Baltimore, Md. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, and one condition resulting in death) Baltimore, Md. 1824 Reisterstown, Md 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, and one condition one condition of the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, and one condition of the least of the conditions. Baltimore, Md. 1824 Reisterstown, Md 28. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, and one cause on each line. DUE TO (OR AS A CONSECUENCE OF): Baltimore of Death Cardisconting the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, and cardisconting the cardisc | | | | | | | | | | | | iges | | |
| 20s. PLACE OF DISPOSITION (Name of commeter), crematory or 10.5 put 10.5 post 10 post | 26 | -7 | | | | | | | | | | ile | | |
| A Donation Steven | | | | | keis | _ | _ | _ | | | Laci e | I.V. | | |
| 22. NAME AND ADDRESS OF FACILITY 11824 Reisterston Eline Funeral Home Reisterstown, Md 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, and ock, or heer fellure. List only one cause on sech line. MI EDIATE CAUSE (Final disease) DUE TO (OR AS A CONSEQUENCE OF): Lift any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): LIFT AND CAUSE (Disease or Injury that Initiated events resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH 1 YES 2 NO OF DEATH 1 Natural 1 Natural 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Institute 28a. DATE OF INJURY 28b. DIRE OF INJURY 28c. DATE OF INJ | | | | | | , | | | | er niene) | othe | eval from State | on 3 🗆 Reme | XBurial 2 ☐ Crematic |
| 21. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heert feiture. List only one cause on each line. Maje EDIATE CAUSE (Finel disease or condition resulting in death) | | , Ma. | Imore, | Daiti | | | | | | TCTIIIOI | Da. | ENGEE | | |
| ### FILE THE THE diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, abock, or heert fellure. List only one cause on each line. #### FILE CAUSE (Final disease or condition resulting in death) DUE TO (OR ASÍA CONSEQUENCE OF): DUE TO (OR ASÍA | wn Rd | terst | Reiste | 11824 H | ACILITY | SS OF FA | ID ADDRES | NAME AP | 22 | | | O / - | AL SERVICE LIC | , side tone of Ponera |
| APART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, abock, or heer feliure. List only one cause on each line. Matchart CAUSE (Final disease or condition resulting in death) DUE TO (OR ASÍA CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR ASÍA CONSEQUENCE OF): DUE TO (OR ASÍA CONSEQUENCE O | .2113 | vn. M | erstown | e Reister | Hom | eral | Fun | line | E | | | time | 3 8 | come |
| PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Inpattent 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 YES 2 NO 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. PLACE OF INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. PLACE OF INJURY At home, farm, street, factory, office 28d. DESCRIBE HOW INJURY OCCURED 28d. PLACE OF INJURY At home, farm, street, factory, office 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW | | | | | | | | | | | | | odlate a | f any, leading to imme ause. Enter UNDERLYI AUSE (Disease or Inju |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Rasidence 6 Other (Specify) 27. MANNER OF DEATH 1 Natural 8 Pending Investigation 3 DAC Accident 3 DOA A DIVISION ACCIDENT | UTORRY CHIE | 24h WED | meev I a | 240 MBC AN ALTON | Part I | aluen In | | nderlylni | In the m | ot resulting | death but no | . contributing to | - | |
| EXAMINER? YES 2 NO | ELE PRIOR TO | COMP OF DI | 0? | PERFORMED? | _ | | | | | | | | | HBP, |
| 1 YES 2 NO 1 Inpartient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Netural 8 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY At home, farm, street, factory, office 4 Nursing Home 5 Residence 6 Other (Specify) 28c. INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE | | | | ne) | heck only or | EATH (C | ACE OF D | 26. PI | | | | | TO MEDICAL | |
| 27. MANNER OF DEATH 27. MANNER OF DEATH 28. DATE OF INJURY (Month, Day, Year) 28. TIME OF INJURY 28. TIME OF INJURY AT WORK? 1 YES 2 NO 28. DATE OF INJURY AT WORK? 28. DATE OF INJURY A | | | | ar /Smarthi) | 4 Out- | aldanaa | 6 T Pe | | | et 3 □ DOA | ER/Outpatien | | | |
| 1 Netural S Pending Investigation S Noticide S Could not be determined Set. (Month, Dey. Year) Search Noticide Set. (Specify) | | D | IRY OCCURED | | | - CONTRACTOR | | | AE OF | 28b. TI | INJURY | 28a. DATE OF | | |
| 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dasth occured at the time, data and piaca, and due to the cause(a) and manner as stated. | | | | | |] NO | RK? res 2 | 1 🗆 | JURY M | 41. | ay, Year) | (Month, De | | - |
| (Check only 1 GERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and man | nber, | ural Route N | Number or Rura | | | | | tory, offic | street, fac | At home, farm, | F INJURY — Al atc. (Specify) | 28e. PLACE Of building, | | |
| 296. SIGNATURE AND TITUE OF CERTIFIER 29d. DATE SIGNED (Month, D | inner as stat | use(a) and | | | | | | | | | | | | (Check only |
| (1(w) (W) () 5)335 \ 7.8.81 | Day, Year) | NED (Mont) | 7. 8 | [3] 29d. | MBER 3 | Sense NU | 29c. LICE | | | | | M | w | (/ |
| 30. NAME AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF DEATH (ITEM 27) (Typs, Print) C. ANI, B.G.H. BANDAUS POWN, MD 21133 | | | 3 | 2113: | 40 | ,/ | WN | STO | Print) | AND | + e | B(GH | WI, | C. RA |
| 31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGNATURE 4. File Juiden Pendage | | | | | | | | | 2 | | | - | | and the second s |



| | 1 - STATE REGISTRAR | | CERTIF | ICATE OF | DEATH | REG. NO |). | | |
|------------------|--|---|--|-------------------------------------|-----------------------------|--|-------------------------------|---|--|
| | 1. DECEDENT'S NAME (First, Middle, Las | - 1. (1 | OLF | | | 2. DATE OF DEATH | 3 91 | 3. TIME OF DEATH | |
| 1 | 4. SOCIAL SECURITY NUMBER 220 44 0169 | 1 - M 2 V F | (In yrs. last birthday) YRS. | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) | | HTHPLACE (State or Foreign unitry) SA-BALT | |
| CTOR | • Stella Maris Ho | | | | OR LOCATION OF DI | EATH | 8c. COUNTY OF DEATH Baltimore | | |
| DIREC | 10e. STATE 10b. COUN | Baltimore | 10e. CIT | Y, TOWN OR LOCATION REISTERSTOWN | | | | 10d. INSIDE CITY LIMITS? 1 YES 2 NO | |
| FUNERAL | 100. STREET AND NUMBER 1+12 Fal: | ling Spring | Court | 101 | 21136 | | 10g. CITIZEN C | U.S.A. | |
| BY FU | 1 Never Married 2 Married 3 Widowed 4 Divorced | FORCES? 1 YE | 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 22 NO Specify Cuben, Maxica 1 Yes, apacity Cuben, Maxica 1 Yes, 22 NO Specify Cuben, Maxica 1 Yes, 22 NO Specify Cuben, Maxica 1 Yes, 22 NO Specify Cuben, Maxica 1 NO Specify Cuben, Maxic | | | an, Puerto Rican, etc.) | | ACE — American Indian, lack, White, atc. pecify: White | |
| LETED | 15. DECEDENT'S EI (Specily only highest gra Elementary/Secondary (0-12) | DUCATION de completed) Collège (1-4 or 5+) | | | | 166. KIND OF BUSINESS/INDUSTRY Homemaking | | | |
| at once. | 17. FATHER'S NAME (First, Middle, Last) Nicholas | | ME (First, Middle, Melder Thalheime | Surname) | mg . | | | | |
| TO BE | 19a. INFORMANT'S NAME (Type/Print) Elaine Smitl | Kolb | 196. MAILING 412 Fa | ADDRESS (Street of | and Number or Bural | Route Number, City or Tox | vn. State. Zin Code | Md. 21136 | |
| | 20a, METHOO OF DISPOSITION 1 N Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify) | moval from State | 20b. PLACE OF DISPOS other place) Meadowric | | | | ocation — chy o | | |
| | 21. SIGNATURE OF FUNERAL SERVICE | blea de | 1 | Eckh | | eral Chape | | 21117 s Mills, M | |
| AL CERTIFICATION | Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST | c | S A CONSEQUENCE O | | | | | | |
| MEDICAL | PART II. Other significant conditi | ona contributing to deat | h but not resulting | in the underlyin | g cause given in | | RMED? | 24b. WERE AUTOPSY FIN MAJLABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO | |
| YSICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND | HOSPITAL: | Outpatient 3 DOA | OTHER: | LACE DF DEATH (C) | heck only one) 6 (Xother (Specify) | Hospice | | |
| BY PHY | 27. MANNER OF DEATH 1 'Netural 5 Pending 2 Accident Investigation | 28s. DATE OF INJUS (Month, Day, Yea | TY 28b. TIN | E OF 28c. IN. | JURY AT ORK? YES 2 NO | 28d. DESCRIBE HOW | | | |
| 9 | 3 Suicide 6 Could not b | building, etc. (5 | JRY — At home, farm, Specify) | street, factory, offic | :0 | 281. LOCATION (Street City or Town, State | l and Number or Ru e) | ral Route Number, | |
| COMPLETED | construction of the constr | VSICIAN: To the best of my kr NER: On the basis of examina | | | | | | se(e) and manner as stat | |
| TO BE CO | 296. SIGNATURE AND TITLE OF CERTIF | Elexano | | | 29c. LICENSE NU D 270 | | 29d, DATE SIG | NED (Month, Day, Year) | |
| - | 30. NAME AND ADDRESS OF PERSON Carla S. Alexar | der, M.DSt | ella Mari | s Hospi | ce-Dulan | ey Valley | RdTow | son 21204 | |
| | 31. DATE FILED (Month, Day, Year) WAR 1 1 '91 | 32. REMISTRATIVE | IGNATURE Tonde | 2 | | | | | |

SARETH MOTTOD

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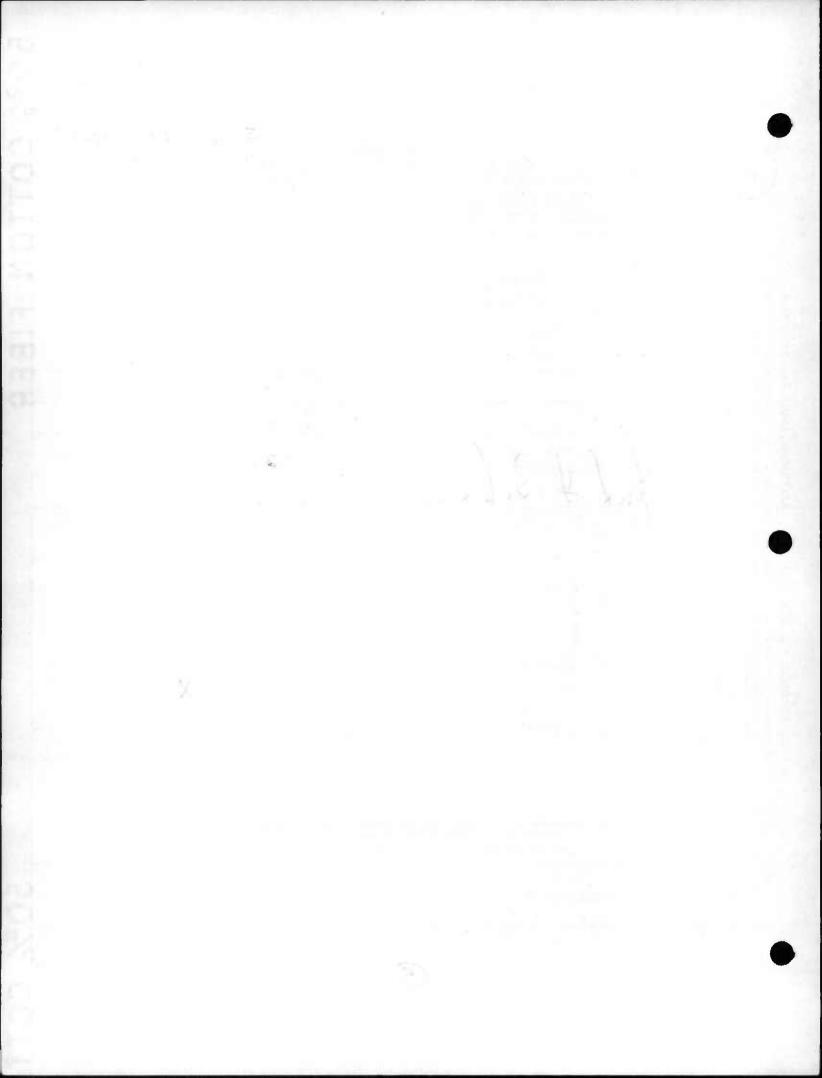
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| REGISTRAR | | CERTIFI | J | | REG. NO | ·. | | | | | |
|---|---|--|--|--|---|---------------------|---|--|--|--|--|
| 1. DECEDENT'S NAME (First, Middle, Last) LAURA | | ILSON | | | 2, DATE OF DEATH | DAY O | ZEAR 3. TIME OF DEAT | | | | |
| 4. SOCIAL SECURITY NUMBER | | In yrs. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. | 7 DATE OF BIOTH | - // | BIRTHPLACE (State or Fo | | | | |
| 215-74-7014 | 1□ M ≯CXF 80 |) YRS. | MONTHS DAYS | HOURS MIN. | July 3, | 910 | Virginia | | | | |
| | | | | | | | TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH | | | | |
| Leland Memorial Hospital Riverdale Pr | | | | | | | e George's | | | | |
| 106. COUNT | | | , TOWN OR LOCAT | | | | 10d. INSIDE CITY | | | | |
| | e George's | Br | entwood | 1. ZIP CODE | | Las arrow | 1 🗗 YES 2 🗌 | | | | |
| 3510 Webster Str | | | | 20722 | | U. | S.A. | | | | |
| 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D. | 2 NO | If yes, sp | CENDENT OF HISPA Heelfy Cuban, Mexico 3 2 2 NO Special | NIC DRIGIN? (Specify Yan, Puerto Rican, etc.) 'y: | es or No— 14 | I. RACE — American India Black, White, etc. Specify: Caucasian | | | | |
| 15. DECEDENT'S EDU (Specify only highest grad | UCATION de completed) | 16a. DECEDENT'S I | rork done during mo | DN ost of working | 16b. KIND OF B | JSINESS/INDU | STRY | | | | |
| 15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) U navailable 17. FATHER'S NAME (First, Middle, Last) | unavailable | Homem | e retired.) | | Own | Home | | | | | |
| | | | | The state of the s | ME (First, Middle, Meide | n Sumame) | | | | | |
| (unavailable) 198. INFORMANT'S NAME (Type/Print) | | 10h MAILING | ADDRESS (Street) | | Route Number, City or To | um State 7in C | arta l | | | | |
| William P Wilson | ı, Sr. | | | | rentwood, | | | | | | |
| METHOD OF DISPOSITION Burlel 2 Frametion 3 Ren 4 Densiting 5 Other (Specify) | | PLACE OF DISPOS | ITION (Name of co | metery crematory or | 20c. I | | y or Town, Stata | | | | |
| 4 Donation 5 Other (Specify) | # A | Ft. Lin | coln Ce | metery | Br | entwoo | d, Marylar | | | | |
| THE POLICE OF THE PARTY OF THE | E/Solv | _ | FRAN | | SCH'S SON | | NERAL HOI Md. 20781 | | | | |
| Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | b. Keop OUE TO (OR AS A | A CONSEQUENCE OF | 24 (0 | web |]- | | | | | | |
| that initiated events resulting in death) LAST | | nany | ad | teny | disea | ~0. | İ | | | | |
| PART II. Other aignificent condition | criture. | out not resulting i | in the underlyin | g cause given in | | N AUTOPSY DRMED? | 24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF O OF DEATH? 1 YES 2 | | | | |
| | | | | | | | | | | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | OTHER: | LACE OF DEATH (C | | | | | | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 1 VS 2 1 NO 27. MANNER OF DEATH | 1 □ Inpatient 2 □ ER/Out | 28b. TIM | E OF 28c. IN. | JURY AT | 6 ☐ Other (Specify) 28d. DESCRIBE HOW | INJURY OCCU | RED | | | | |
| A 1 | (Month, Day, Ybar) | INJ | URY W | ORK? YES 2 ND | | | | | | | |
| | 1 | | | | | | _ | | | | |
| 2 Accident Investigation | 26a PLACE OF INJURY | Y — At home, farm, a | street, factory, offic | ce | 28f. LOCATION (Street City or Town, State | | r Rural Route Number, | | | | |
| 2 Accident Investigation | 26s. PLACE OF INJURY | cily) viedge, death occurre | ed at the time, date | e and place, and du | City or Town, State | anner as stated | ı. | | | | |
| 2 Accident Accident 2 Accident Accident 3 Suicide 6 Could not be detarmined 4 Homicide Certifying PHY: (Check only one) 2 MEDICAL EXAMIN | 26a. PLACE OF INJURY building, etc. (Spe (SICIAN: To the best of my know NER: On the basis of examination | cily) viedge, death occurre | ed at the time, date | e and place, and du | City or Town, State to the cause(a) and me time, data and place, | unner as stated | ı. | | | | |
| 2 Accident Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 4 Homicide GERTIFYING PHY: 0 0 2 MEDICAL EXAMIN 20b. SIGNATURE AND TITLE OF CERTIFIER 0 0 0 0 0 0 0 0 0 0 0 | 26s. PLACE OF INJURY building, etc. (Spe (SICIAN: To the best of my know NER: On the basis of axemination | city) viedge, deeth occurre on and/or investigatio | ed at the time, date | e and place, and du death occured et the 29c. LICENSE NU | City or Town, State to the cause(a) and me time, data and place, | unner as stated | i. cause(a) and menner as t | | | | |
| 2 Accident Accident 2 Accident Accident 3 Suicide 6 Could not be detarmined 4 Homicide Certifying PHY: (Check only one) 2 MEDICAL EXAMIN | 26a. PLACE OF INJURY building, etc. (Spe (SICIAN: To the best of my know NER: On the basis of examination IER WHD COMPLETED CAUSE OF DE | viedge, death occurre on and/or investigatio | ed at the time, date on, in my opinion, Print) | e and place, and du death occured et the 29c. LICENSE NU | City or Town, State to the cause(a) and me time, data and place, | unner as stated | i. cause(a) and manner as i | | | | |



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| THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transmission. | be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. | MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
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30. NAME AND APPRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type

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32. REGISTRAR'S SIGNATURE

Silia Tavidson-Randon

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07905 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 105 A M Cora 3 91 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. lest birthday) a. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAVE 1 M 2 XX 47 ,D.C. 217-42-0035 Wash. RESIDENCE OF DECEDEN COUNTY OF CEATH SECULATION OF LOCATION OF CEATH 16016 DIRECTOR 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d, INSIDE CITY Waldorf Maryland Charles 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20601 USA Route #1 Box 222 Gallant Green Rd. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Maxican, Puerto Rica FORCES? 1 YES 2 NO 1 Never Married 2 Married Specify: BY 3\\ Widowed 4 \ Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KING OF BUSINESS/INCUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Domestic vears 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Malden Surname, Gladys E. Robey Walter C. Oliver BE 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
PO Box 2614 La Plata, Maryland 2 20646 Julie L. Fort 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)

Lee Crematory DATE 20c. LOCATION — City or Town, State 3-3-9/ Clinton, Maryland F FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Viennen J.H. Eberwein Mortuary When ! M 00173 White Plains Chas. Co., 1. Enter the disesses, or complications thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or heert feliure. List only one cause on each line. **Onset and Death** IMMEDIATE CAUSE (Finei disesse or condition Cancer Gastic resulting in death) OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO OTHER ng Home 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 26a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED V Netural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide determined CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one)

MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE BIGNED (Month, Day, BE

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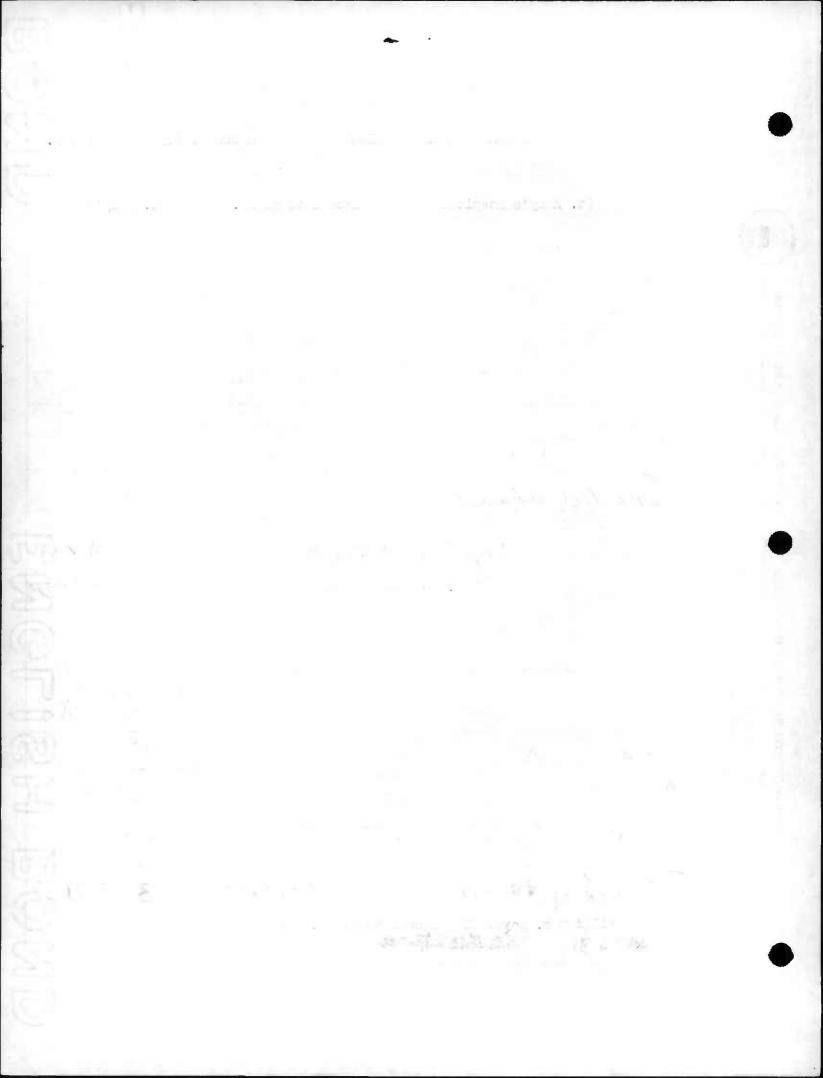
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

William D

Beyd, II Leonardtown, Md.

| | | | | ATE OF | | | 2. DATE | OF DEATH | DAY | YEAR | 3. TIME OF DEATH |
|--|--|--|--|--|----------------|------------------------|--------------|--|------------------------|---------|--|
| | THELMA | LOUIS | SE W | TLLS | | | 1000 | ch li. | 1991 | | 9.10 7 |
| 4. SOCIAL SECURITY NUMBER | 5. SEX 6 | 8. AGE (In yrs. lest b | oirthday) IF L | NOER 1 YEAR | IF UNDER | | 7. DATE (| OF BIRTH | | 8. BIR | THPLACE (State or For |
| 220 42 1286 | 1 - M 2X-XF | 49 | YRS. MON | THS DAYS | HOURS | MIN. | | Day, Year) | '41 | | ryland |
| De. FACILITY NAME (If not institution, give a | treet end number) | | 9b. | CITY, TOWN | OR LOCATI | ON OF O | 73 | _ , , | 9c. COU | | |
| C+ N | ary's Hos | mital | | Toor | ardt | | Wa | | C. | . 34 | format a |
| RESIDENCE OF DECEDENT | | | | | | TOWIL | Ma | | | | lary's |
| 0e. STATE 10b. COUNT | | | 10c. CITY, TO | WN OR LOCA | TION | | | | | | 10d. INSIDE CITY LIMITS? |
| | _Mary's | | Hu | ghesv | | | | | | | XX YES 2 1 |
| 0e. STREET AND NUMBER | | | | 10 | f. ZIP COD | E | | | 10g. CIT | IZEN OF | F WHAT COUNTRY? |
| Post Office Bo | x 421 | | | | 206 | 37 | | | USA | 4 | |
| 1. MARITAL STATUS | 12. WAS DECEDENT FORCES? 1 | | | 13. WAS OED | | | NIC ORIGIN | | s or No- | | ACE — American India ack, Whits, atc. |
| Never Merried A A Merried B Wildowed 4 Divorced | IF YES, GIVE WA | YES 2/17NO | | | 2 X NO | | | , | | | ectly: |
| | 1 | | | | | | Lan | | | | lack |
| 15. DECEDENT'S EDU (Specify only highest grade | completed) | (Give | kind of work | AL OCCUPATION done during movined.) | ost of working | ng | 16b. | KIND OF BI | JSINESS/IN | DUSTRY | |
| Elementary/Secondary (0-12) | College (1-4 or 5+) | 1 | | | | | | 994 | | | |
| | | Ho | memal | ker | Γ | | | | esti | C | |
| 7. FATHER'S NAME (First, Middle, Last) | | | | | | | | fiddle, Malde | | | |
| James F. Bro | wn | | | | | | | ne V | | | |
| MARY Brown | | | | DRESS (Street | and Numbe | r or Rurel | Route Numb | er, City or To | wn, State, Zi | p Code) | -1120772- |
| | | 10 | | | | ce, A | - | _ | - | | |
| Be, METHOD OF OISPOSITION Burlel 2 Cremation 3 Ram Donation 5 Other (Specify) | novel from State | 20b. PLACE A of cemetary, c | rematory or o | ther place) | | | DATI | | | - | Town, State |
| | | St Ma | ry's | Chur | ch (| lem | 31/9 | / 9 1 F | Bryan | to | wn Mary |
| 1. SIGNATUME OF FUNERAL SERVICE LI | CENSEE | | | | | | | | | | , |
| | 0 1 |) | | 22, NAME A | ND ADDRE | SS OF FA | CILITY | 11 | , | | |
| · martell | alany | | | A d | ams | Fun | eral | L Hon | ne, I | P.A | |
| 23. PART I. Enter the diseases, or | complications thet | ceused the deal | th. Do not a | A d | ams uasc | Fun | eral Mari | land | ne, I | P. A | 8 Approxima |
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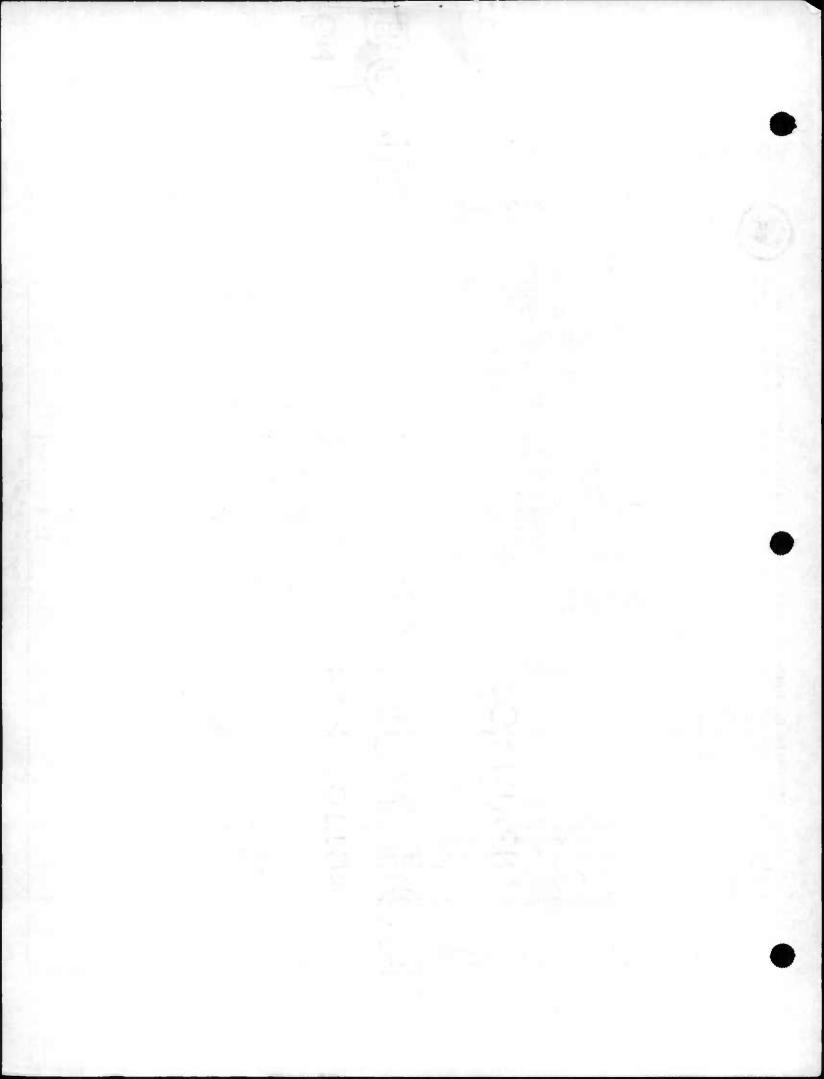
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

MAR 07 9

| (101 | | 10. | 11/1- | 7 | DEATH | | 2. DATE OF DE | DAY | | EAR | 3. TIME OF | DEATH | |
|--|--|--|---------------------------|--|---|---------------|---------------------------------------|---|--|-------------|---|---|-----|
| 4. SOCIAL SECURITY NUMBER | C. | 6. AGE (In yrs. Is | 7111 | UNDER 1 YEAR | IF UNDER 24 | ume | 7. DATE OF BIR | 02 | | / | PLACE (Stat | 10 | 4 |
| 577–50–0871 | M 2 □ F | 52 | " | NTHE DAYS | + - | MIN. | (Month, Day,) larch 2 | Year) | 938 | Country | shing | | _ |
| 9a. FACILITY NAME (If not institution, give at | | 04 | 98 | city, town | OR LOCATION | - | | 9 | e. COUNTY | OF D | EATH | | |
| SOUMERN MA | Ry LAND | 170SP | 1192 | CLI | VION | , | | / | PRIS | VU. | EG | EOK | 6 |
| 10a. STATE 10b. COUNTY | ce George | 9 | | own on Loc est He | | | | | | | 10d. INSID LIMITS 1 YES | 3? | 0 |
| 10a. STREET AND NUMBER 909 Comanche Dri | ive | | | | 2074 | 5 | | .1 | 10g. CITIZEI | US. | WHAT COUNT A | TRY? | |
| 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT FORCES? 1 IF YES, GIVE W | YES 2 | RMED NO | If yes, | ECENDENT OF H specify Cuban, it is 2 NO | Mexican, | | | No- 14 | Speci | — America c, White, etc lly: ack | n Indian | |
| 15. DECEDENT'S EDUC (Specify only highest grade of | CATION completed) | f f | ECEDENT'S US | done during | TION nost of working | | 16b. KIND | OF BUSIN | ESS/INDUS | TRY | - | - | |
| Elementary/Secondary (0-12) | College (1-4 or 5+ |) | bottom | OCIC! | io Coim | real. | 1 | TACAC | 2.17.4 | | | | |
| 17. FATHER'S NAME (First, Middle, Last) | | | ibstanc | e abus | _ | | E (First, Middle, i | VACA8 Malden Sui | | | | | |
| Elwood T. Woo | dfolk | | | | Sar | ah | Price | | | | | | |
| 19a. INFORMANT'S NAME (Type/Print) | | 1 | 96. MAILING AD | Comano | and Number or | Aural Ro | ute Number, City | or Town, S | State, Zip Co | ode) | | | |
| Victoria White | | | Fores | t Heig | hts | Md. | 20745 | | | | | | |
| 20s. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remo 1 Donation 5 Other (Specify) | oval from State | of cemetar | E AND DATE O | other place) | | | 3-8- | | rel, | | | | |
| 21. SIGNATURE OF FUNERAL SERVICE LIC | | Mary | land N | ations 22. NAME | AND ADDRESS | OF FACE | UTY Mars | hall | 's Fi | me | ral H | ome | I |
| · 4. P. | Mars | hal | l | 19 | 4217 Washing | 9th etor | n St | reet C. | , N. 2001 | W. | , | | |
| 23. PART I. Entar the diseases, or c ahock, or heart fallure. | | | | anter the r | node of dyling | g, auch | aa cardlac o | r reapirat | tory arres | t, | | roximat val Bet | |
| | Ma: | / (| | | | | | | | | | ot and I |)01 |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) | Can | glac | ar | rest | | | | | _, | | Ons | ot allo | |
| disease or condition | DUE TO | glac (or as a cons | EOUENCE OF: | rect | - Pm | 1213 | 16 n | 10 ta | Tolar | 7 1 | | and t | |
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| Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events | b. DUE TO c. DUE TO d. | (OR AS A CONS | | rect Co the underly | ling cause giv | (U1) | Part I. 24a. | WAS AN AL | | 7 N | Ons Were Autr AMILABLE | OPSY FINI |) |
| Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST | b. DUE TO c. DUE TO d. | (OR AS A CONS | | rect Co | ling cause giv | (U1) | 1 1 | | ED? | 7 D | Ons | OPSY FINI PRIOR TO ON DE CA |) |
| Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST | b. DUE TO c. DUE TO d. | (OR AS A CONS | | rect Co the underly | ling cause giv | (U1) | 1 1 | PERFORM | ED? | 7 / D | Ons Were Auth AMAILABLE COMPLETE | OPSY FINI PRIOR TO ON DF CA | USE |
| Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST | b. DUE TO c. DUE TO d. | (OR AS A CONS | | | | | _ 10 | PERFORM | ED? | 246 | Nere Auto MAILABLE COMPLETIN OF DEATH! | OPSY FINI PRIOR TO ON DF CA | USE |
| Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST | b. DUE TO c. DUE TO d. | (OR AS A CONSI | resulting in | 26. DTHER: | PLACE OF DEA | ATH (Chec | 1 [| PERFORMI | ED? | 246 | Nere Auto MAILABLE COMPLETIN OF DEATH! | OPSY FINI PRIOR TO ON DF CA | USE |
| Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 6 Pending | DUE TO DUE TO d. HOSPITAL: | OR AS A CONSI | resulting in | 26. | | ATH (Check | 1 [| YES 2 Z | ED?] NO | | Nere Auto MAILABLE COMPLETIN OF DEATH! | OPSY FINI PRIOR TO ON DF CA | USE |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 6 Pending | DUE TO c. DUE TO d. HOSPITAL: 1 Impetient 2 28e. DATE OF (Month, D) 28e. PLACE O | OR AS A CONSI | 3 DOA 4 | 26. OTHER: Nursing H DF 28c. | PLACE OF DEA | NTH (Checked) | 1 D | YES 2 2 | ED? I NO URY OCCU | RED | Ons WERE AUTH AMAILABLE COMPLETY OF DEATH 1 YES | DPSY FINITE PRIOR TO | USE |
| Sequentielly list conditiona, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | DUE TO c. DUE TO d. HOSPITAL: 1 Impetient 2 28e. DATE OF (Month, D) 28e. PLACE O | (OR AS A CONSI GOR AS A CONSI | 3 DOA 4 26b. TIME C INJUR | 26. DTHER: Nursing H F Nursing H 1 [Nursing | PLACE OF DEA | ATH (Checked) | 1 1 1 1 1 1 1 1 1 1 | YES 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | ED? NO NO NO NO NO NO NO NO NO N | RED - Aural | Ons WERE AUTH AMAILABLE COMPLETY OF DEATH 1 YES | DPSY FINITE PRIOR TO | USE |

PLETED CAUSE OF DEATH (ITEM 27) (Type, Polit)

32. REGISTRAR'S SIGNATURE a Savidson-Randell



3. TIME OF DEATH

1020

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Specify: Black

USA

1 YES 2 NO

Approximate

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO

1 TYES 2 T NO

OF DEATH?

1 YES 2 NO

COMPLETION OF CAUSE

interval Between

Onset and Death

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r this certificate has been si th with the State Dept. of He arked, or item 23 show

DIRECTOR: After the hours after death with them 28 is mark

TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If item 2

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by the funeral director, page 5 should removal.

filled in by

n and completely fille to burial, cremation,

signed by the attending physician Health and Mental Hygiene prior to

executed within

0

FOR STATE REGISTRAR

1

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 0 7. DATE OF BIRTH (Month, Day, Year) 11-23-13 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 1 X X 2 - F 77 YRS. 056-16-9336 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give atreet and number) Southerna Mary land Hospital PRINGE LINTON DIRECTOR 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10e. STATE P.G. Clinton Md. 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f ZIP CODE 20735 9211 Stuart Lane 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuben, Mexicon, Puerto Rican, atc.) FORCES? 1 YES 2 NO 1 Never Married 2 Merried 1 TYES 2 X NO Specify: BY 3 🕅 Widowed 4 🗌 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15 DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high College (1-4 or 5+) Elementary/Secondary (0-12) 4 0 House Painter Painting 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) 011a Jackson Lawson Williams BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. INFORMANT'S NAME (Type/Print) 2 2555 M St., N.W., Suite 300, Wash., D.C. 20037 Phil Zipin 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State 20e. METHOD OF DISPOSITION
1 Street 2 Cremation 3 Removal from State 1 Striei 2 Cremation 3 1 4 Donation 6 Other (Specify) Washington National Cem. Suitland, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Road Clinton, Md. 20735 ales 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory errest, shock, or heart failure. List only one cause on each line. **IMMEDIATE CAUSE (Fine)** disease or condition rolos recuiting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER:
4 | Nursing Home 5 | Rasidence 6 | Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be 4 Homicide

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

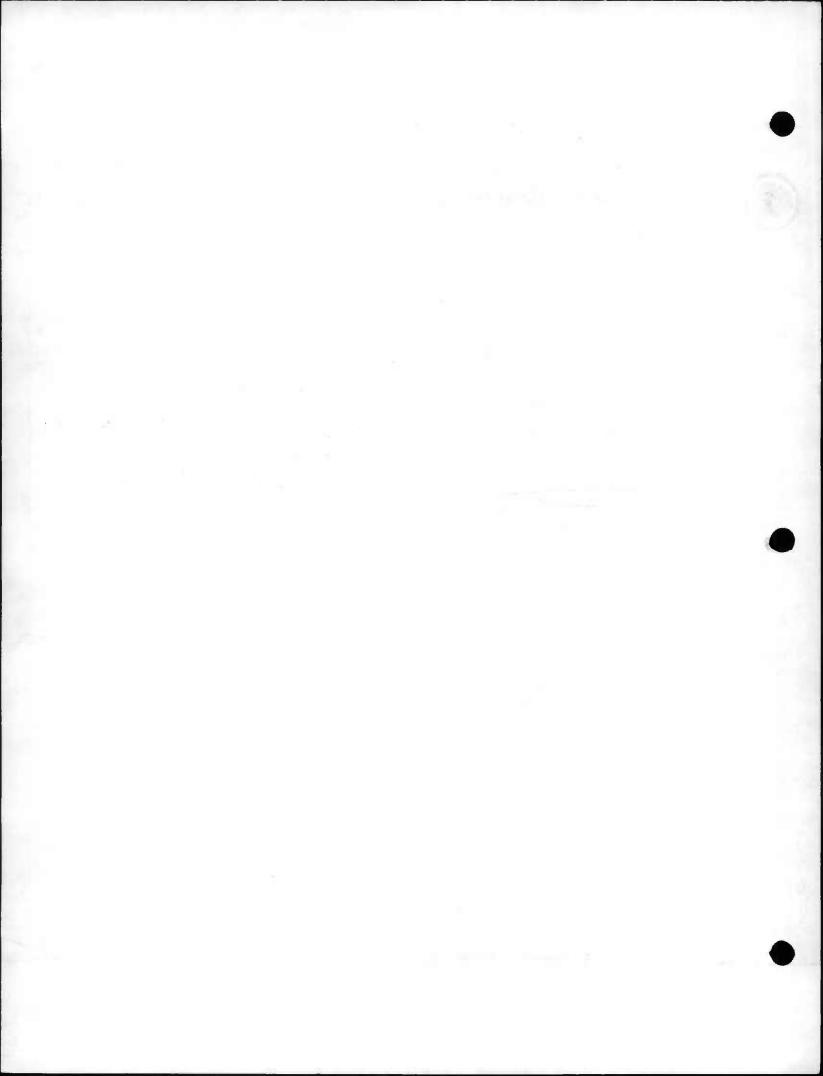
| 29a. CERTIFIER | 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(e) and manner as stated. |
|----------------|--|
| (Check only | CENTIFY THE PRINCIPAL. TO the best of my blowledge, death occurred at the time, data and place, and due to the cause(e) and mainter as stated. |
| one) | |

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated.

| 296. SIGNATURE AND TITLE OF CENTIPIER | 29c. LICENSE NUMBER | 29d. DATE SIGNED (Month, Day, Year) |
|---------------------------------------|---------------------|-------------------------------------|
| of mb our. | 12564 | 13/3/91 |

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

766 pm nd MUSTAAN 423 31. DATE FILED (Month, Day, 32 REGISTRAR'S SIGNATURE MAR 07



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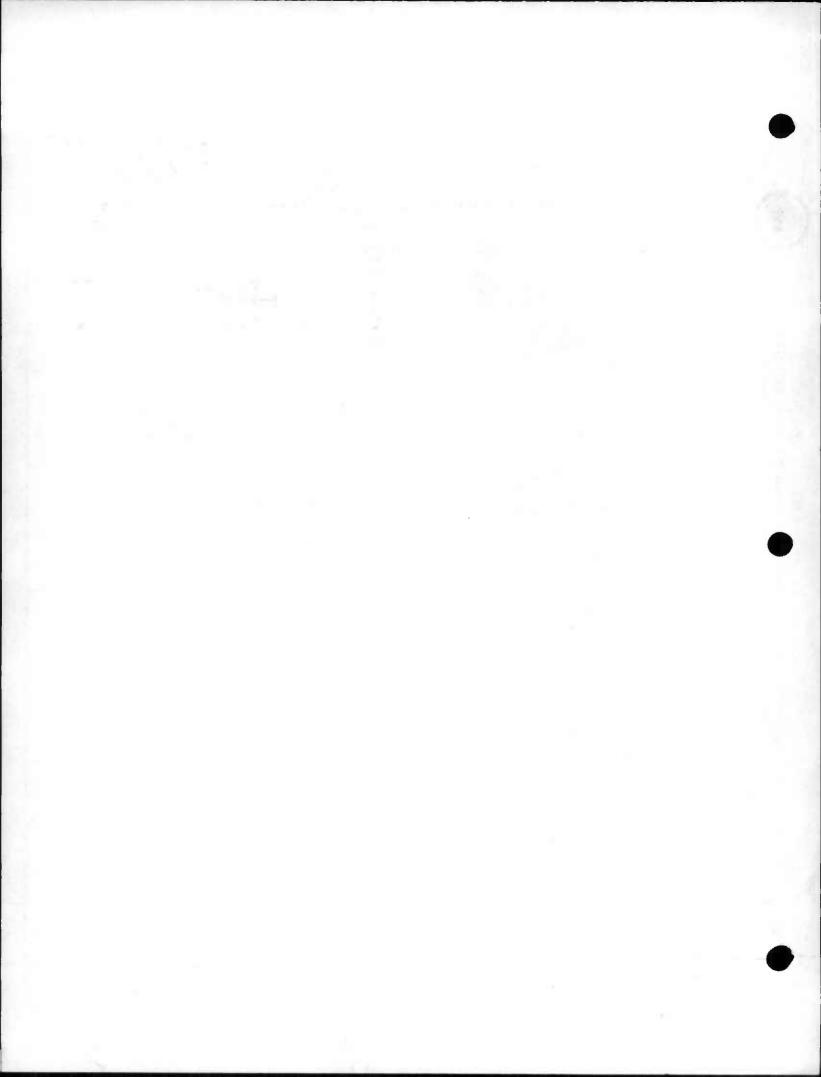
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| | FOR STATE REGISTRAR | STATE OF MARYLA | | RTMENT | | | MENTAL HYGIEN REG. NO | | | |
|-------------------|--|--|---|---------------------------------|------------------------|--------------------------------|---|------------|--|---|
| | 1. DECEDENT'S NAME (First, Middle, Last) ROBERT | WILLIAMS | JR | | | | 2. DATE OF DEATH BONTH D | AY _ C | 7 YEAR 3. 1 | 9:20 pm m |
| | 4. SOCIAL SECURITY NUMBER Unknown | 1 M 2 DF 7 | yrs. lest birthday) 2 YRS. | MONTHS | DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) | | Virgi | |
| TOR | 98. FACILITY NAME (If not institution, give at PRINCE GEORI RESIDENCE OF DECEDENT | GES HOSPITAL | CENTE | | TOWN OF | CHEVE | | | INCE | GEORGES |
| DIRECTOR | D. C. | 1 | | TY, TOWN OR | ato | n | | | 13 | 1. INSIDE CITY LIMITS? YES 2 NO |
| ERAL | 5005 l2th Stre | eet, N.E. | | | 1 | 0017 | | | S.A. | COUNTRY? |
| BY FUNE | 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER IN FORCES? 1 XYES IF YES, GIVE WAR OR DA | 2 NO | If : | yes, spec | | NIC ORIGIN? (Specify Yen, Puerto Rican, etc.) | e or No— | 14. RACE — Black, Wi Specify: Black | |
| PLETED | 15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12) 5th grade | | 16e. DECEDENT' (Give kind o life. Do NOT Minist | f work done du use retired.) | CUPATION uring most | of working | Minis | | IDUSTRY | |
| BE COMPL | 17. FATHER'S NAME (First, Middle, Lest) Robert William | ms | | | | | ME (First, Middle, Maider Barksdal | | | |
| 10 | 190. INFORMANT'S NAME (Type/Print) Linda Coach | | 520 | 7 New | ton | Stree | Route Number, City or Ton t Blade | nsb | urg, N | |
| | 20s. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify) | Ft | other piece) Line | coln | Cem | | Bre | | ood, N | Maryland |
| | T. ESGNATIVE OF SUMSHAL SERVICE LIC | CENSEE | | W. | Η. | | Funeral treet, N | | Э | |
| Î | 23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final | List only one cause on e | ach line. | | | | ch as cerdiac or res | piratory a | rreat, | Approximata interval Between Onset and Death |
| | disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE DIFE | | | | | | | | | |
| TION | Sequentially list conditions, if any, isading to immediate Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): | | | | | | | | | |
| CERTIFICATION | cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | | Chem | | ca | relion | yopathy | P | | |
| ب | PART II. Other algorificant condition acute Cer dyrothrus | chronie Chronie | ex cee | reliv | | |) PERFO | ORMED? | CC | ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO |
| SIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | maln | utrite | | | ACE OF DEATH (C | heck only one) | | | |
| PHYSICIAN: MEDICA | 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending | HOSPITAL: 1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) | 266. 1 | | 28c. INJI WO | | 6 Other (Specify) 28d. DESCRIBE HOW | / INJURY C | OCCURED | |
| TED BY | 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined | 26e. PLACE OF INJURY building, etc. (Spe | | m, street, facto | | | 261. LOCATION (Stree City or Town, Ste | | ber or Rural Rou | te Number, |
| OMPLET | (Check only | SICIAN: To the best of my know | | | | | | | | end manner as stated. |
| BE CO | 29b. SIGNATURE AND TITLE OF CHITIFE | slag gr | u) | | | 29c. LICENSE NU | JMBER 1270 | 29d. D | 3-3- | fonth, Day, Year) |
| 0 | | | | | | | | _ | | |

MAR 0 4 '91 32. REGISTRAR'S SIGNATURE Lilia Savidson-Randale

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
RAVINDER K. RUS TA G/ MD

6132 Landoner



| (| | NAME OF TAXABLE PARTY. | | |
|---|---------------------------------------|--|--|--|
| | BALTIMORE, MARYLAND 21215-0020 | tter death. Page 6 may be retained by the hospital or attending physician. | the funeral director, page 5 should be detached for use as the burial-transit permit. Page 1 | |

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: it Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

| REGISTRAR | | CERTIFIC | CATE O | F DEATH | REG. NO. | | |
|---|---|--|-----------------|---|--|--------------------|---|
| 1. DECEDENT'S NAME (First, Middle, Last) DON/ | LD L | . WISE | MAN | | 2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DEATH DATE OF DAT | - | |
| 4. SOCIAL SECURITY NUMBER 579-48-5635 | 5. SEX 1. M 2 D F | | IF UNDER 1 YEAR | | 7. DATE OF BIRTH (Month, Day, Year) | Co | RTHPLACE (State or Foreign untry) St Virginia |
| 90. FACILITY NAME (If not institution, give st Leland Memoral Residence of Decement | reet end number) | | 100 | rdale | EATH | Prince | F DEATH CONGL |
| D, C, | | 10c. CITY, | ASH II | CATION 16 TON | | | 10d. INSIDE CITY LIMITS? 1 YES 2 NO |
| <u> </u> | Place | S.E. | | 20020 | | U.S | S.A. |
| 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced | 12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR | YES 2 NO | If yes. | DECENDENT OF HISPA specify Cuben, Mexico (ES 2 ANO Specific | | or No — 14. R | ACE — American Indian, ilack, White, atc. pocify: White |
| 15. DECEDENT'S EDU((Specify only highest grade Elementary/Secondary (0-12) | | 16a. DECEDENT'S U: (Give kind of wo. iffa. Do NOT use | rk done during | ATION most of working | U.S. GOV | | |
| 17. FATHER'S NAME (First, Middle, Last) | | Clerk | | 16. MOTHER'S NA | AME (First, Middle, Maiden | | |
| John L. Wiseman | | | | | ed O. Dorse | | |
| 19e. INFORMANT'S NAME (Type/Print) | | 19b. MAILING A | DDRESS (Stre | | Route Number, City or Tow | |) |
| John R. Wiseman | | 5015 A | pache | St. Colle | ege Park. M | ID. 2074 | 40 |
| 20e. METHOD OF DISPOSITION 1 Remid 2 Cremetion 3 Remid Donation 5 Other (Specify) | oval from State | 206. PLACE AND DATE Of cemetary, crematory of Cedar Hill | of DISPOSIT | ON (Name | | CATION — City of | r Town, State |
| 21. SIGNATURE OF FUNERAL SERVICE | Aula | h | | ert E. Wil | | 4308 Su Suitlar | uitland Rd. nd,MD. 20746 |
| immediate cause final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | bDUE TO (OI | R AS A CONSEQUENCE OF): | | -bolus | \$ | | minutes |
| resulting in death) LAST | d, | | | | | | |
| PART II. Other eignificent condition | | Calcan: | | ying cause given ir | 1 Part I. 24a. WAS AN PERFOI | RMED? | 24b. WERE AUTOPSY PINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| 25. WAS CASE REFERRED TO MEDICAL | | | 20 | B. PLACE OF DEATH (C | heck only one) | | |
| EXAMINER? | HOSPITAL: | | OTHER: | Home 5 - Reeldence | | | |
| 27. MANNER OF DEATH 1. Netural 6 Pending 2 Accident Investigation 3 Suicide 6 Could not be | 28e. DATE OF IN (Month, Day,) 2 - 2 28e. PLACE OF I building, at | S-91 730 NJURY — At home, farm, at | AM 1 | INJURY AT WORK? YES 2 NO | 28d. DESCRIBE HOW The pull 4 281. LOCATION (Street Dity or Jown, State | foll | |
| Torroom orally | | y knowledge, death occurred | | | | | 77.772 |
| 29b. SIGNATURE AND TITLE OF CERTIFIE | | mination end/or investigation | In my opinio | on, death occured at the | | | NED (Month, Day, Year) |
| Saul MAUS 30, NAME AND ADDRESS OF PERSON WH | 2 hu | SXA MIN OF DEATH (ITEM 27) (Type, | Print) | 1018 | | >3-1 | |
| PAU A. DE 31. DATE FILED (Month, Day, Year) | SORE I | MD 4203 | 4Va | hibury Ke | 1 HYATTS | ville | nD 2081 |
| MAR 05 '91 | 0 1 - | -Randall | | | | | |

| Se. | Tag. | |
|--|--|--------|
| TENDING PHYSICIAM: The law requires that the death certificate be executed within x- nours after death. Page 6 may be retained by the hospital or attending physician. | DR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran | |
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| | FOR STATE REGISTRAR | STATE OF MARYLAND | | MENT OF H | | MENTAL HYGIE REG. N | | | | |
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | 2. DATE OF DEATH MONTH | | EAR | ME OF DEATH | |
| DIRECTOR | VERNON 4. SOCIAL SECURITY NUMBER | Paul 8. SEX 8. AGE (In yrs. | WATTS | # UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF BIRTH | | | 40AM M | |
| | 578-20-0731 98. FACILITY NAME (If not institution, give str | 1X M 2 □ F 77 | YRS. | IONTHS DAYS | HOURS MIN. | (Month, Day, Year) 01-12-19 | | _{Country)} Maryla | | |
| | PRINCE GEORGE S | | | CHEV | | | | E GEO | RGE'S | |
| | 10e. STATE 10b. COUNTY | e George's | 5 / 1 | town on Local erdale | TION | | | | INSIDE CITY LIMITS? YES 2 NO | |
| EHAL | 100. STREET AND NUMBER 5617 61st Place | | | 10 | 20737 | | | A. | OUNTRY? | |
| | 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER IN U.S. FORCES? 1X YES 2 IF YES, GIVE WAR OR DATES WW - 2 | ARMED NO | 13. WAS DEC | CENDENT OF HISPAR Hecify Cuban, Mexica XXNO Specifi | NIC ORIGIN? (Specify in, Puerto Rican, etc.) y: | | RACE — Ar Black, White Specify: Cauca | | |
| | 15. DECEDENT'S EDUC (Specify only highest grade of 12th | College (1-4 or 5+) | DECEDENT'S U (Give kind of wo life. Do NOT use | SUAL OCCUPATE ork done during me retired.) | ON ost of working | | BUSINESS/INDUS | | ng Office | |
| COMPL | 17. FATHER'S NAME (First, Middle, Last) Raymond Kempfiel | | | | | ME (First, Middle, Mail | den Surname) | | 9 | |
| 20 | 190. INFORMANT'S NAME (Typo/Print) Kenneth Neil Watt | | | | and Number or Rural | Route Number, City or | | ode) | | |
| | 20s. METHOD OF DISPOSITION 20s. LOCATION — City or Town, State | | | | | | | | | |
| | 4 Donation 1 Of Brentwood, Waryland | | | | | | | | | |
| | 22. NAME AND ADDRESS OF FACILITY FRANCIS GASCH'S SONS FUNERAL HOME 4739 Balt. Ave., Hyattsville, Md. 20781 | | | | | | | | | |
| | | omplications that caused the List Dnly Dna cause Dn aach | death. Do no | | | | | | Approximate Interval Between Onset and Deatl | |
| | IMMEDIATE GAUSE (Final disease or condition resulting in death) | RECURRING | ASI | PIRATIO | N PNE | LUMONIA | <u> </u> | 4 | 24 10 48 | |
| 20 | DUE TO (OR AS A CONSEQUENCE OF): DYSPHAGIA GASTRIC TUBE FEEDING DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | |
| 3 | If any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury C. LEFT CEREBROWASCULAR ACCIDENT DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | |
| ERTIFICATION | that Initiated events resulting In death) LAST | HYPERTI | | | | | | 1 | | |
| O. | PART II. Other significant condition | _ | | | | PER | AN AUTOPSY FORMED? | 24b. WER | E AUTOPSY FINDINGS LABLE PRIOR TO | |
| MEDICAL | CHRONIC OBSTRUCTIVE PULMONARY DISEASE 1 YES 24 NO COMPLETION OF CAUSE | | | | | | | | | |
| | CHRONIC | DIARRHOE | A | | | | | | | |
| SICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | OTHER: | PLACE OF DEATH (C | | | | | |
| PHYS | 1 YES 2 NO 27. MANNER OF DEATH | 1 Inpetient 2 ER/Outpetien 28e. DATE OF INJURY | 28b, TIME | E OF 28c. IA | JURY AT | 8 Other (Specify) 28d. DESCRIBE H | | RED | | |
| ВУ Р | 1 Natural 8 Pending 2 Accident Investigation | (Month, Day, Year) | INJ | | YES 2 NO | | | | | |
| | 3 Suicide 6 Could not be 4 Homicide determined | 28e. PLACE OF INJURY — i building, etc. (Specify) | Al home, farm, s | treet, factory, off | lce | 281. LOCATION (St City or Town, S | reet and Number of Tate) | r Rural Route | Number, | |
| COMPLETED | (Check only | CIAN: To the best of my knowledg | | | | | | | | |
| | 2 MEDICAL EXAMINE | R: On the basis of examination en | G/or investigation | n, in my opinion, | 29c. LICENSE NU | | | SIGNED (Mor | | |
| TO BE | 296, SIGNATURE AND TITLE OF CERTIFIER | MP | | | 29G, LICENSE NO | JMUCH . | | 3. 9 | | |
| F | 30. NAME AND ADDRESS OF PERSON WH | O COMPLETED CAUSE OF DEATH | (ITEM 27) (Type, | Print) a | A | | 24 7 | 77 (73) | | |



30. NAME AND ADDRESS OF PERSON WHO COM LIKEUS HWA MURT HY

91

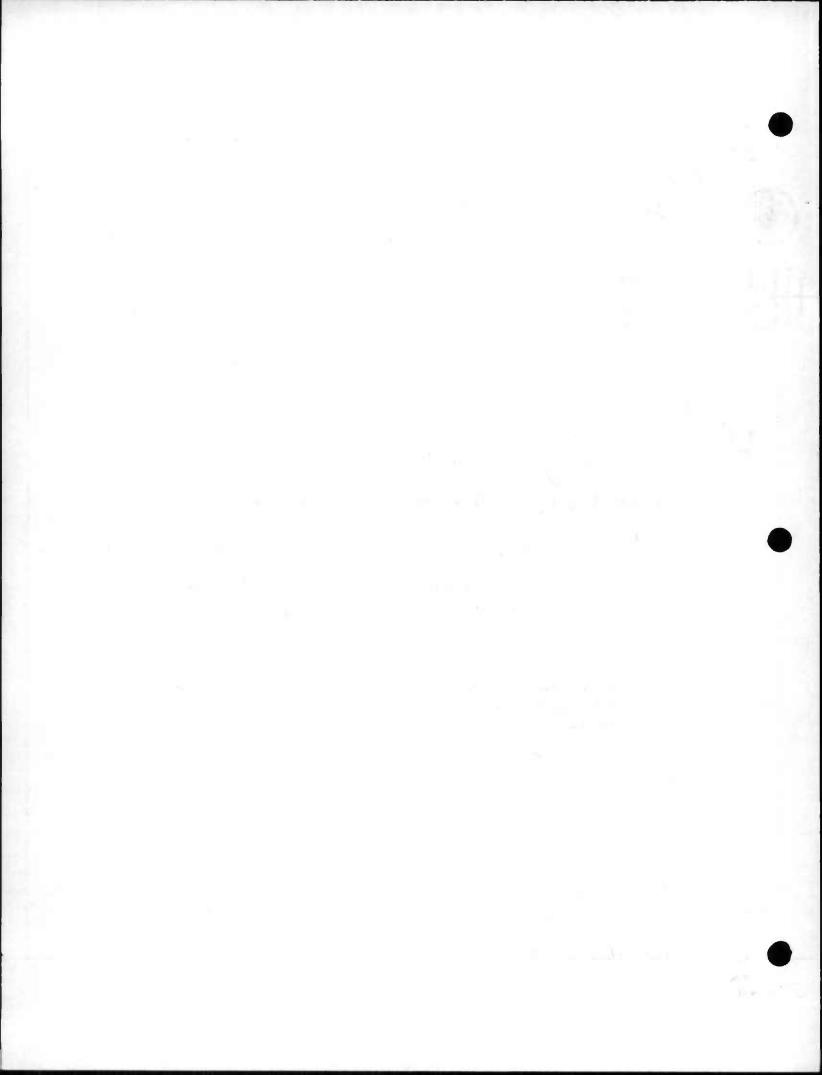
115

CENTERNAY

32. REGISTRAR'S SIGNATURE

Julia Day don-Randa 82

CREENBELT , MD. 20 770



YEAR

3. TIME OF DEATH

2 43 pm

8. BIRTHPLACE (State or Foreign Country) Vernon Springs

4. SOCIAL SECURITY NUMBER

447-22-5326

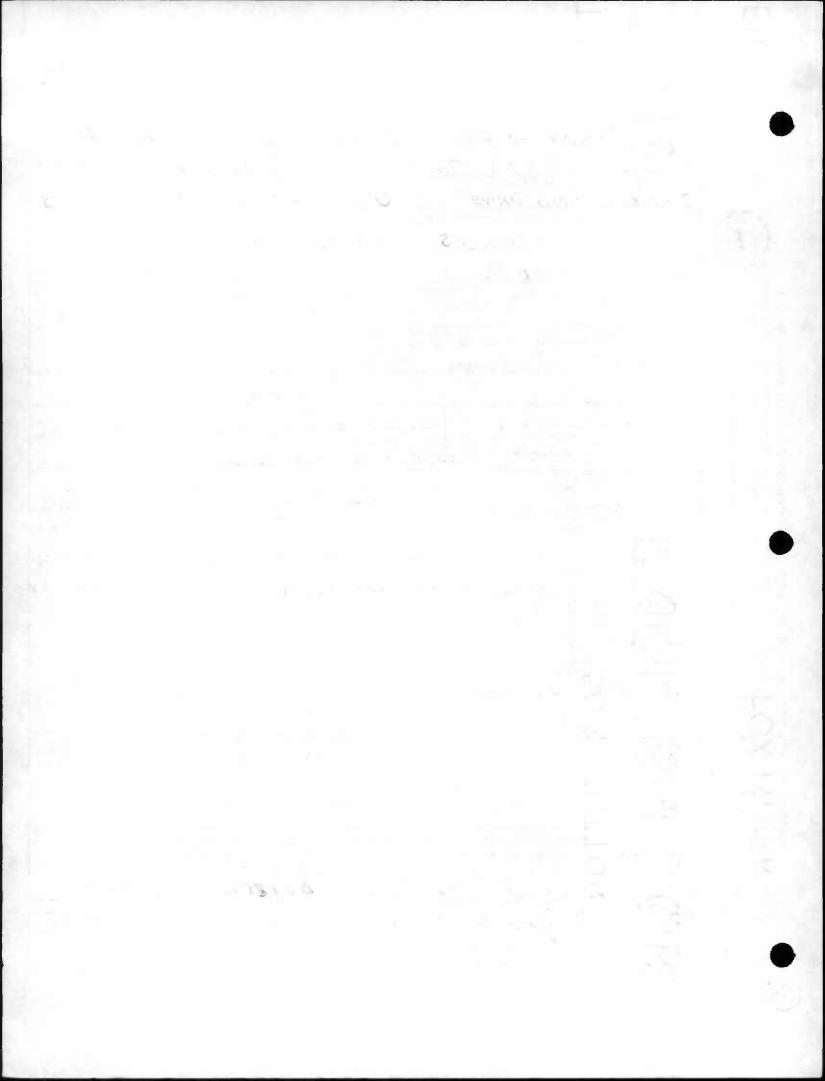
WRIGHT

Lybbert

5. SEX 1 - M 2 X F 6. AGE (In yrs. lest birthday)

75

| 2, 3 should | стоя | 90. FACILITY NAME (If not institution, give street and number) 7109 EVERS FIELD DRIVE | 9b. CI | ty, town or location of Deat yattsville | | COUNTY OF DEATH RINCE GEORGE'S | |
|--|---------------|--|--|--|---|--|--|
| | DIMECT | MD PRINCE GEORGE'S | 10c. CITY, TOWN | OR LOCATION attsville | K | 10d. INSIDE CITY LIMITS? 1\(\sum_{\text{\ti}\text{\texi{\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\text{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\texi{\texi{\texi{\text{\texi{\texi{\texi\tin{\texi{\texi{\texi}\texitt{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\ti | |
| NSIT. | ERAL | 7109 EVERSFIELD DRIVE | | 10f. ZIP COOE 20782 | 100 | U.S.A. | |
| 21215-0020 If or attending physician. For use as the burial-transi | BY FUN | BY FUNER | 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR CATES | S. ARMED 1 | 3. WAS DECENDENT OF HISPANIC if yes, specify Cuben, Mexican, 1 YES 2 (10 Specify: | | |
| 100 | PLETED | 15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 8+) 12th Grade Master's Degree | ilfa. Do NOT use ratired | e during most of working l.) | 16b. KIND OF BUSINES | VIII DONE | |
| YLA by the be det | BE COMPL | 17. FATHER'S NAME (First, Middle, Last) Edward Lybbert | | | r (First, Middle, Meiden Sume ve Maude Ba | | |
| MA retain 5 sho | TO B | Howard W. Wright (Spouse) | 7109 Ever | ss (Street and Number or Rural Root sfield Drive, | the Number, City or Town, Sta Hyattsvill | e, Maryland 20782 | |
| M > 8 0 | | 1 Buriel 2 X Cremation 3 Removal from State 4 Donation 5 Other (Specify) | | Crematory 0: | 3/03/91 Alex | on – City or Town, Stats Kandria, Virginia | |
| | | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE | 1 | rancis Gasch's 739 Baltimore | Sons Funer Ave. Hyatt | ral Home, P.A. sville, Md. 20781 | |
| P.O. BOX 68760, the certificate be executed within 24 nours after fending physician and completely filled In by th all Hygiene prior to burial, cremation, or remova or other traumatic event, the medical | CERTIFICATION | 23. PART I. Enter the diseases, or complications that caused the abook, or heart fellure. List only one cause on each IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentiely list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST | NAME OF STATES | | | Approximate interval Between Onset end Death Minutes Minutes Minutes | |
| RECORDS, F v requires that the deatl been signed by the atte t. of Health and Mental shows any injury, or | MEDICAL | PART II. Other algorificant conditions contributing to death but POST POLIO SYNDROME | not resulting in the | underlying cause given in P | PIT I. 24a. WAS AN AUTT PERFORMED | 7 AVAILABLE PRIOR TO | |
| CIAN: The law ertificate has I the State Dept or item 23 | YSICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1-1 YES 2 NO 1 Inpettent 2 ER/Outpatte | om 3 DOA AD | 26. PLACE OF OEATH (Chec. ER: lursing Home 5 Residence 6 | 100 | | |
| OF PHYSIC this cer with th | 표 | 27. MANNER OF DEATH 1 Natural 5 Pending 28a. DATE OF INJURY (Month, Day, Year) | 28b. TIME OF INJURY | Control of the Contro | Red. DESCRIBE HOW INJUR | RY OCCURED | |
| TISIC TIPR: A after d after d | TED BY | 2 Accident Investigation 3 Suicide 5 Could not be determined 28e. PLACE OF INJURY — building, stc. (Specify) | At home, ferm, street, (| actory, office | 281. LOCATION (Street and h City or Town, State) | lumber or Rural Route Number, | |
| S S S S S S S S S S S S S S S S S S S | COMPLET | 29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the basis of examination as | | | | | |
| TO THE HOSPITAL TO THE FUNERAL IS be filed within 72 h | BE | Bully Wellow M 188 | ty Medica | 29c. LICENSE NUMB | | d. DATE SIGNED (Month, Day, Year) | |
| | TO | SO, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH PAUL A. DE VORE M.D. | 4203 Ou | gensbury Rd | Hyatts | 3-1-91 1110 MD 20781 | |
| | | MAR 0 5 91 July Day down Mary July Day down Mary Day down Mary dow | all. | | | OHMH-15 Rev 1/89 | |



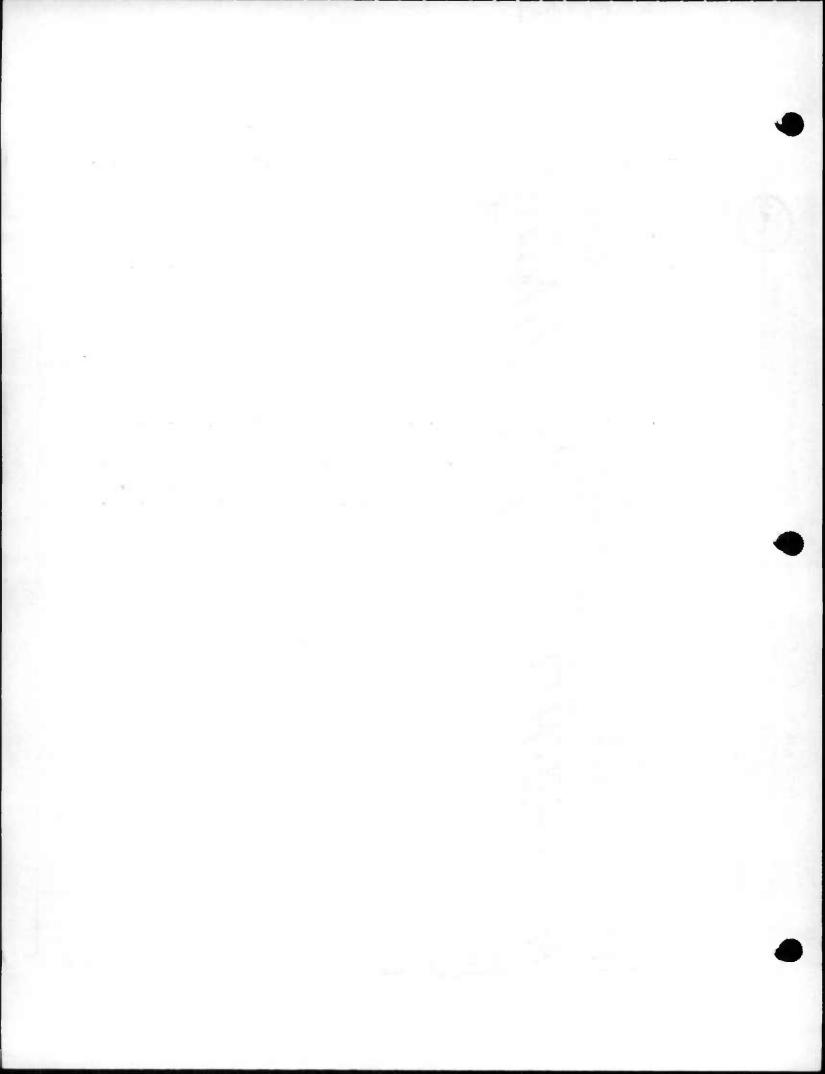
| - | - | Ľ. | d | 6 |
|--|--|--|--|--|
| BALTIMORE, MARYLAND 21203-3146 | chours after death. Page 6 may be retained by the hospital or attending physician. | illed in by the funeral director, page 5 should be detached for use as the bunal-transit we | n, or removal. | e medical examiner must be notified at once. |
| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within strough after death. Page 6 may be retained by the hospital or attending physician. | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit men | be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial. cremation, or removal. | IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |

| | Russell | Wiles | | | | MONTH 130 | <u>**</u> 19 | 3. TIME OF DEATH | |
|--|--|--|---|--|-------------------------------------|--|----------------------------------|---|--|
| 1. SOCIAL SECURITY NUMBER | 5. SEX | 8. AGE (In yrs. leat birthde) 93 YRS | MONTHS | | HRS. 7. | Month, Dey, Year | 97 | BIRTHPLACE (State or Foreign Country) | |
| 9e. FACILITY NAME (II not institution, given 14803 Nations | | own on Location ar Spri | | I | | UNTY OF DEATH Shington | | | |
| RESIDENCE OF DECEDENT 100. STATE 10b. COU | | | ear S | pring, | | | | 10d. INSIDE CITY LIMITS? 1 YES 2- NO | |
| 14803 Natio | | 101. ZIP CODE 2172 | 2 | | OF WHAT COUNTRY? | | | | |
| I1. MARITAL STATUS I Never Married 2 Merried B Wildowed 4 Divorced | FORCES? | NT EVER IN U.S. ARMED 1 YES 2 NO WAR OR DATES | if : | AS DECENDENT OF I yes, specify Cuban, I YES 2 NO | | | e or No— 14 | r No- 14. RACE — American Indian, Black, White, etc. Specify: White | |
| 15. DECEDENT'S E (Specify only highest gn Elementary/Secondary (0-12) | | | | CUPATION working most of working | m | Brand | | inet Co. | |
| 17. FATHER'S NAME (First, Middle, Last) William | | Wiles | | | da. | (First, Middle, Malden | sumame) idenoi | ar | |
| 196. INFORMANT'S NAME (Type/Print) NTS. Minnie | Rubeck | | | Street and Number or | | e Number, City or Tox | vn, State, Zip Co | ode) | |
| 20a. METHOD OF DISPOSITION 1-29 Burtel 2 Cremation 3 R: | | 20b. PLACE OF DISI | POSITION (Nem | e of cometery, cromete | | 20c. LC | CATION — CH | y or Town, State | |
| 21, SIGNATURE OF FUNERAL SERVICE | LICENSEE Dan | 1 | 22. N | ame and address nomps on O Box | Fur | neral H | ome, | Inc. | |
| IMMEDIATE CAUSE (Final disease or condition resulting in deeth) | a. Due To | use on each line. | | he mode of dying | , such a | e cardiac or reap | iratory arrea | t, Approximate Interval Bets | |
| IMMEDIATE CAUSE (Final disease or condition | a. DUE TO | O OR AS A CONSEQUENCE O OR AS A CONSEQUENCE O OR AS A CONSEQUENCE O OR AS A CONSEQUENCE | fuln lon: lerali con: eclit | conog | a a contract | e cardiac or reap | iratory arrea | t, Approximate Interval Bety | |
| iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | b. DUE TO | O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE | fuln lop: lerati E Op: eelit E Op: | torray E Hea | a cut | a cardiac or reap | N AUTOPSY | t, Approximata Interval Betwoonset end D | |
| immediate cause (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | b. DUE TO | O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE | fuln lop: lerati E Op: eelit E Op: | torray E Hea | a cut | a cardiac or reap | N AUTOPSY RMED? | 24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? | |
| immediate cause (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | b. DUE TO DUE DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU | O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE | fuln OF: Leafu OF: Leafu OF: OTHER | to May He was a second of dying to May he was a second of the was | en in Pa | TRI. 24a. WAS AI PERFO | N AUTOPSY RMED? | 24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CALL OF DEATH? | |
| IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions are caused in the condition of the c | b. DUE TO C. DUE TO d. DUE TO HOSPITAL: 1 Inpetient 2 280. DATE O (Month, | O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE | fuln OF: Leal OF: Leal OF: OTHER A 4 □ Nursi | to ray E Her Lese of dying Lese of the control o | en in Pa | TRI. 24a. WAS AI PERFO | N AUTOPSY RMED? | 24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CALI OF DEATH? 1 YES 2 NO | |
| IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions are conditionally in the condition of the condition o | B. DUE TO DUE DUE TO DU | D (OR AS A CONSEQUENCE OF COLUMN AS A CONSEQUENC | Fuln OF): COF): COF): COF): OTHER A 4 HRUND TIME OF INJURY M | lerlying ceuse gives the state of the state | en in Pa | a cardiac or reap The state of the state of | N AUTOPSY RMED? 2 NO | 24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CALI OF DEATH? 1 YES 2 NO | |
| IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions are unitially listed events. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigative accident listed events are unitially listed events. Investigative determined listed events. | b. DUE TO C. DUE TO d. Unions contributing to HOSPITAL: 1 Inpetient 2 28e. DATE O (Month). DOI: 28e. PLACE building | D (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE | OTHER A 4 Nurst TIME OF INJURY M | teriying ceuse gives the second of the secon | en in Pa | a cardiac or reap VLI LI LI LI LI LI LI LI LI L | N AUTOPSY RMED? 2 NO INJURY OCCU | 24b. WERE AUTOPSY FIND MALLABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO | |
| IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions are unitially listed events. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigative accident listed events are unitially listed events. Investigative determined listed events. | B. DUE TO DUE DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU | D (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE | OTHER A 4 Nurst TIME OF INJURY M | teriying ceuse gives the second of the secon | TH (Check dence 6 2 NO 2 at the tin | a cardiac or reap Control 24a. WAS AI PERFO 1 YES Only one) Other (Specify) Bd. DESCRIBE HOW Bl. LOCATION (Street City or Town, State the cause(a) end ma | N AUTOPSY RMED? 2 NO INJURY OCCU | 24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO RED Rural Route Number, | |

MAR 15 '91

Julia Davidson-Randalle

DHMH-16 Rev 1/89



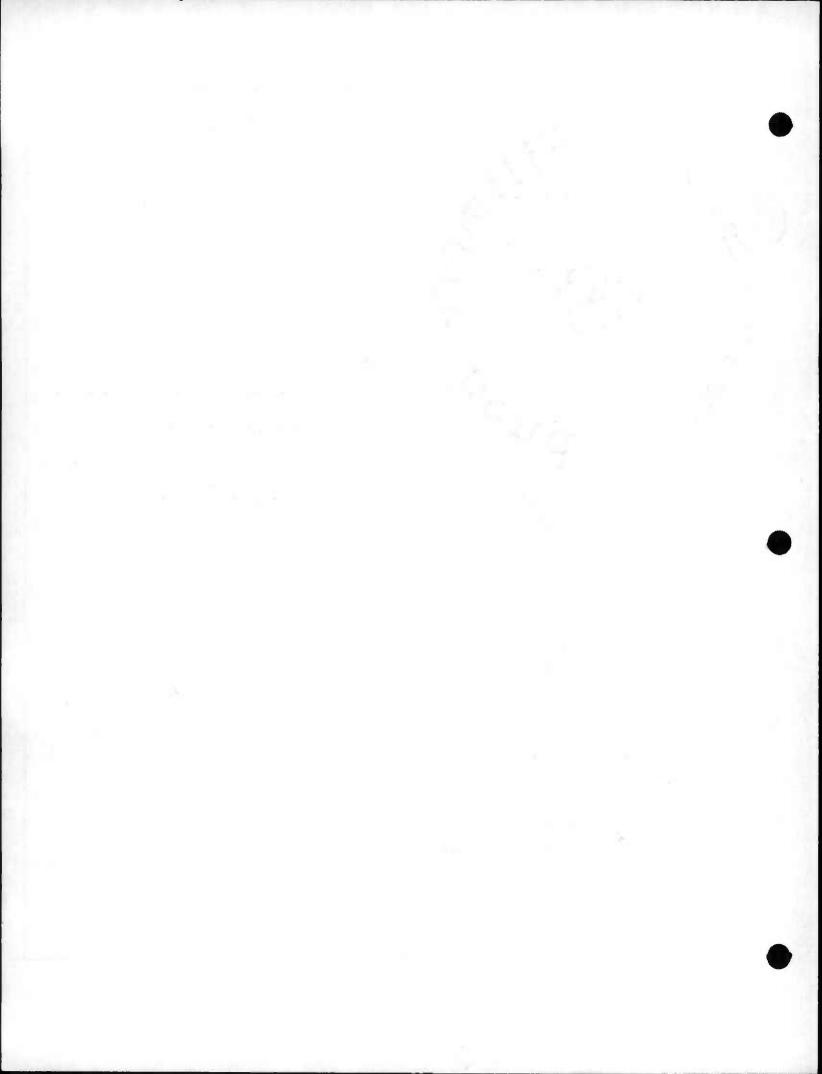
TO BE COMPLETED BY FUNERAL DIRECTOR

| 1 | - | FOR STATE REGISTRAR |
|---|---|---------------------------|
| | | REGISTRAR |

| 1 | 1 - STATE REGISTRAR | STATE OF MA | | | ICATE C | F DEA | TH | MENIAL H | EG. NO | | | |
|---------------|---|---|--|--------------------------|---|--------------------|---|--|-------------|---------------------|--------------------------|---|
| 1 | 1. DECEDENT'S NAME (First, Middle, Lest) MABEL MAY | WOLF | `F | | | | | 2. DATE OF D MONTH March | D | | YEAR | 3. TIME OF DEATH |
| | P. TALEN STREET, CARNESS CO. 181 | 5. SEX 6. AGE (In yrs. lest birthday) 1 ☐ M 2 ☑ F 61 YRS. | | IF UNDER 1 YE | _ | ER 24 HRS. MIN. | 7. DATE OF BIRTN (Month, Day, Ybar) | | Countr | | | |
| | 9a. FACILITY NAME (If not institution, give street | ** | 61 | Tria. | AL CITY TO | MA OB LOCA | FION OF D | June 1 | .⊥, | | | ryland |
| | Washington County | - 1 - 1 | 9b. CITY, TOWN OR LOCATION OF I | | | | | | | | | |
| DIRECTOR | RESIDENCE OF DECEDENT | al | | пав | ersto | WII | | | wa | snir | ngton | |
| <u>ا</u> ا | 10e. STATE 10b. COUNTY | | | 10c. CI1 | TY, TOWN OR L | CATION | | | | | | 10d. INSIDE CITY LIMITS? |
| 5 | Maryland Washi | | | Hagers | town | | | | | | 1 YES 2 NO | |
| 4 | 10e. STREET AND NUMBER | | 101, ZIP CODE | | | | | 10g. CITIZEN OF WI | | | WHAT COUNTRY? | |
| <u> </u> | 1000-B Noland Dr | rive | | | | 217 | 40 | | | L | S.A. | |
| BY FUNERAL | 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | FORCES? 1 (IF YES, GIVE WA | YES 2 V | IMED NO | If ye | | ben, Mexic | NIC ORIGIN? (Sp an, Puerto Rican ly: | | s or No— | 14. RACI Blac Spec | E — American Indian, k, Whita, etc. #y: White |
| | 15. DECEDENT'S EDUCATI | | | | S USUAL OCCU | | | 16b. KINI | D OF BU | SINESS/INC | DUSTRY | WILLE |
| COMPLETE | (Specify only highest grade com Elementary/Secondary (0-12) | opleted) College (1-4 or 5+) | | live kind of Do NOT u | work done during war work work work work work work work wor | g most of wor | king | | | | | |
| 7 | 8 | OWEOUT DOCUM | 1 | Homen | naker | | | 0 | wn 1 | home | | |
| 5 | 17. FATHER'S NAME (First, Middle, Last) | | | | | 18. MC | THER'S N | AME (First, Middle | e, Maiden | Sumame) | | |
| BEC | John W. | Wiles | 100 | | | | Cath | erine | R | uth | (| Carpenter |
| 0 | 19a. INFORMANT'S NAME (Type/Print) | | 19 | b. MAILIN | G ADDRESS (St | reet and Numl | oer or Rural | Route Number, C | alty or Tov | vn, State, Zij | Code) | |
| - | Harry A. Wolff | 100 | I | 2.0. | Box 21 | 7, Sh | arps | burg, M | | | | |
| | 20a. METNOD OF DISPOSITION 1 Y Burlal 2 Cremation 3 Remova | I from State | other p | fece) | OSITION (Name | | | | 17.00 | OCATION — | | |
| | 4 Donation 5 Other (Specify) | | Cedar | Lav | | | | | 1 Ha | agers | town | .Wash.,Md. |
| 1 | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE R. Hael Brade 22. NAME AND ADDRESS OF FACILITY Andrew K. Coffman Funeral Home, Inc. 40 E. Antietam St., Hagerstown, Md. 21740 | | | | | | | | | | | |
| CERTIFICATION | 23. PART I. Enter the diseases, or complications that cased the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Approximate interval Batween Onset and Death DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | |
| MEDICAL C | PART II. Other significant conditions of | contributing to | death but not | resulting | g in the unde | rlying caus | e given i | | PERFO | N AUTOPSY PRMED? | 24 | b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 MMO |
| ž | | | | | | | | | | | 丄 | |
| 5 | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | IOSPITAL: | | | OTHER: | 26. PLACE O | F DEATH (C | Check only one) | | | | |
| PHYSICIAN: | | Impatient 2 | | _ | 4 - Nurein | | | 6 Other (Sp | | | | |
| ВУ РН | 27. MANNER OF DEATH 1 Chatural 5 Pending 2 Accident Investigation | | 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY M 28c. INJURY AT WORK? 1 YES 2 NO | | | | | | | CCURED | | |
| | 3 Suicide 6 Could not be 4 Homicide determined | F INJURY — At h etc. (Spec/ly) | | | | | 281, LOCATION (Street and Number or Pural Route Number, City or Town, State) | | | | Route Number, | |
| COMPLETED | 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: | | | | | | | | | | | (a) and manner as stated. |
| TO BE C | 200. SIGNATURE AND TITLE OF CERTIFIER | m | D | | | 1 | 35 | 497 | | 13 | 3/10 | (Month, Day, Year) |
| | 30. NAME AND ADDRESS OF PERSON WHO | 419 | 376 | EM 27) (7) | pe, Prine) 1/LL | ST. | H | ALIER | -57 | 00 | W, | on 1 217 |
| | MAR 18 91 | | | | | | | | | | | |



DHMH-16 Rev 1/86



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REGISTRAR | CE | RTIFICATE OF | - DEATH | REG. NO | | |
|--|--|--|--|---|---------------------------------------|--|
| 1. DECEDENT'S NAME (First, Middle, Lest) | | | | 2. DATE OF DEATH MONTH D | AY YEAI | 3. TIME OF DEATH |
| many wrice | HT | | | MARCH 1 | 111 | 0500 M |
| 4. SOCIAL SECURITY NUMBER 5. S | | birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF BIRTH | - | RTHPLACE (State or Foreign) |
| 217-28-3712 11 | M2DF | YRS. MONTHS DAYS | HOURS MIN. | (Month, Day, Year) | 34 8 | Balland |
| 9a. FACILITY NAME (If not institution, give street a | nd number) | 9b. CITY, TOWN | OR LOCATION OF DE | ATH | DE. COUNTY OF | F DEATH |
| PENINSULA GENERAL H | | SALISI | BURY | | WICOM | , |
| RESIDENCE OF DECEDENT 10s. STATE 10s. CQUINTY | | 10c. CITY, TOWN OR LOC | ATION | | | 10d. INSIDE CITY |
| | mico | SALISBO | | | | LIMITS? |
| 104. STIPEET AND HUMBER // | | / 1 | of. ZIP GODE | 4 | 10g. CITIZEN O | F WHAT COUNTRY? |
| 1402 HASTI | ks Ster | ret- | 12/80 | - 1 | CUS | A |
| 11. MARITAL STATUS 12. | DECEDENT EVER IN U.S. ARM | | | HIC ORIGIN? (Specify Ye | a or No- 14. R | |
| 1 Never Married 2 Married | FORCES? 1 TYES 2 N | | specify Cuban, Maxica S 2 No Specifi | | 8 | pacify: Dil |
| 3 Wildowed 4 Divorced | | "" | | | " | DIK |
| 15. DECEDENT'S EDUCATIO (Specify only highest grade comp | leted)(Gh | CEDENT'S USUAL OCCUPATIVE kind of work done during r | TION most of working | 16b. KIND OF BU | SINESS/INOUSTR | Υ |
| Elementary/Secondary (0-12) Co | llege (1-4 or 5+) | Domest | ic | | | |
| 175 FATHER'S NAME (First, Middle, Last) | 100 111 | | 18. MOTHER'S NA | ME (First, Middle, Malder | Symame) | \ |
| KEESE ! | WRIGHT | | AdA | (-illet | te i | 2 Right |
| 19a. INFORMANT'S NAME (Type/Print) | 4 | MAILING ADDRESS (Stree | and Number or Rural | Route Number, City or Toy | yn, State, Zip Code, | md. |
| 20s. METHOD OF DISPOSITION | | OF DISPOSITION (Name of o | cordinately commethey or | 7 3700 | SOUR Y | Your State |
| 1 Donation 5 Other (Specify) | | ZSRTOW | J CBM | otsey | Now | Hill md. |
| 21. SIGNATURE OF FUNERAL SERVICE LICENSE | H D/ | 22. HAME | AND ADDRESS OF FA | CILITY / | B 1 | 5/1/ |
| Dustell- | - Foch | - 100 | 5 7/1 | 4 501 | shar | Imil |
| | | | - // . | - | | 7 // 01 |
| 23. PART I. Enter the diseases, or comp | | | node of dylyig, suc | h as cardiac or reap | piretory arrest, | Approximata |
| shock, dr haart fallure. List | olications that caused the deconly one cause on each line. | | node of dying, suc | h as cardiac or reap | piretory arrest, | Interval Between |
| | | | node of dying, suc | th as cardiac or reap | biretory arrest, | |
| shock, or heart fallure. List IMMEDIATE CAUSE (Finel | Januaged (| ordonna | node of dying, suc | th as cardiac or reap | piretory arrest, | Interval Between |
| shock, or heart failure. List IMMEDIATE CAUSE (Fine) disease or condition | | ordonna | node of dylyg, suc | ch as cardiac or resp | oliretory arrest, | Interval Between |
| shock, or heart feilure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, | Januaged (| DUENCE OF): | node of dylyg, suc | ch as cardiac or resp | piretory arrest, | Interval Between |
| shock, or heart feilure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) | Only one cause on each line. | DUENCE OF): | node of dylyg, suc | ch aa cardiac or reap | oliretory arrest, | Interval Between |
| shock, or heart feilure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury | Only one cause on each line. | DUENCE OF): | node of dylyg, suc | th as cardiac or resp | oliretory arrest, | Interval Between |
| shock, or heart feilure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING | DUE TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT) | DUENCE OF): | node of dylyg, suc | h aa cardiac or reap | oliretory arrest, | Interval Between |
| shock, or heart feilure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events | DUE TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT) | DUENCE OF): | node of dylyg, suc | | | Interval Between |
| shock, or heart feilure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events | DUE TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT) | DUENCE OF): | | Part I. 24a, WAS A | | Interval Between |
| shock, or heart feilure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | DUE TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT) | DUENCE OF): | | Part I. 24a, WAS A | N AUTOPSY RMED? | Interval Between Onset and Death Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE |
| shock, or heart feilure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | DUE TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT) | DUENCE OF): | | Part I. 24a. WAS AI PERFO | N AUTOPSY RMED? | Interval Between Onset and Death Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO |
| shock, or heart feilure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | DUE TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT) | DUENCE OF): | | Part I. 24a. WAS AI PERFO | N AUTOPSY RMED? | Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| shock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions or | DUE TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT) | DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): | | Part I. 24a, WAS A PERFO | N AUTOPSY RMED? | Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| shock, or heart feilure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions or The conditions of the con | DUE TO (OR AS A CONSECUTION OF THE TO (OR AS A CONSECUTION OF | DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): | Ing ceuse given in | Part I. 24a. WAS AI PERFO | N AUTOPSY RMED? | Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| shock, or heart feilure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions or The conditions of the con | DUE TO (OR AS A CONSECTION OF THE TO | DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): 26. OTHER: 4 Nursing H 26b. TiME OF 28c. | PLACE OF DEATH (C) | Part I. 24a. WAS AI PERFO | N AUTOPSY RMED? 2 D NO | Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| shock, or heart feilure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other aignificent conditions or LEAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending | DUE TO (OR AS A CONSECUTIVE TO | DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): 26. DOA 4 Nursing H 26. TIME OF NURSING P 28. TIME OF NURSING P 28. TIME OF NURSING P | PLACE OF DEATH (C) | Part I. 24a. WAS AI PERFO 1 YES heck only one) | N AUTOPSY RMED? 2 D NO | Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| shock, or heart feilure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other aignificent conditions or The conditions of the con | DUE TO (OR AS A CONSECTION OF THE TO | DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): 26. OTHER: 4 Nursing M 28. TIME OF INJURY M 1 | PLACE OF DEATH (C) ome 5 Residence INJURY AT WORK? | Part I. 24a, WAS AI PERFO 1 YES heck only one) 6 Other (Specify) 28d, DESCRIBE HOW | N AUTOPSY RIMED? 2 DE NO | Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| shock, or heart feilure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions or LEXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending | DUE TO (OR AS A CONSECTION OF THE TO | DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): 26. OTHER: 4 Nursing M 28. TIME OF INJURY M 1 | PLACE OF DEATH (C) ome 5 Residence INJURY AT WORK? | Part I. 24a. WAS AI PERFO 1 YES heck only one) | NAUTOPSY RMED? 2 D NO INJURY OCCURE | Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| shock, or heart feilure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificent conditions or LEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 3 Suicide 6 Could not be detarmined | DUE TO (OR AS A CONSECTION OF THE TO | DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): 26. DOA OTHER: 4 Nursing H 26b. TIME OF | PLACE OF DEATH (C) Ome 5 Residence INJURY AT WORK? YES 2 NO | Part I. 24a. WAS AI PERFO 1 YES 1 Other (Specify) 26d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Staft | N AUTOPSY RMED? 2 IN NO INJURY OCCURE | Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| shock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other aignificent conditions or 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29s. CERTIFIER Check only CERTIFYING PHYSICIAN | DUE TO (OR AS A CONSECTION OF THE TO | DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): 28. DOA OTHER: 4 Nursing H 28b. TIME OF INJURY M 1 me, farm, street, factory, of | PLACE OF DEATH (C) Ome 5 Residence INJURY AT WORK? YES 2 NO | Part I. 24a. WAS AI PERFO 1 YES 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State | INJURY OCCURE | Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| shock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other aignificent conditions of LEXAMINER? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Retural 5 Pending 1 Investigation 3 Suicide 6 Could not be determined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O | DUE TO (OR AS A CONSECTION OF THE TO | DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): 28. DOA OTHER: 4 Nursing H 28b. TIME OF INJURY M 1 me, farm, street, factory, of | PLACE OF DEATH (COOME 5 Residence INJURY AT WORK? YES 2 NO | Part I. 24a, WAS AI PERFO 1 YES | INJURY OCCURE | Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| shock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other aignificent conditions or 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29s. CERTIFIER Check only CERTIFYING PHYSICIAN | DUE TO (OR AS A CONSECTION OF THE TO | DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): 28. DOA OTHER: 4 Nursing H 28b. TIME OF INJURY M 1 me, farm, street, factory, of | PLACE OF DEATH (C) Ome 5 Residence INJURY AT WORK? YES 2 NO | Part I. 24a, WAS AI PERFO 1 YES | INJURY OCCURE | Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| shock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other aignificent conditions of LEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Tetural 5 Pending Investigation 3 Suicide 6 Could not be 4 Homicide detarmined 298. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O | DUE TO (OR AS A CONSECTION OF THE TO | DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): 28. OTHER: 4 Nursing H 28b. TIME OF INJURY M 1 me, farm, street, fectory, of eth occurred at the time, d | PLACE OF DEATH (COOME 5 Residence INJURY AT WORK? YES 2 NO | Part I. 24a, WAS AI PERFO 1 YES | INJURY OCCURE | Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 modus after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-turnent be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
MAR 11 91

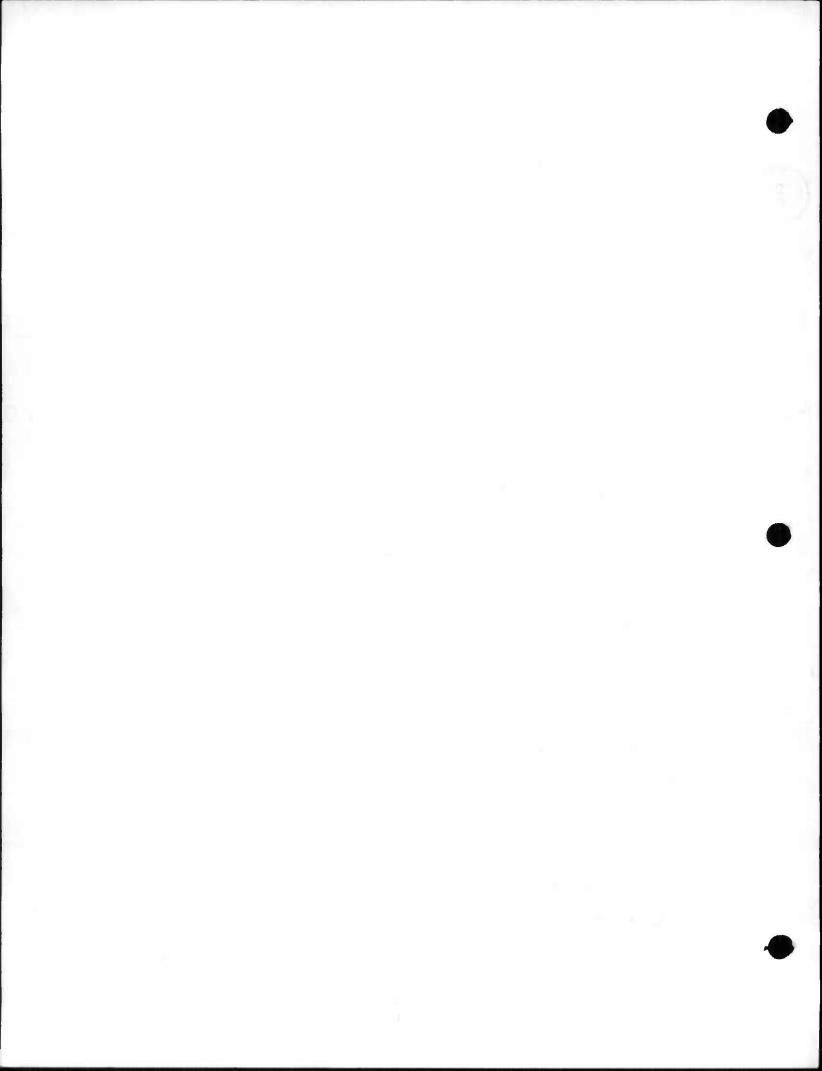
32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

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FOR

| | 1 - STATE REGISTRAR | CERTIF | ICATE O | F DEATH | RE | G. NO. | | |
|------------------|--|--|----------------------------------|--|------------------------------|---|--------------|--|
| | 1. DECEOENT'S NAME (First, Middle, Last) | | | | 2. DATE OF DE | ATH | | 3. TIME OF DEATH |
| | FRANKLIN W. | IRICHI | - | | MONTH | H 10, 1 | 991 | 0350 M |
| | 4. SOCIAL SECURITY NUMBER 5. SEX 6. | AGE (In yrs. lest birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF BI | TH | 6. BIRT | HPLACE (State or Foreign |
| | 213-01-7993 180M2DF | SO YRS. | MONTHS DAY | | | 110 | | ryland |
| OB B | 9a. FACILITY NAME (# not institution, give street and number) PENINSULA GENERAL HOSPITAL | | SALISI | n or location of di BURY | EATH | | COMIC | |
| 5 | RESIDENCE OF DECEDENT | | | | | | | 1 |
| FUNERAL DIRECTOR | Md. Wicomico | | у, тоwn оя Lo rdela S | | | | | 10d. INSIDE CITY LIMITS? 1 X YES 2 NO |
| 7 | 10e. STREET AND NUMBER | | | 101. ZIP CODE | | 10g. C | ITIZEN OF | WHAT COUNTRY? |
| VER/ | P.O. Box 146 Main Street | | | 21837 | | | USA | |
| B | 11. MARITAL STATUS 1 X Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT, FORCES? 1 \(\tilde{\Div}\) FYES, GIVE WAR War II | | If yes, | BECENDENT OF HISPAI specify Cuben, Mexics (ES 24 NO Specif | n, Puerto Rican, | cify Yes or No— atc.) | Blac | E — American Indian, k, White, etc. 北空 |
| COMPLETED | 15. DECEDENT'S EDUCATION (Specify only highest grade completed) | 16s. OECEDENT'S | | | 16b. KIND | OF BUSINESS/II | NDUSTRY | |
| Ē | Elamentary/Secondary (0-12) College (1-4 or 5 +) | Ille. Do NOT u | work done during se retired.) | most or working | | | | |
| 릴 | 1 | Mana | ager | | Pick | le Co. | | |
| Ö | 17. FATHER'S NAME (First, Middle, Lest) | | | 18, MOTHER'S NA | ME (First, Middle, | Maiden Surname |) | |
| BE C | Walter Wright | | | Martha | Wilson | Wright | | |
| | 19s. INFORMANT'S NAME (Type/Print) | 19b. MAILING | ADDRESS (Stre | et and Number or Rural | | | | |
| 5 | Mary Rounds | 423 | N. Some | rset, Pri | ncess A | nne, Mo | d. 21 | 853 |
| | 20g. METHOD OF DISPOSITION | 20b. PLACE OF DISPO | | | | 20c. LOCATION | | |
| | 1X Burial 2 Cremation 3 Ramoval from State 4 Donation 6 Other (Specify) | Mardela Me | morial | Cemetery | | Mardela | Spr | ings, Md. |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE | 7 | 22. NAME | AND ADDRESS OF FA | CILITY | | | 0 , |
| | Millian me | 1 | Shor | t Funeral | Home, | Inc. | | |
| _ | Millian M. JRg | 2/ | | Box 204 I | | | | |
| | 23. PART I. Enter the diseases, or complications that c shock, or haert fallure. List only one cause | | not enter the | mode of dying, suc | ch ss cerdiec o | r respiratory | arrest, | Approximate interval Batween |
| | IMMEDIATE CAUSE (Finel disease or condition resulting in desth) | Failw R AS A CONSEQUENCE O | 2.0 | | | | | Onset and Death |
| | | Schultic | | 8 | Dec. | | | CALCAG |
| CERTIFICATION | if sny, leading to immediate | R AS A CONSEQUENCE O | F): | as accor | VISEGE | | | 5025 |
| 2 | cause, Enter UNDERLYING CAUSE (Disease or Injury | R AS A CONSEQUENCE O | Б. | | | | | |
| RTIF | that initiated events resulting in death) LAST | n as a consequence o | r). | | | | | į |
| CE | | | | | | | | |
| DICAL | Chronic Obstructive | 0 | in the underly | ying causa givan in | | WAS AN AUTOPS PERFORMED? YES 2 NO | ¥ 24 | b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| MED | | 1 | | | | | | 1 YES 2 NO |
| | | | | | | | | |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | | | . PLACE OF OEATH (C | heck only one) | | | |
| SIC | | R/Outpatient 3 🗆 DOA | OTHER: 4 Nursing I | lome 5 🗆 Residence | 6 Other (Spe | clfy) | | |
| H | 27. MANNER OF DEATH 28s. DATE OF IN (Month, Day, | JURY 26b. TII | ME OF 28c. | INJURY AT WORK? | 28d. DESCRIB | E HOW INJURY | DCCURED | |
| BY F | 1 Netural 5 Pending 2 Accident Investigation | | | YES 2 NO | | | | |
| COMPLETED E | | NJURY — At home, ferm, c. (Specify) | atreet, factory, o | office | 261. LOCATION City or Tox | (Street and Num m, State) | ber or Rural | Route Number, |
| E | 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of m | v knowledge death occur | red at the time | tete and place and du | e to the couse(s) | and manner as | hetete | |
| MP. | (Check only one) 2 MEDICAL EXAMINER: On the basis of sxail | | | | | | | (s) and manner as stated. |
| | 29b. SIGNATURE AND TITLE OF CERTIFIER | | | 29c. LICENSE NU | IMBEO | 204 5 | DATE SIGNI | ED (Month, Day, Year) |
| BE | Floring C Holan | . ^ | | | 8008 | | | 0/91 |
| 5 | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE | OF DEATH (ITEM 27) (Typ | e, Print) | RJ, Sa | 1 1 | 441 | | |
| | THOMAS C. H. 11 IR. 10 | 08 Pine | 13/4/ | Rd, Sa | usbu | y Wid | . 21 | 401 |
| 10 | 31. OATE FILED (Month, Day, Year) 32. REGISTRAR | S SIGNATURE | 11 | | | | | |
| 1 | 101 / 1. K | 1 70 1.00 | | | | | | |



| TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or a TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: it Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. | |
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

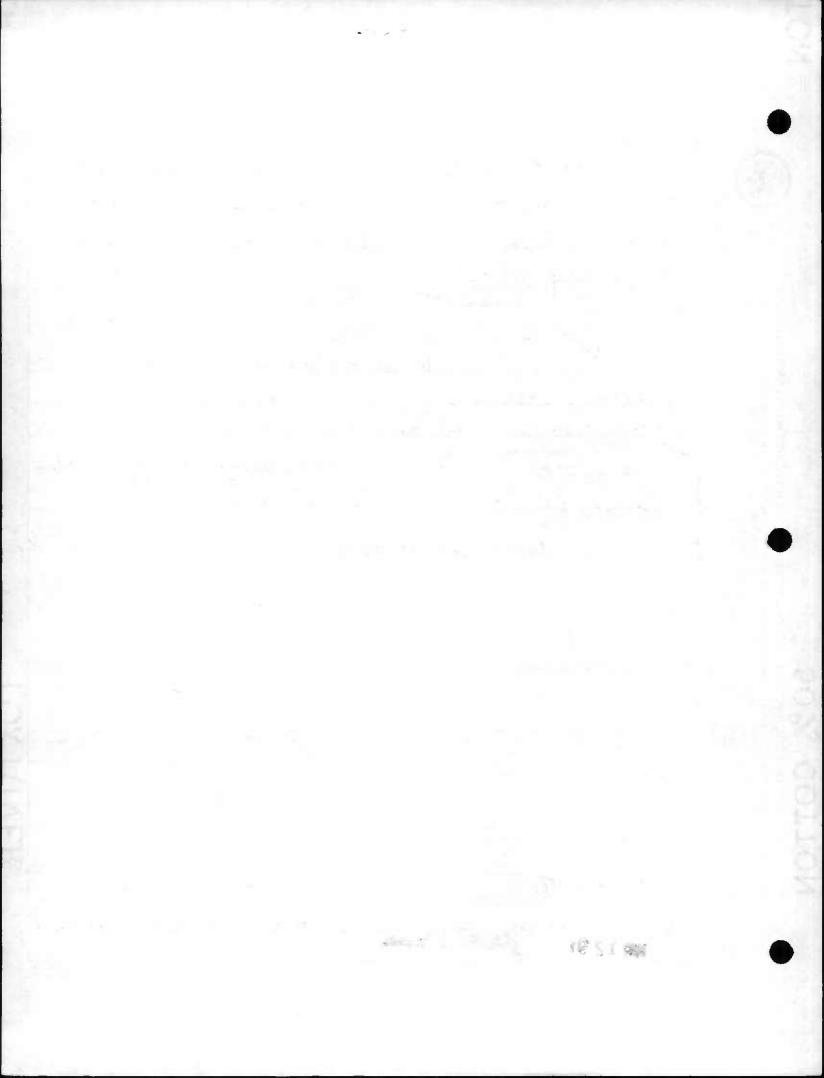
| REGISTRAR | | | CE | BILLER | CATE O | | п. | REG. NO. | | | |
|--|--|--|--|--|--|---|-------------------------------|--|---------------------|------------------|---|
| 1. DECEDENT'S NAME (First, | Middle, Last) | | | | | | _ | . DATE OF OEATH | | | 3. TIME OF DEATH |
| Edi | na Mae | Wharto | n | | | | | MONTH DA | Y | YEAR | 8:09 |
| 4. SOCIAL SECURITY NUMBE | ER 5. | SEX 8. | AGE (In yrs. lee | | IF UNDER 1 YEA | | | DATE OF BIRTH | | | IPLACE (State or Foreign |
| 217-30-013 | 2 1 | 1 □ M 2 ☑ F 82 YRS. MON | | | MONTHS DAY | 8 HOURS | MIN. | (Month, Day, Year) | | Mar | yland |
| 9e. FACILITY NAME (If not ins | titution, give atreet | | | | | N OR LOCATION | N OF DEAT | | 9c. COUN | TY OF D | EATH |
| Memorial | Hospi | oital Eas | | | | | | | Tal | bot | : |
| RESIDENCE OF DEC | | | | | | | | | | | |
| 10a. STATE | 10b. COUNTY | | | | TOWN OR LO | CATION | | | | | 10d. INSIDE CITY LIMITS? |
| Maryland | Carol | ine | | Pre | ston | | | | | | XX YES 2 □ NO |
| P.O.Box | 100 | | | | | 101. ZIP CODE 2 1 | 655 | | | S. A. | YHAT COUNTRY? |
| 11. MARITAL STATUS | 12 | . WAS DECEDENT E | ER IN U.S. AR | MEO | | | | ORIGIN? (Specify Yee | or No— | 14, RACE | E — American Indian, |
| 1 Never Merried 2 1 3 Widowed 4 Divor | Plant on the second | FORCES? 1 [] IF YES, GIVE WAR | | 10 | | specify Cuben, res 2 NO | | Puerto Ricen, etc.) | | | k, white, etc. |
| | EDENT'S EDUCAT | | 16a. OE | CEDENT'S | USUAL OCCUP | ATION | | 16b. KIND OF BUS | INESS/INO | USTRY | |
| (Specify only Elementary/Secondary (0- | highest grade con | ollege (1-4 or 5 +) | | | | most of working | | | | | |
| 8th | | | H | omen | naker | | | Own | Home | 9 | |
| 17. FATHER'S NAME (First, Mile | ddle, Last) | | | | | 18. MOTHE | ER'S NAME | (First, Middle, Melden | Surname) | | |
| William A | . Cox | | | | | Gra | ce | Andrew C | OX | | |
| 19a. INFORMANT'S NAME (7) | | | 191 | . MAILING | ADDRESS (Stre | et and Number of | or Aural Rou | ite Number, City or Tow | n, State, Zip | Code) | |
| Mrs. Doro | | ight | | | | | est | on, MD 2 | | | |
| 20a. METHOD OF OISPOSITI 1 Buriel 2 Cremetion 4 Donation 5 Other | n 3 🗆 Remova | I from State | of comptent | oramatan. | of DISPOSITI | | erv | 3/2 Pr | | - | |
| 21. SIGNATURE OF FUNERAL | L SERVICE LICEN | SEE | - | <u> </u> | 22. NAMI | E AND ADDRESS | S OF FACIL | JTY | | | |
| DISH | Tento | Line |) | | P.O. | Box 4 | Hawl 3, I | Kins-Esk Federals | burg | une J, M | eral Home MD 21632 |
| 23. PART I. Enter the til | seeses, or con | pilications that controlled | oused the de | ath. Do n | ot enter the | mode of dyin | ng, such a | ne cardiac or respi | ratory arr | eat, | Approximate Interval Between |
| IMMEDIATE CAUSE (Fin | | | | | | | | | | | Onset and Death |
| disease or condition resulting in deeth) | + . | Co | ngas | we | Re | p tru | 2ai | lure | 428 | .0 | 78 |
| Tooling in county | | DUE TO (OF | AS A CONSE | OUENCE OF |): | 2 | • | lure et disa | | | 5.8 |
| O | a. | ar | teru | ssch | brot | ic-R | سو | it dusa | معف | | 2 |
| Sequentially list conditi if eny, leeding to immed | liete | DUE TO (OF | AS A CONSE | QUENCE OF |): | | | | | | |
| cause. Enter UNDERLYi CAUSE (Disease or Inju | | | | | | | | | | | C . |
| that initiated events resulting in death) LAS | т П | DUE TO (DE | AS A CONSE | | | | | | | | 8. |
| | d | | | DUENCE OF |): | | | | | | 8. |
| DART II Och a da ditta | | | | JUENCE OF | r): | | | | | | . Ž. |
| | | contributing to de | | resulting I | n the underl | | iven in Po | nrt I. 24a. WAS AN | | 246 | b. WERE AUTOPSY FINDINGS |
| | | nsuffi | rien | resulting I | n the underl | | iven in Po | nrt I. 24a, WAS AN PERFOI | MED? | 246 | MAILABLE PRIOR TO COMPLETION OF CAUSE |
| | | | rien | resulting I | n the underl | | iven in Pr | PERFO | MED? | 246 | AMAILABLE PRIOR TO |
| | nali | nsuffi | lere | resulting I | n the underl | | iven in Po | PERFO | MED? | 246 | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| Real Case Reference To | nal i nepf pleim | rose | lere | resulting I | n the underl | | | PERFOI | MED? | 246 | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| Re | nept Reim MEDICAL H | rose | lere | resulting I | on the underly the transfer of | 8. PLACE OF DE | EATH (Chec | PERFOI | MED? | 246 | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| 25. WAS CASE REFERRED TO EXAMINER? | nept Reim MEDICAL H | IOSPITAL: [Vinpetient 2 El 28e, DATE OF IN. | Routpatlant 3 | DOA 286. TIM | or the underl | S. PLACE OF DE | EATH (Checasidence 6 | PERFOI | MED? | | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 | nal maps | nsufficient sud. | Routpatlant 3 | DOA 286. TIM | OTHER: 4 Nursing 28c, URY | 8. PLACE OF DE | EATH (Check Sidence 6 | PERFOI 1 YES 2 k only one) Other (Specify) | MED? | | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident | Pending Investigation | IOSPITAL: [Vinpetient 2 E 288. DATE OF IN. (Month, Day, | ROUTEN 3 ROUTEN AT hory | DOA 286. TIM | OTHER: 4 Nursing 28c. URY M 1 | 8. PLACE OF DE Home 5 Red INJURY AT WORK? | EATH (Chec. | PERFORM 1 YES 2 K only one) Other (Specify) 28d, DESCRIBE HOW I | NJURY OC | CURED | MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO |
| 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 8 | nal maps | IOSPITAL: Wingsteint 2 El 28s. DATE OF IN (Month, Day. | ROUTEN 3 ROUTEN AT hory | DOA 286. TIM | OTHER: 4 Nursing 28c. URY M 1 | 8. PLACE OF DE Home 5 Red INJURY AT WORK? | EATH (Chec. | PERFORM 1 YES 2 k only one) Other (Specify) 28d, DESCRIBE HOW I | NJURY OC | CURED | MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO |
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| 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only | Pending Investigation Could not be determined | IOSPITAL: Vinpetient 2 El 28s. DATE OF IN. (Month, Day. 28s. PLACE OF it building, etc. | Question 3 Outpatient 3 Outp | DOA 28b. TIMINU | OTHER: 4 Nursing E OF 28c. URY M 1 street, factory, o | B. PLACE OF DE Home 5 Red INJURY AT WORK? YES 2 office | NO : | PERFORM 1 YES 2 Nother (Specify) 281. LOCATION (Street City or Town, State) 1 the cause(a) and ma | NJURY OC | CURED or Bural . | MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO |
| 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only | Pending Investigation Could not be determined COLIECTION PHYSICIAL EXAMINER: | IOSPITAL: Vinpetient 2 El 28s. DATE OF IN. (Month, Day. 28s. PLACE OF it building, etc. | Question 3 Outpatient 3 Outp | DOA 28b. TIMINU | OTHER: 4 Nursing E OF 28c. URY M 1 street, factory, o | B. PLACE OF DE Home 5 Rea INJURY AT WORK? YES 2 Doffice date and place, on, death occurs | NO : | PERFORM 1 YES 2 No only one) Other (Specify) 28d. DESCRIBE HOW In Control (Street City or Town, State) Othe cause(a) and manne, date end place, en | NJURY OCI | CURED or Rural | ARALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO Route Number, |
| 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDI 29b. SIGNATURE AND TITLE | Pending Investigation Could not be determined CAL EXAMINER: OF CERTIFIER | IOSPITAL: Vinpetient 2 El 28s. DATE OF IN. (Month, Day. 28s. PLACE OF it building, etc. | 2/Outpatlant 3 PURTY — At he (Specify) knowledge, de knowl | DOA 28b. TIMINU Dome, farm, a | OTHER: 4 Nursing E OF 28c. URY M 1 street, factory, o | B. PLACE OF DE Home 5 Rea INJURY AT WORK? YES 2 Doffice date and place, on, death occurs | ATH (Checical Section 1) NO : | PERFORM 1 YES 2 V | NJURY Octand Number | or Rural | ARRABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO Route Number, |
| 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDI 29b. SIGNATURE AND TITLE | Pending investigation Could not be determined ICAL EXAMINER: OF CERTIFIER | IOSPITAL: [Vinpetlent 2 = E 28e. DATE OF IN. (Month, Day, 28e. PLACE OF II building, etc. IN: To the best of my On the basie of exam | ROUTE AT AT THE ACT OF | DOA 28b. TIMI INJ | OTHER: 4 Nursing E OF URY M 1 street, factory, (n, in my opinic | B. PLACE OF DE Home 5 Ret INJURY AT WORK? YES 2 Deffice date and place, on, death occurre 29c. LICE | ATH (Checo | PERFORM YES 2 | NJURY OCI | or Rural | ARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO Route Number, (e) end manner ee stated. D (Month, Day, Year) |
| 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL CONTROLL C | Pending Investigation Could not be determined ITFYING PHYSICIA ICAL EXAMINER: OF CERTIFIER THE PHYSICIA OF CERTIFIER THE PHYSIC | IOSPITAL: [Vinpetient 2 E 28e. DATE OF IN. (Month, Dey. 28e. PLACE OF il building, etc. IN: To the best of my On the basic of exam COMPLETED CAUSE | ROUTE AT AT THE ACT OF | DOA 28b. TIMI INJ weeth occurre investigation 27 (Type, | OTHER: 4 Nursing E OF URY M 1 street, factory, (n, in my opinic | B. PLACE OF DE Home 5 Ret INJURY AT WORK? YES 2 Deffice date and place, on, death occurre 29c. LICE | ATH (Checo | PERFORM 1 YES 2 VES 2 | NJURY OCI | or Rural | ARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO Route Number, (e) end manner ee stated. D (Month, Day, Year) |

200 F-43-22 12 TS 914

| BALLIMORE, MARTLAND | after death. Page 6 may be retained by the hos | by the funeral director, page 5 should be detached smoval. | Ilcal examiner must be notified at once. |
|--|---|---|--|
| | STUDIES . | filled in | e med |
| DIVISION OF VITAL RECORDS, P.O. BOX 68760, | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-rouns after death. Page 6 may be retained by the hosp | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |

| | - SIAIL | STATE OF MARYLAND / | | | | 91 | 0/9/0 |
|-------------|---|--|--|---|---|-----------------------------|---|
| | REGISTRAR | CE | HITFICAL | E OF DEATH | REG. NO. | | |
| | 1. DECEDENT'S NAME (First, Middle, Last) | 180 | 1 2 0 | 11 0011 | 2. DATE OF DEATH MONTH DAY | YEAR | 3. TIME OF DEATH |
| | 4. SOCIAL SECURITY NUMBER | S. SEX 6. AGE (In yrs. last | t birthday) IF UNDE | THERIU | 7. DATE OF BIRTH | | HPLACE (State or Foreign |
| | 223-62-6310 | EM 2 0 F 43 | YRS. MONTHS | DAYS HOURS MIN. | May 6,19 | 47 Count | |
| TOR | 96. FACILITY NAME (If not institution, give street R RESIDENCE OF DECEDENT | and number) | 9b. CIT | Co Rassalu | EATH | COUNTY OF D | QA. |
| DIRECTOR | 10e. STATE 10b. COUNTY | Q A | 10c. CITY, TOWN | OR LOCATION ROSON IN VI | lle | | 10d. INSIDE CITY LIMITS? 1 YES 2 NO |
| FUNERAL | 104. STREET AND NUMBER R4. 1 BOX | 119 A | | 10f. ZIP CODE | 038 | og. CITIZEN OF | USA |
| BY FUN | 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced | 2. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 YES IF YES, GIVE WAR OR DATES | 10 | WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico 1 YES 2 NO Specifi | an, Puerto Rican, atc.) | No- 14. RAC Blac Spec | E — American Indian, ok, White, etc. |
| LETED | 15. DECEDENT 5 EDUCA (Specify only highest date to | FION 16a. DE (G. (Giller) 16a. DE (Giller) (G | CEDENT'S USUAL Cone kind of work done Do NOT use retired.) | during most of working | 18b. KIND OF BUSIN | ESS/INDUSTRY | BIOCK |
| E COMPLET | 17. FATHER'S NAME (First, Middle, Last) | VDUNG | bilek | 18. MOTHER'S NA | AME (First, Middle, Melden Su | mame) | erly |
| TO B | 190. INFORMANT'S NAME (Type/Print) | JONE Dittle | R1 | S (Street and Number or Rural | Route Number, City or Town, | State, Zip Code) | ml 21/038 |
| | 20a. MSFHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify) | 20b. PLACE of complary. | ANO OATE DF DISI | POSITION (Name place) | 111 0 | TIDN — City or T | own, State |
| | 21. SIGNATURE OF PUNERAL SERVICE LICEN | SEE L. | 22 | NAME AND ADDRESS OF FA | CILITY GEOGRA | -H.D | sh.ell |
| | 23. PART 1. Enter the diseases, or con | mplicetions that ceused the de | eth. Do not ente | r the mode of dying, suc | ch as cardiac or reapiral | | Approximate |
| | immediate Cause (Final disease or condition resulting in death) | Used Wark C | ellular | Cholangeo | careinou | a | Interval Between Onset and Death |
| NOI | Sequentially list conditions, If any, leading to immediate | DUE TO (DR AS A CONSEC | | U | | | |
| RTIFICATION | cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST | DUE TO (DR AS A CONSEC | OUENCE OF): | | | | |
| L CEI | PART II. Other significent conditions | contributing to death but not r | resulting in the u | nderlying cause given in | Part I. 24e. WAS AN AL | JTOPSY 24 | b. WERE AUTOPSY FINDINGS |
| 질 | | | | | PERFORMI | | AMAILABLE PRIOR TO COMPLETION OF CAUSE |
| : MEDICAL | | | | | | | OF DEATH? |
| PHYSICIAN: | | HOSPITAL: | OTHE | | 900 - 200 - | | |
| | 27. MANNEB-OF DEATH 1 Natural 5 Pending | 28e. DATE OF INJURY (Month, Day, Year) | 28b. TIME DF | 28c. INJURY AT WORK? 1 YES 2 NO | 28d, DESCRIBE HOW INJ | URY OCCURED | |
| TED BY | 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined | 28e. PLACE OF INJURY — At he building, etc. (Specify) | ome, farm, street, fa | | 28f. LOCATION (Street end City or Town, State) | 1 Number or Rural | Route Number, |
| COMPLET | (Oriota tria) | AN: To the best of my knowledge, de On the basis of examination end/or | | | | | (e) and manner so stated. |
| BE | 29b. SIGNATURE AND TITLE OF CENTRIER | 4 | | 29c. LICENSE NO. | ST : | 29d. DATE SIGNE | ED (Mgeth, Day, Year) |
| 일 | 30. NAME AND ADDRESS OF PERSON WHO | COMPLETED CALLES OF DEATH (ITE | MA OT Come Colon | | | - / | 1 |

WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 03-13-94 30 Robert Lee Whay Jr. 1. 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 05-07-19 Virginia DAYS 1√ M 2 F 218-01-1104 71 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH nne Arundel 307 Delma Avenue Pasadena RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a STATE 10b. COUNTY 10d. INSIDE CITY MD Anne Arundel Pasadena 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 101. ZIP CODE 307 Delma Avenue 21122 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify. Specify: White 3 Widowed 4 Divorced WWII 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher ndary (0-12) College (1-4 or 5+) Owner-Operator Auto Service 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Robert Lee Whav Sr. Mary Magdeline Walker 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mary Ann Whay 307 Delma Avenue, Pasadena, MD 21122 20c. LOCATION — City or Town, State 20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 1 Burial 2 Cremation 3 Removal from State Mary Tand Veterans Cemetery Crownsville, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. NAME AND ADDRESS OF FACILITY
Hardesty Funeral Home, P.A. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Chomos 12 Ridgely Avenue, Annapolis, 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Batwaan Onset and Death IMMEDIATE CAUSE (Finel disease or condition rain resulting in death) OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): . Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not requiting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24h. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE ata meumonia 1 YES 2 NO OF DEATH? 1 YES 2 NO ERREO TO MEDICAL 26. PLACE OF GEATH (Check only one) HOSPITAL: OTHER ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 ☐ Nursing Home 5 ☑ Residence 6 Other (Specify)

| | | | 100 | _ |
|-----|------|------|------|---|
| | | | | |
| 25. | EXA | CAS | R? | |
| | MAN | NER | OF | - |
| | 1 10 | Natu | iral | |

2 Accident

3 Sylcide

29a, CERTIFIER

NO ATH

28a. OATE OF INJURY (Month, Day, Year)

5 Pending 6 Could not be detarmined

28b. TIME OF 28c. INJURY AT 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

| \ | (Check | only | 7 | A |
|---|--------|------|---|---|
| 1 | CIA) | | ř | |
| | | | | |

TERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. ition and/or investigation, in my opinion, death occured at the time, data and placa, and dua to the cause(a) and menner as stated.

TITLE OF CERTIFIER

REON WHO COMPLETED CAUSE OF DEATH (ITEM TO an

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE whia Davidson

use as the burial-transit

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

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BE

2

L DIRECTOR: After the hours after death with them 28 is mark

TO THE FUNERAL (De filed within 72 h

불부를

after death. Page 6 may be retained by the hospital or attending physician. by the funeral director, page 5 should be detached for use as the burial-tran notified at Pe must examiner by the fu medical filled in by to on, or remo has been signed by the attending physician and completely fille Dept. of Health and Mental Hygiene prior to burial, cremation, the law requires that the death certificate be executed within traumatic event, other 9 any 23 HOSPITAL DR ATTENDING PHYSICIAN: The r this certificate his with the State D Hem 9 marked,

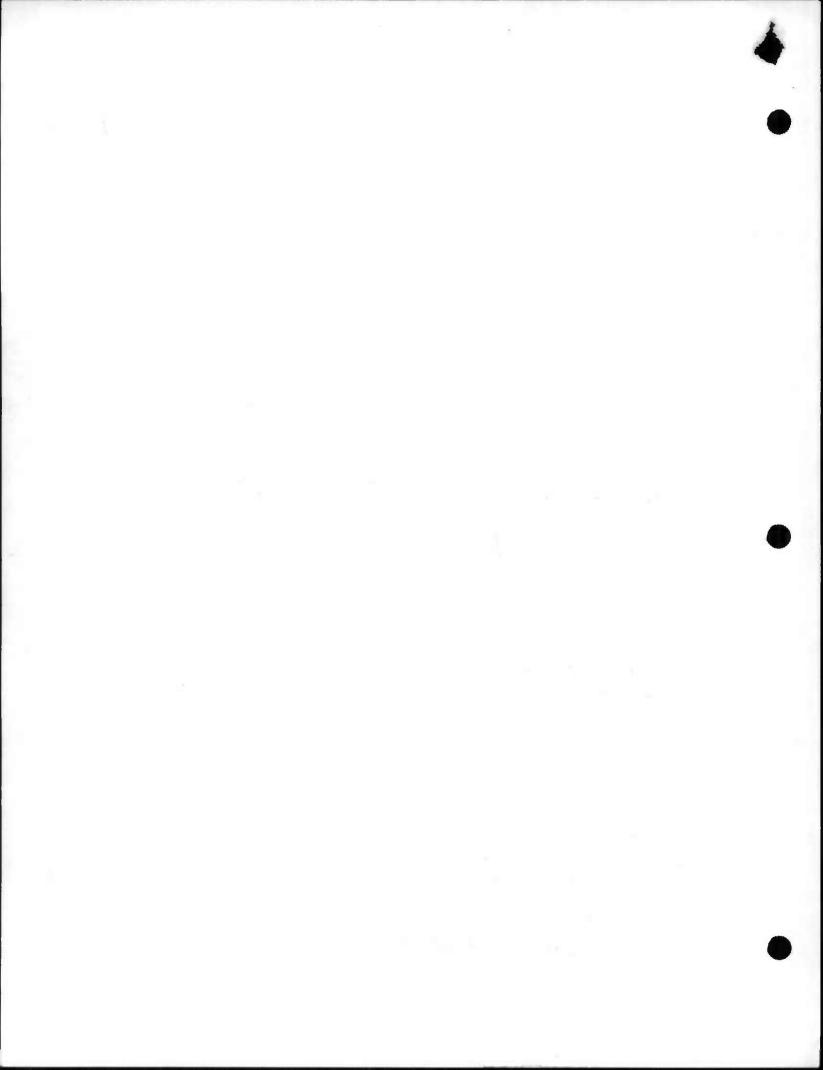
BALTIMORE, MARYLAND 21203-3146

BOX 13146,

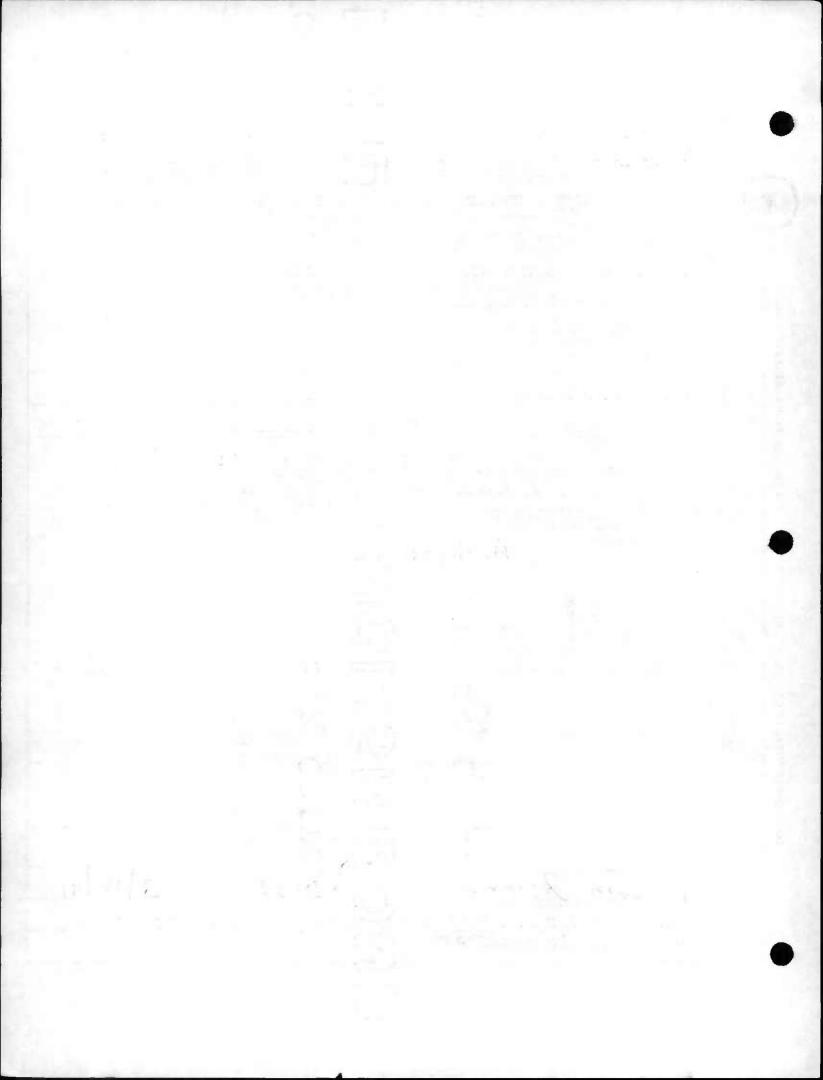
P.O.

DIVISION OF VITAL RECORDS,

DHMH-16 Rev 1/89



| 1. DECEDENT'S NAME (First, Middle | le, Last) | | | | | | | | 2. DA | TE OF DEATH | | Mente | 3. TIME OF DEATH |
|--|--|--|--|--|--|--|--|--|---|---|--|---|--|
| BERNICE M | I. WE | HITE | | | | | | | 03 | 10 | DAY | 91 | 1:00 |
| 4. SOCIAL SECURITY NUMBER | | 5. SEX | 6. AGE (In yrs. | last birthday) | | R 1 YEAR | IF UNDER | | 7. DA | TE OF BIRTH | | s. BIRT | HPLACE (State or Fore |
| 364-34-1434 | | 1 □ M 2 💥 F | 83 | YRS. | MONTHS | DAYS | HOURS | MIN. | 04 | onth, Day, Year) | 07 | | ÖHIO |
| 9a. FACILITY NAME (If not institution | on, give stree | et and number) | | | 9b. CITY | Y, TOWN | R LOCATI | ON OF DE | EATH | | 9c. CO | UNTY OF | DEATH |
| ARUNDEL GERI | | C NURS | SING C | CENTE | R | GI | EN | BUR | NIE | | A | NNE | ARUNDEI |
| RESIDENCE OF DECEDE | COUNTY | | | 100 CIT | Y, TOWN | 001004 | TON | | | | | | 10d. INSIDE CITY |
| MARYLAND | | E ARU | IDEL | NG. CIT | | GLEN | | RNT | न | | | | LIMITS? |
| 10e, STREET AND NUMBER | | 12 111101 | | | | | . ZIP COD | | | | 10- 0 | TIZEN OF | 1 TYES 2 X.N |
| 520 OAKWOOD | STZ | TON | CAD | | | 100 | | 106] | 1 | | | U.S | |
| 11. MARITAL STATUS | _ | 2. WAS DECEDEN | | ARMED | 13. | WAS DEC | | | | GIN? (Specify Y | | | |
| 1 Never Married 2 Marrie 3 Wildowed 4 Divorced | | FORCES? | YES 2 | ⊉ wo | | If yes, sp | | ın, Mexica | n, Puer | to Rican, etc.) | - OF 110 — | Spe | E — American Indian ck, White, etc. city: WHITE |
| 15. DECEDEN (Specify only high | | | 16a. | DECEDENT'S | USUAL C | OCCUPATION | ONde | | 1 | 16b. KIND OF B | USINESS/II | NDUSTRY | |
| Elementary/Secondary (0-12) | <u> </u> | College (1-4 or 5 | +) | life. Do NOT u | | | IST OF WORK | ng | | | | | |
| 12 | | 0 | | HOU | SEWI | IFE | | | | H | OMEM | AKE | R |
| 17. FATHER'S NAME (First, Middle, | | | | | | | 16. MOT | HER'S NA | ME (Firs | st, Middle, Maide | n Sumame) | | |
| JOSEPH J. M | ENNI | NGER | | | | | EL | EANC | DR : | HELLM | AN | | |
| 19a. INFORMANT'S NAME (Type/Pr | 100 | | | | | | | | | umber, City or To | | | DI Kalifa |
| PERRY E. WH | | | | 7876 | GOI | DEN | PI | NE C | CIR | CLE S | EVER | N,M | D. 21144 |
| 20a, METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 | Remov | al from State | 20b. PLA | CE AND DAT | E OF DISE | POSITION | (Name | | 1 | | | | lown, State |
| 4 Donation 5 Dother Spec | :lfy) | 0 | GLE | N Cremator | VEN | CEM | | | | /12 G | LEN | BUR | NIE, MD. |
| | | | | | | | | | - | | | | |
| 21. SIGNATURE OF FUMERAL SER | VICE LICE | VSEE | 2.1 | - | | NAME A | | | | מזית עדא | אל כן קודא | T TT | OME OLOG |
| 23. PART I. Enter the disease ehock, or heart ilmmeDiATE CAUSE (Final disease or condition resulting in death) | Hea. 0 CO | mplications the st only one can | | the | not ente | RAYM 126 | OND CRA | C. IN E | FI. | .S.W. | GLEN | BUI | OME 2106 RNIE, MD. Approximet Interval Bet Onset and |
| 23. PART I. Enter the disease ehock, or heart immediate CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | ical of confailure. Lin | mplications this st only one can | rr hy | SEQUENCE C | not ente | RAYM 126 | OND CRA | C. IN E | FI. | .S.W. | GLEN | BUI | RNIE, MD. Approximet |
| 23. PART I. Enter the disease ehock, or heart immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury | b. c. d. | mplications this st only one can DUE TO | O (OR AS A CON | SEQUENCE C | not ente | RAYM 126 or the mo | OND CRA | C . IN H | FI IWY | S.W. ardiac or res | GLEN piratory a | BUJ | RNIE, MD. Approximet |
| 23. PART I. Enter the disease shock, or heart is shock, or heart is immediate. CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions. | b. c. d. DICAL | DUE TO | O (OR AS A CON | SEQUENCE C | not enter | RAYM 126 or the mo | OND CRA | C. IN H | FII | S.W. ardiac or res | GLEN piratory a | BUJ | Approximet Interval Bet Onset and Onset and Manual Eprior Trompton of Cappletion of Ca |
| 23. PART I. Enter the disease chock, or heart in immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | b. c. d. DICAL | mplications this st only one can DUE TO | O (OR AS A CON | SEQUENCE CONSEQUENCE not enter | RAYM 126 or the mo | OND CRA: de of dy | C. IN H | FII. HWY has c | S.W. ardiac or res | GLEN piratory a | BUJ | Approximet Interval Bet Onset and Onset and Manual Eprior Trompton of Cappletion of Ca |
| 23. PART I. Enter the disease shock, or heart is sh | b. c. d. DICAL | DUE TO | O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON | ISEQUENCE CONSEQUENCE ot entered of the control of the co | 26. PERSIGN HONOR | OND CRA de of dy g cause | C. IN H | FII. HWY hhas c | S.W. ardiac or res | OLEN piratory a | BUJ errest, | Approximet Interval Bet Onset and Onset and Manual Eprior Trompton of Cappletion of Ca |
| 23. PART I. Enter the disease ehock, or heart immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the cause of the cause | b. c. d. DICAL | DUE TO | O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON | ISEQUENCE CONSEQUENCE ot enter | RAYM126 or the model of the mod | OND CRA: de of dy | C. IN H. Ing, succession of the succession of th | FII. HWY hhas c | S.W. ardiac or res | OLEN piratory a | BUJ errest, | Approximet Interval Bet Onset and Onset and Manual Eprior Trompton of Cappletion of Ca |
| 23. PART I. Enter the disease shock, or heart is sh | b. c. d. DICAL | DUE TO | O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON | ISEQUENCE CONSEQUENCE ot enter OF): OF): In the u OTHE A Nu ME OF JURY M | anderlyin 26. PER: unsing Hon 28c. IN 1 | GND CRA | C. IN H. Ing, succession of the succession of th | FII. HWY sh as c | S.W. ardiac or res | AN AUTOPS DRMED? 2X NO V INJURY C | BUJ prest, | Approximet Interval Bet Onset and Interval Bet Onset and Interval Bet Onset and Interval Bet Onset and Interval Bet Onset and Interval Bet Onset and Interval Bet Onset and Interval Bet Onset Interval Bet Onset Interval Bet Onset Interval Bet Onset Interval Bet Inte |
| 23. PART I. Enter the disease shock, or heart in immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions in the conditions in the cause of the cause. Examiner? 1 YES 2 XNO 27. MANNER OF DEATH | b. c. d. d. d. d. d. d. d. d. d. d. d. d. d. | DUE TO | O (OR AS A COND O (OR AS A CON | ISEQUENCE CONSEQUENCE ot enter OF): OF): OTHE 4 X Nu ME OF JUNY M street, feel | anderiyin 26. PER: arasing Hon 28c. IN. 1 ctory, office | OND CRA de of dy de of dy | C. IN H. Ing, successions, succ | FII. WY Part I. 6 C 28d. 26f. L | ardiac or res 24a. WAS A PERFI 1 □ YES Wher (Specify) DESCRIBE HOV | AN AUTOPS DRIMED? 2X NO V INJURY C | BUJ Prest, Y 24 DOCCURED Dor or Rural Intered. | Approximet Interval Bet Onset and Interval Bet Onset and Interval Bet Onset and Interval Bet Onset and Interval Bet Onset and Interval Bet Onset and Interval Bet Onset and Interval Bet Onset Interval Bet Onset Interval Bet Onset Interval Bet Onset Interval Bet Inte |
| 23. PART I. Enter the disease shock, or heart in immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions in the conditions in the cause of the cause. Examiner? 1 YES 2 XNO 27. MANNER OF DEATH | b. c. d. DICAL ling signation d not be mined MG PHYSICI EXAMINER: | DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO AN: To the best of the contributing to the contributin | O (OR AS A CON O (OR | ISEQUENCE CONSEQUENCE ot enter OF): OF): OTHE 4 X Nu ME OF JUNY M street, feel | anderiyin 26. PER: arasing Hon 28c. IN. 1 ctory, office | GND CRA: de of dy de of dy g cause LACE OF I | C. IN H. Ing, successions, succ | FII. HWY th as c Part I. 28f. L () | ardiac or res 24a. WAS A PERFI 1 □ YES Wher (Specify) DESCRIBE HOV | AN AUTOPS DRIMED? 2XXXIII St and Number to and dua to | BUJ Arrest, Y 24 DOCCURED Der or Rura Intend. I the cause | Approximet interval Bet Onset and I Onset |
| 23. PART I. Enter the disease shock, or heart is sh | b. c. d. DICAL ling signation d not be mined MG PHYSICI EXAMINER: | DUE TO | O (OR AS A CON O (OR | ISEQUENCE CONSEQUENCE ot enter OF): OF): OTHE 4 X Nu ME OF JUNY M street, feel | anderiyin 26. PER: arasing Hon 28c. IN. 1 ctory, office | GND CRA: de of dy de of dy g cause LACE OF I | C. IN H. Ing, successions, succ | FII. I WY The as c Part I. 286. L 286. L WHER | ardiac or res 24a. WAS A PERFI 1 □ YES Wher (Specify) DESCRIBE HOV | AN AUTOPS DRIMED? 2XXXIII St and Number to and dua to | BUJ Arrest, Y 24 DOCCURED Der or Rura Intend. I the cause | Approximet Interval Bet Onset and Interval Bet Onset and Interval Bet Onset and Interval Bet Onset and Interval Bet Onset and Interval Bet Interval |
| 23. PART I. Enter the disease shock, or heart is sh | b. c. d. d. ping significant of the ping significant o | DUE TO | O (OR AS A CON O (OR | IN 3 DOA 28b. TH IN 10b. death occur. Wor investiget | not enter OF): OF): OF): OTHE OTHE OTHE OTHE OTHE OTHE OTHE OTHE OF): OF): | 26. PER: | GND CRA: de of dy de of dy g cause g cause LACE OF II DRY AT DRY AT DRY 2 a and place death occu | C. IN H. Ining, successions, su | FII. HWY th as c Part I. 28f. L 28f. L WMBER | S.W. ardiac or res 24a. WAS / PERFI 1 YES Wher (Specify) DESCRIBE HOV COCATION (Street) Cause(e) and in date and place, | NA AUTOPS ORMED? 2XXXIII OF ANY INJURY CO. ANY INJ | BUJ ATTENT Y 24 DOCCURED Der or Rura ATE SIGNE | Approximet Interval Bet Onset and Interval Bet Onset and Interval Bet Onset and Interval Bet Onset and Interval Bet Onset and Interval Bet Onset and Interval Bet |

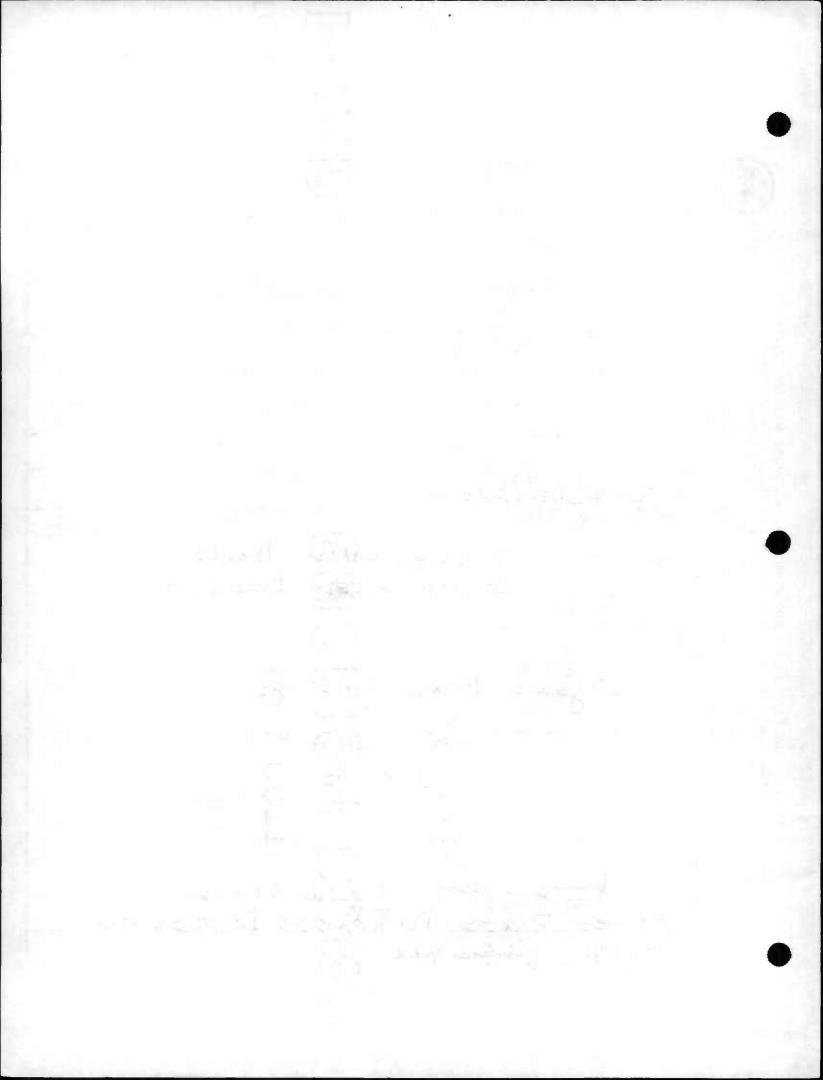


| 1 - | FOR STATE REGISTE |
|------|-------------------------|
| 1. D | ECEDENT'S |
| | Ma |
| 4. 9 | OCIAL SEC |

| REGISTRAR | | CERTIF | ICATE C | OF DEATH | REG. NO | | |
|--|---|--------------------------------|---------------------------------|---|--|-------------------------|---|
| 1. DECEDENT'S NAME (First, Middle, Last) | | | | | 2. DATE OF DEATH | AV YEAR | 3. TIME OF DEATH |
| Mary | C | Tal | eather | co 1 1 | March 13 | | 0706 |
| 4. SOCIAL SECURITY NUMBER | | (In yrs. last birthday) | IF UNDER 1 YE | | 7 DATE OF BIRTH | a RJR | THPLACE (State or Foreign |
| 577 18 7763 | | 93 YRS. | MONTHS DA | | July 13,1 | .897 W | ashington DO |
| 9e. FACILITY NAME (If not institution, give | street and number) | | 9b. CITY, TO | WN OR LOCATION OF D | EATH | 9c. COUNTY OF | DEATH |
| Calvert Memor | rial Hospit | al | Princ | ce Frede | rick | Calve | rt |
| 10e. STATE 10b. COUNT | Т | 10c, CIT | Y, TOWN OR L | OCATION | | | 10d. INSIDE CITY |
| Warriand Cali | vert | | | peake Bead | ch. | | LIMITS? |
| Maryland Cal | verc | | Oneba | 101, ZIP CODE | | Tas- orritra o | 1 TYES 2 NO |
| 4020 15th Street | | | | 20732 | | USA | WHAT COUNTRY? |
| 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER FORCES? 1 U YES IF YES, GIVE WAR OR | 2 🔀 NO | If yes | DECENDENT OF HISPA e, specify Cuben, Mexic YES 2 NO Speci | | | ACE — American Indian, ack, White, atc. |
| 15, DECEDENT'S ED | UCATION | 16a. DECEDENT'S | USUAL OCCU | PATION | 16b. KIND OF BU | SINESS/INDUSTRY | |
| (Specify only highest grad | | (Give kind of life. Do NOT u | work done durin se retired.) | g most of working | | | |
| Elementary/Secondary (0-12) | College (1-4 or 5+) | clerk | | | Bar | nking | |
| 17. FATHER'S NAME (First, Middle, Last) | | 0.027 | | 44 4407145010 11 | AME (First, Middle, Maiden | | |
| The state of the s | | | | | rine Agnes | | |
| Robert Edward Be | 1£ | | | | | | |
| 190. INFORMANT'S NAME (Type/Print) Kathleen A, Barn | еу | 1241 | 3 Kemn | nerton Lan | Route Number, City or Tow e Bowle Mai | ryland 2 | 0715 |
| 20a. METHOD OF DISPOSITION 1 Deriver 2 Cremation 3 Rec | | 0b. PLACE AND DAT | | | | OCATION — City or | |
| 4 Donation 5 Other (Specify) | | Cedar Hi | 11 Cen | netery | 3/15/91 S | uitland | maryland |
| 21. SIGNATURE OF FUNERAL SERVICE L | ICENSEE | | | AE AND ADDRESS OF F | Rausch | Funeral | |
| 23. PART I. Enter the diseases, or | moc | | | | owings Ma | | 0736 |
| Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | b. DUE TO (OR AS | A CONSEQUENCE O | OF): | | Puen | | |
| reaulting in daeth) LAST | d | | | | | | |
| | | | | | | | |
| PART II. Other algorificant conditions of the co | Ave release | ent, | lei/v | | PERFO | PRMED? | 24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| 25. WAS CASE REFERRED TO MEDICAL | | | | 26. PLACE OF DEATH (C | Check only one) | | |
| EXAMINER? | HOSPITAL: | utpatient 3 🗆 DOA | OTHER: | Home 5 - Residence | 6 Other (Spenk) | | |
| 27. MANNER OF DEATH | 260. DATE OF INJUR | | | c. INJURY AT | 28d. DESCRIBE HOW | INJURY OCCUPER | |
| 1 Natural 6 Pending | (Month, Day, Year | | IJURY | WORK? | 200. DESCRIBE HOW | voiii ooconeu | |
| 2 Accident Investigation | | my 4:5 | | | | and Monte. | and Charles Mr. and an |
| 3 Suicide 6 Could not b | 28e. PLACE OF INJU building, atc. (S | RY — At home, farm, secify) | street, factory, | office | 26f. LOCATION (Street City or Town, State | and Number or Rui i) | ral Route Number, |
| (CIRCR OTHY | SICIAN: To the best of my kn | | | | | | ne(e) and manner as stated |
| 29b. SIGNATURE AND TITLE OF CERTIF | ER , , | | | 29c, LICENSE N | UMBER | 29d. DATE SIGN | NED (Month, Day, Year) |
| Mun | athur | wy | | D. 2 | 5435 | 1 3 | 113/81 |
| 30. NAME AND ADDRESS OF PERSON V | | DEATH (ITEM 27) (Typ | | P | and also as a | 20672 | |
| Mukesh Mathi | | | Prir | ice Frede | erick, Md | 20678 | |
| 31. DATE FILED (Month, Day, Year) | 32. REGISTRAR'S SH | GNATURE RANDALL | | | | | |

TECH HAR

| | FOR STATE REGISTRAR | STATE OF MARYL | | RTMENT OF | | MENTAL HYGIEN | E | |
|--------------------|--|---|-------------------------------|-----------------------------|--|--|--------------------|---|
| | 1. DECEOENT'S NAME (First, Middle, Last) | | | | | 2. DATE OF OEATH DA | Y YEAR | 3. TIME OF DEATH |
| | Frederick 4. SOCIAL SECURITY NUMBER | Foulks | | lght | | February DA | | 12:29 PM M |
| | 218-20-5631 | 5. SEX 6. AGE | (In yrs. lest birthday) YRS. | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | Jan. 26, 1 | 912 L. BIRT | HPLACE (State or Foreign http) Md • |
| | 9e. FACILITY NAME (If not institution, give a | | | 9b. CITY, TOWN | OR LOCATION OF DE | | 9c. COUNTY OF | |
| 5 | Memorial Hospit | al | | East | | | Talbo | t |
| 5 | RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT | | I 400 CV7 | Y. TOWN OR LOC | TON | | | 10d. INSIDE CITY |
| DIRECTOR | | roline | | enton | | | | LIMITS? |
| | 10e. STREET AND NUMBER | | | | Of. ZIP CODE | | 10g. CITIZEN OF | WHAT COUNTRY? |
| EB | 46 Sharp Road | | | | 21629 | | USA | |
| BY FUNERAL | 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. WAS OECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I | 2X NO | If yes, s | CENOENT OF HISPAN pecify Cuben, Mexica S 2 .NO Specify | HC ORIGIN? (Specify Yea in, Puerto Rican, etc.) y: | Ble | CE — American Indian, ck, White, etc. cdly: White |
| | 15. DECEDENT'S EDU (Specify only highest grade | | 16a. DECEDENT'S | USUAL OCCUPAT | | 186. KIND OF BUS | BINESS/INDUSTRY | |
| 9 | Elementary/Secondary (0-12) | College (1-4 or 5+) | tife. Do NOT u | se retired.) | 1000010010 | Fox | m i n c | |
| COMPLETED | 17. FATHER'S NAME (First, Middle, Last) | | Farm | er | 40 MOTUCINIS NA | ME (First, Middle, Meiden | ming | |
| ပ္က | Edward Coope | Wright | | | | Lowe Anth | | |
| BE | 19e. INFORMANT'S NAME (Type/Print) | | 19b. MAILING | ADDRESS (Street | and Number of Crumi | Davida Alvenhau Ciby on Torre | - Parts 7to Cords) | 20004 |
| ٩ | F. Edward Wrig | ht | 134 | 05 Col | lingwood | d Ter.,Si | lver S | pring ²⁰⁹⁰⁴ |
| | 20g, METHOO OF DISPOSITION 1 A Burlel 2 Cremetion 3 Rem | | 0b. PLACE AND DAT | E OF OISPOSITIO | | OATE 20c. LO | CATION - City or | Town, State |
| | 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI | | | on Cem | ANO ADDRESS OF FA | ., | Denton | , Md. |
| | 21. SIGNATURE OF FUNERAL SERVICE LI | 1 Marie | | | | eral Home | Dλ | |
| | 23. PART I. Enter the dieseses, or | 11-11/10012 | | 1 12 | S. Seco | ond St., D | enton, | Md. 21629 |
| CERTIFICATION | ehock, pr heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury | a. DUE TO (OR AS OUE TO (OR AS C. | | Car Orte | | Death | | Approximate interval Between Onset end Death |
| E | that initiated events resulting in deeth) LAST | 4 | | | | | | |
| | PART II. Other significent condition | ne contributing to death | hut not requision | In the condesion | ing cours about to | Part i. 24s. WAS AN | ALTTOREY O | 46. WERE AUTOPSY FINDINGS |
| PHYSICIAN: MEDICAL | Orga | NIC B | rain | Syn | Dono | PERFOR | RMED? | AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| CIA | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | 26. OTHER: | PLACE OF DEATH (C/ | neck only one) | | |
| YSI | 1 TYES 2 NO | 1 Inpatient 2XXER/Ou | | 4 - Nursing He | ome 5 🗆 Residence | | | |
| | 27. MANNER OF DEATH 1/1/2 Netural 5 Pending | (Month, Day, Year) | 28b. TII | JURY \ | NJURY AT YORK? YES 2 1 NO | 28d. DEŞCRIBE HOW I | NJURY OCCURED | |
| TED BY | 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined | 28e. PLACE OF INJUI building, etc. (Sp | | street, fectory, of | fice | 281. LOCATION (Street City or Town, State) | | il Route Number, |
| COMPLETED | cool | SICIAN: To the best of my kno ER: On the basis of examinat | | | | | | e(s) and manner as stated. |
| TO BE | 29b. SIGNATURE AND TITLE OF CERTIFIE | es Side | en 1 | 40 | 29c. LICENSE NU | MBER > 1376 | ≥ 2/12 | ED (Month, Day, Year) |
| _ | 30. NAME AND ADDRESS OF PERSON WI | SINGS | PO | Print | (20 | Dent | ON / | ID |
| | FEB 21 '91 | Julia Davids | on-Randabl | | | | | |

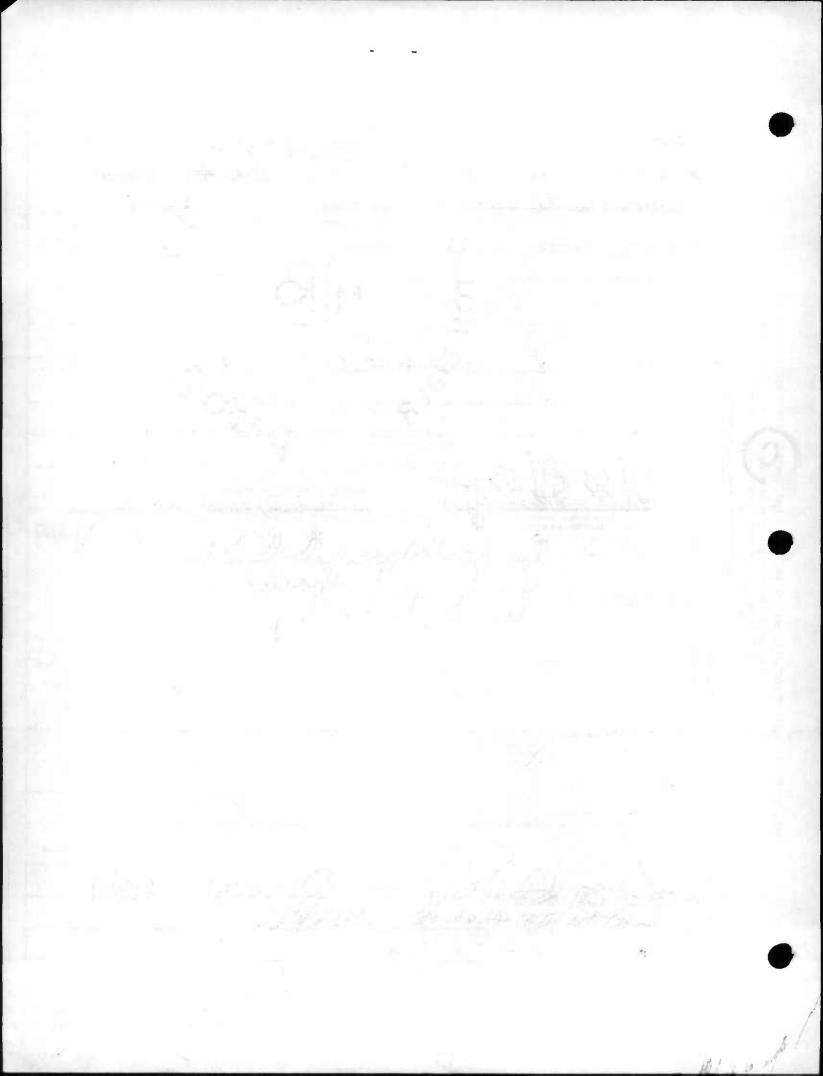


| er death. Producting to stained by the hospital or att | the funeral common parts should be detached for us val. | examiner must be notified at once. |
|---|--|--|
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Jours after death. Production of stained by the hospital or attending | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral process. Should be detached for use as the health within 72 hours after death with the State Deat, of Health and Mental Hyglene prior to burial, cremation, or removal. | IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. |

31. DATE FILEO (Month, Day, Year)

32. REGISTRAR'S SIGNATURE
Sina Davidson-Randala.

| | | | | | | | | | | 9 | 07 | 192 | 3 |
|--------------------|--|---------------------------------|---|-------------------------|----------------------------|-------------|-----------------|--|--------------|-------------------|-----------------------------|----------------------|----------|
| | FOR 1 - STATE REGISTRAR | STATE OF | | | RTMENT O | | | MENTAL HYGIEN REG. NO | E | | | | |
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | | | 2. DATE OF DEATH | av. | YEAR | 3. TIME OF O | EATH | |
| | John | В. | | | You | nger | | March 8, 1 | 991 | TEAR | 2:00 | P | м |
| - 1 | 4. SOCIAL SECURITY NUMBER | 5. SEX | 8. AGE (In yrs. last | t birthday) | IF UNDER 1 YE | | MDER 24 HRS. | 7, DATE OF BIRTH (Month, Day, Year) | | a. BIRTHE | PLACE (Stete o | r Foreign | |
| | 561-44-4080 | 1 XM 2 F | 55 | YRS. | MONTHS D | WS HOL | JRS MIN. | 12-16-193 | 5 | Miss | | | |
| | 9a. FACILITY NAME (If not institution, give | | | | 9b. CITY, TO | WN OR LO | CATION OF DI | | | ITY OF DE | | | \neg |
| DIRECTOR | Physicians Memo | rial Hos | oital | | La P | lata | | | Char | ·les | | | |
| ទួ | RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT | TY | | 10c, CIT | TY. TOWN OR L | OCATION | | | | | 10d. INSIDE C | YTY | \dashv |
| <u> </u> | Maryland Char | lec | | | Wald | orf | | | | | LIMITS? | ₩ NO | |
| 51 | 10e. STREET AND NUMBER | 103 | | | Walu | 10f, ZIP | CODE | | 10a, CITI | | HAT COUNTRY | 7 | \dashv |
| FUNERAL | A STATE OF THE STA | millo | | | | | | | 5000 | | in occiti | | |
| 빌 | 653 University D | | | 1450 | T an uma | | 20601 | | | USA | A mandage I | | \dashv |
| BY FU | 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced | FORCES? | NT EVER IN U.S. AR $\sqrt{2}$ YES 2 \square N WAR OR DATES $2-1975$ | AO IMED | If ye | s, specify | | NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) y: | or no | Black, Specifi | - American I White, etc. | ngian, | |
| | 15. DECEDENT'S ED | | | | S USUAL OCCU | | | 16b. KIND OF BU | SINESS/IND | USTRY | | | |
| COMPLETED | (Specify only highest grad Elementary/Secondery (0-12) | le completed) College (1-4 or 5 | | ive kind of Do NOT u | work done during retired.) | ng most of | working | | | | | | |
| 4 | 12 | 2 | | tems | Analy | sis | | US Go | vernm | ent | | | |
| 8 | 17. FATHER'S NAME (First, Middle, Last) | | | | | | MOTHER'S NA | ME (First, Middle, Maiden | | | | | |
| | Francis E. Young | er | | | | | Flair | ne E. Roge | rc | | | | |
| BE | 19a. INFORMANT'S NAME (Type/Print) | - | 191 | h MAILIN | G ADDRESS (S | tmet and Ni | | Route Number, City or Tox | | Code | | | \dashv |
| 임 | Rita I. Younger | | | | | | | e, La Plat | | | 646 | | |
| | 20a, METHOD OF DISPOSITION | | | | SITION (Name | | | | CATION - | | | | - |
| | 1 Buriel 2 Cremetion 3 Re | moval trees State | other pl | ece) | emator | or cometery | y, cremetory or | | ldorf | | | | |
| | 21. SIGNATURE OF NUMERA PROVICES | Del 1/ | HUITE | L LI | | | DDRESS OF FA | | TUOLI | , MU | • | | _ |
| | 11/10/6 | 15/UN | M00857 | | Hu | ntt F | unera | 1 Home 6, Waldorf | Md | 206 | 20_A2 | 56 | |
| | 23. PART I. Enter the diseases, or | | | eth. Do | | | | | | | Approx | dmate | |
| | shock, or heart failure | . List only one ca | use on each line | a. | | | A- 0 | Λ. | | 1 | | I Betwee and Deat | |
| | IMMEDIATE CAUSE (Final disease or condition | | 110 | 1 | ~~ | 00 | W.w | 8 (1) | ~ . | . 1 | | | V |
| | resulting in death) | DUR T | D MINAS A CONSE | QUENCE (| Too | X- C | 0.215 | - And | en | 0. | 1 | | - |
| | | 0 | - A W | , and the same of | (1) | 010 | 100 | 12/1/2 | v. | | i | | |
| ERTIFICATION | Sequentially list conditions, | a Uni | O (QR ASIA CONSE | ON PHOSE | my. | 500 | 200 | 10, 6 | • | | - | | - |
| Ě | If sny, leading to immediata cause. Entar UNDERLYING | N | o (di sap conse | - The | 20. | 00 | \ | 1 | | | 1 | | |
| 3 | CAUSE (Disesse or Injury | c / 1 / | D (OR AS A CONSE | Durance (| DE 19 | , 00 | w | ~~~ | | | + | | _ |
| Ë | that initiated events resulting in death) LAST | 550 | o tan sa a compe | doesie . | | | 1 | | | | 1 | | |
| | | d | | | | | | | | | + | | - |
| CC | PART II. Other significant condition | ons contributing t | o death but not | resulting | In the unde | rlying cs | use given ir | | | 24b | WERE AUTOPS | SY FINDING | s |
| S | | | | | | | | PERFO | . / | | AVAILABLE PR | | |
| 0 | | | | | | | | 1 🗆 YES | 5 TACKO | | OF DEATH? | | |
| Σ | | | | | | | | — | | | 1 YES 2 | □ NO | |
| PHYSICIAN: MEDICAL | | 1 | | | | | | | | | | | _ |
| C | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOŞPITAL: | | | OTHER: | 26. PLACE | OF OEATH (C | heck only one) | <u>_</u> | | | | - |
| YS | 1 YES 2 TO | | ☐ ER/Outpatient 3 | _ | | | | 8 Other (Specify) | | | | | _ |
| F | 27. MANNER OF DEATH 1. 2 Natural 5 Pending | 28a. DATE ((Month, | Day, Year) | 28b. Ti | YJURY | WORK? | | 28d. OEŞCRIBE HOW | INJURY OC | CUREO | | | |
| BY | 2 Assident investigation | | | | | | 2 NO | | | | | | |
| 0 | 3 Suicide 6 Could not b | 28e. PLACE buildin | OF INJURY — At he g, etc. (Specify) | ome, farm | , street, fectory | , office | | 28t. LOCATION (Street City or Town, State | | or Rural F | loute Number, | | |
| IE | 4 Homicide determined | | | | | | | | | | | | |
| COMPLET | 29e. CERTIFIER (Check only | /SICIAN: To the best | of my knowledge, d | eath occu | rred at the time | , date and | place, and du | e to the cause(e) and m | anner as sta | ted. | | | |
| M | one) | | | | | | | e time, date and place, e | | | a) and manner | ee stated. | |
| | 29b, SIGNATURE AND TITLE OF CERTIF | | 1 | | | | C LICENSE NU | | | | WMonth, Day, 1 | | |
| BE | The bracking | 1// | XI | 1 | ~~ | 1 | DUENSE M | DCIA | 290. DAT | 1 TO | G / | redr) | |
| 2 | 30. NAME AND ADDRESS OF FERSON V | AHO COMPLETED CO | USE OF DEATH # | EM 200 CE- | ne Print) | 119 |) 0 | 4000 | | 10 | 171 | | _ |
| | | | | - A () [/VI | on Finni An | | 4.7 | | | | | | |



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REGISTRAR | | C | ERTIFI | CATE | OF | DEAT | H | | REG. NO |), | | | | |
|--|------------------------------|--------------------|--------------------------|--------------|-------------|-----------|-----------|-----------------|-------------|-------------|-------------|-----------------|-----------|-----|
| 1. DECEDENT'S NAME (First, Middle, La | st) | | | | 10 | | | 2. DATE OF | | | | 3. TIME OF | DEATH | |
| John | | Philli | g | | Yo | oung | . Jı | монтн 3 | - | 7 | 91 | 8:45 | 5 F | 4 |
| A. SOCIAL SECURITY NUMBER | 5. SEX | B. AGE (In yrs. la | | IF UNDER | | IF UNDER | | 7. DATE OF | BIRTH | | 8. BIRTI | HPLACE (State | | ign |
| 212-83-3596 | 1 XM 2 - F | 29 | YRS. | MONTHS. | DAYS | HOURS | MIN. | JUNE | g, Year) | 1961 | MA! | RYLAND | | |
| e. FACILITY NAME (If not institution, gh | ve street and number) | | | 9b. CITY, | TOWN OF | LOCATIO | ON OF O | | | _ | JNTY OF I | | | |
| General Deliv | 20107 | | | т | ove | 7117 | | | | | + M | lary's | | |
| RESIDENCE OF DECEDENT | | _ | | 1 | nve/ | 17776 | | | _ | 5 | L. M | ary s | _ | _ |
| 0a. STATE 10b. COU | NTY | | 10c. CITY | Y, TOWN O | R LOCATI | ON | | | | | | 10d. INSIDE | CITY | |
| MARYLAND ST. | MARY'S COU | עיניוע | LEO | NARD | TYNIATNI | | | | | | | 1 TYES | | 0 |
| 0e. STREET AND NUMBER | THE D COO | 1111 | | Tenu. | | ZIP COOE | | | | 10g. CI | TIZEN OF | WHAT COUNT | RY? | |
| GENERAL DELIVERY | 7 | | | | | 2065 | 0 | | | | TC | | | |
| 1. MARITAL STATUS | 12. WAS OECEOENT | EVER IN U.S. A | RMEQ | 13. V | | | | NIC ORIGIN? (| Snacify Va | | J.S. A | E - America | n Indian | _ |
| ☐ Never Married 2 ☐ Married | FORCES? 1X | YES 2 | NO | H | yes, spe | cify Cuba | n, Mexica | in, Puerto Rici | | 0.110 | Blac | ck, White, atc. | | |
| □ Widowed 4 🏿 Divorced | ARMY - | | ONT.Y | 1 ' | ☐ YES | 2 M NO | Specif | у: | | | Spec | BLACK | | |
| 15. OECEOENT'S E | | | ECEDENT'S | USUAL OC | CUPATIO | N | | 16b. KI | ND OF BL | ISINESS/IN | | JUACI | | _ |
| (Specify only highest gr | | <u>S</u> | Give kind of w | vork done d | | | g | | | | | | | |
| 12TH. GRADE | College (1-4 or 5+) | CO | NSTRU | CTIO | OW V | RKER | | BU | ILDI | NG | | | | |
| 7. FATHER'S NAME (First, Middle, Last) | | | | | | 16 MOTE | IED'S NA | ME (First, Mick | dla Makdar | Sumamal | | | _ | _ |
| JOHN PHILLIP YOU | | | | | | | | RAGNE | | | | | | |
| | 7 | | | | | | | | | | | | | _ |
| 94. INFORMANT'S NAME (Type/Print) ELEANOR AGNES YO | OLING. | | | | | | | Route Number, | | | | 50 | | |
| | 30110 | _ | | _ | _ | | шк | NAMOI | CAATA' | IID. | 200. | | | _ |
| tos, METHOD OF DISPOSITION | lemoval from State | | E AND DATE y, crematory | | | Name | | DATE | 20c. L0 | OCATION - | - City or T | own, State | | |
| ☐ Donatton 5 ☐ Other (Specify) _ | | | ANDRE | W'S I | EPTS | | | 13-11 | 91 | LEON | VARD | TOWN. | MD. | |
| I. SIGNATURE OF FUNERAL SERVICE | LICENSEE | | | 22. I | NAME AN | ADDRE | SS OF FA | ARDINE | ान प | MEDAI | HON | AE D | λ | |
| Maril 11 | Jumos | | | D D | 0 | DOV. | 270 | LEON | A D D D | CATILITY OF | MD | 20650 | л. | |
| 23. PART I. Enter the diseases, | | | | | | | | | | | | | oximat | _ |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) | a | Hangi | | F): | | | | | | 15.1 | - | Onse | et and I | Jea |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING | b | OR AS A CONS | EOUENCE OF | F): | | | | | | | | | | |
| CAUSE (Disease or injury that initiated events resulting in death) LAST | DUE TO (| OR AS A CONS | EOUENCE OF | F): | | | | | | | | | | |
| PART II. Other algnificant condi | tions contributing to | death but not | resulting | in the un | deriving | cause | given in | Part I. 2 | In. WAS A | N AUTOPS | 24 | b. WERE AUTO | PSY FIN | DIN |
| | | | | | | | | | | RMED? | N | AWAILABLE | PRIOR TO | 0 |
| | | | | | | | | — I ¹ | X YES | 2 NO | 11 | OF DEATH? | | 036 |
| | | | | | | | | _ | | | | 1 X YES | 2 N |) |
| | | | | | | | | | | | | | | |
| 5. WAS CASE REFERRED TO MEDICA EXAMINER? | HOSPITAL: | | | | | ACE OF D | EATH (C | heck only one) | | | | | | |
| 1 NES 2 NO | 1 Inpatient 2 | ER/Outpatient | 3 DOA | 4 Num | | 5XX | esidence | 6 🗆 Other (3 | Specify) | | | | | |
| 7. MANNER OF DEATH | 26e. DATE OF I (Month, Da | NJURY | 26b. TIM | E OF | 28c. INJI | JRY AT | | 28d. DESCI | RIBE HOW | INJURY O | CCURED | 411 | | |
| 1 Neturat 6 Pending | 267 | | ING | M | | ES 2 | NO | Sub | iect | hang | red s | elf | | |
| 2 Account | 28e. PLACE OF | INJURY - At I | nome, ferm, | street, fect | ory, office | | | 28t. LOCAT | ON (Street | and Numb | | Route Numbe | ε, | |
| 4 Homicide 6 Could not determine | | hc. (Specify) | | | | | | | Town, State | | 0.1011 | Lovev | 112 | . 1 |
| 9a. CERTIFIER | | home | | | _ | _ | | | | | | rovev. | LITE | |
| (Check only | HYSICIAN: To the best of a | | | | | | | | | | | (e) end menn | er es eta | ted |
| THE SHOPATURE MID PLY OF CETT | irjus// | | - | | | 29c. LIC | ENSE NU | MBER | | 29d. D/ | ATE SIGNE | D (Month, Day | (Year) | |
| LAY() | NU | 1 | | | | | 0 | CME | | | | | 0 | |
| O. NAME AND ADDRESS OF PERSON | WHO COMPLETED CAUS | E OF DEATH AT | FM 271 (7ma | Print | | | 0 | CME | | | 3/ | 8/91 | | _ |
| | | | | , , | | 1224 | | | | _ | 1. | | | |
| Frank J. Peret | ti, M.D | ASSIST | tant | | | 111] | Penn | St. | | Ba | lto. | ,MD. | | _ |
| Frank J. Peret S1. DATE FILED (MODITI POR YEAR) MAR 1 2 '9 | 32. REGISTRAL | SIGNATURE | Jandel | 200 | | | | | | | | | | |
| 14417 7 | النان الداري | America freeman | | | | | | | | | | | | |

iched for use as the burial-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may in marked in those TO THE FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page. Although the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If I tem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE

ND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

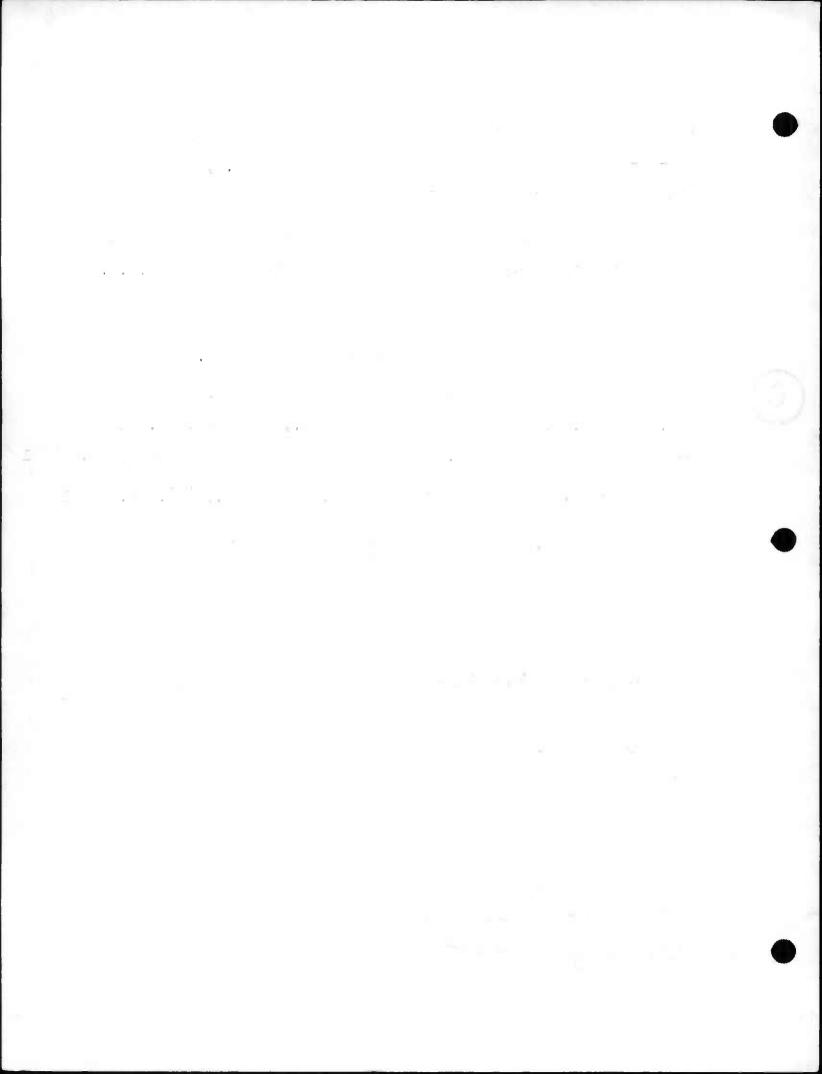
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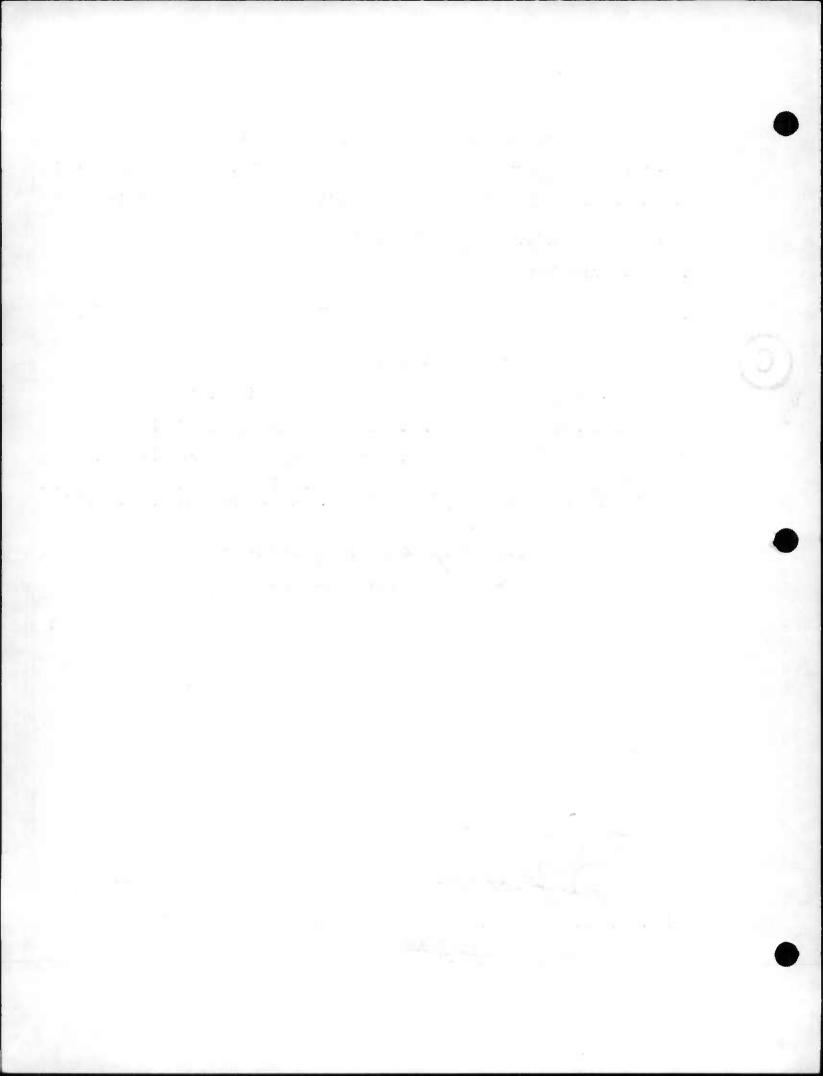
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| DIVISION OF VIEW RECORDS, F.O. BOA 13149, | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be nationally as a second of the s | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 or the teach within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
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| | 271 20 1017 | SEX 8. AGE (# | | | UNDER 24 HRS. | 7. DATE OF BIRTH (Month, Day, Year) Dec. 8, 1 | 916 M | RTHPLACE (State or Foreign ountry) [aryland |
| TOR | 99. FACILITY NAME (If not institution, give street Frederick Memor | | | Fred | erick | | 9c. COUNTY C | derick |
| DIRECTOR | 100. STATE 10b. COUNTY Maryland Fred | loniole | 10e. CITY, TO | Frede | niole | | | 10d. INSIDE CITY LIMITS? 1 XYES 2 NO |
| | 10e. STREET AND NUMBER | Telick | | 10f. ZIF | | | 10g. CITIZEN | OF WHAT COUNTRY? |
| FUNERAL | 560 Cotswold C | Court | | | 21702 | <u>.</u> | | S.A. |
| B√ | 11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced | . WAS DECEDENT EVER IN FORCES? 1 _ YES IF YES, GIVE WAR OR DA | 2 NO | If yes, specify | | C ORIGIN? (Specify Yes I, Puerto Rican, etc.) | | RACE — American Indian, Black, White, etc. |
| COMPLETED | 15. OECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12) Vears | ION nploted) College (1-4 or 5+) | | IAL OCCUPATION done during most of tired.) TOTO | working | Marylan Admin | | te Highway |
| OM | 17. FATHER'S NAME (First, Middle, Last) | | | 18 | MOTHER'S NAM | AE (First, Middle, Meiden | Surname) | |
| BE (| Charles Washing | gton Zimme | | | | anor M. S | | |
| 5 | Mrs. JoAnn M. Mc | orris | | | | oute Number, City or Tow rederick | | * |
| | 20a. METHOD OF DISPOSITION 1 Burial 2 Committon Remova 4 Donation 5 Digital Remova | from State Mt | other place | N (Name of cometer t Cemet | ery | 2.4 (4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4. | ederic | or Town, State k, Md. 2170 |
| | 21. SIGNATURE OF PUREMAL SPRINGE LICEN | Geeney MOO | ~ | 22. NAME AND A | DDRESS OF FAC | asford P. | A. Fu | neral Home |
| TION | ehock, or heert feliure. Lis iMMEDIATE CAUSE (Fine) disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate | METAS DUE TO (OR AS A | | smal | l (A | r whe | CAN | interval Between Onset and Death |
| CERTIFICATION | cause. Enter UNDERLYING CAUSE (Discosse or Injury that initiated events reculting in deeth) LAST | DUE TO (OR AS A | CONSEQUENCE OF): | | | | | |
| | PART II, Other significant conditions of | | | | ause given in l | Part I. 24s. WAS AN | | 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO |
| : MEDICAL | DIABETES - | ५)०१भ | A61713 | | | 1 □ YES 2 | | COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| CIAN | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | | | | E OF DEATH (Che | ack only one) | | |
| S | 1 - YES 2 NO 1 | OSPITAL: | stient 3 DOA 4 | | | 8 Other (Specify) | | |
| BY PHY | 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation | 28e. DATE OF INJURY (Month, Day, Year) | 28b. TIME O | WORK | | 26d, DEŞCRIBE HOW | NJURY OCCURE | D |
| ED | 3 Suicide 6 Could not be 4 Homicide determined | 28e. PLACE OF INJURY building, etc. (Spec | — At home, ferm, stre- ify) | et, factory, office | | 281, LOCATION (Street City or Town, State | | ural Route Number, |
| COMPLET | 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC) 2 MEDICAL EXAMINER: | At: To the heat of my brown On the heals of examination | | | | | | use(e) end manner ee stated. |
| BE | 296. SIGNATURE AND TITLE OF CERTIFIER | the | ULIO ME | | D 319 | I Z | 29d. DATE SIG | 26/91 |
| 10 | 30. NAME AND ADDRESS OF PERSON WHO CO | COMPLETED CAUSE OF DE | | ENLL | , mj | 217 | 31 | |
| | 31. DATE FILED (Month, Day, Year) | 32. REGISTRAR'S SIGN | | | | | | |



| BALTIMORE, MAHYLAND ZN03-3146 | retained by the property of the physician. | 5 should brevetable of the up as the burial-transit permit. Pages | | totified at ance. | |
|--|--|--|--|--|--|
| IDS, P.O. BOX 13146, BALTIMORE, N | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within constructions after death. Page 6 may be retained by the interpretation of physician. | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shauld be the time at the burial-transit permit. Pages 1 | and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be netiting at one | |
| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires tha | TO THE FUNERAL DIRECTOR; After this certificate has been signed it | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If Item 28 is marked, or Item 23 shows any | |

| | REGISTRAR | CERTIFIC | ATE OF | DEATH | RI | EG. NO. | | | |
|------------------|--|---|-----------------|-------------------------------------|-----------------|-----------------------------------|-------------------------|--|-----------|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | 2. DATE OF D | EATH DAY | YEAR | 3. TIME OF DE | NTH . |
| | JOHANNA ACE ZEILER | | | | Februa | ry 25, | 1991 | 4:05 | Ам |
| 4 | | | UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF B | IRTH | ~ - | HPLACE (State or | |
| | 214-10-3159 1 G M 2 K F 78 | O YRS. | NTHS DAYS | HOURS MIN. | Feb. | 23, 191 | | ennsylva | nia |
| 0 E | 7516 Ridge Road RESIDENCE OF DECEDENT | 96 | Freder | ick | EATH | | rede | | |
| 5 F | 10a, STATE 10b, COUNTY | 10c, CITY, T | OWN OR LOCAT | ON | | | | 10d. INSIDE CIT | Y |
| DIRECTOR | Maryland Frederick | | erick | | | | | 1 X YES 2 | NO NO |
| FUNERAL | 1608 Rock Creek Drive | | | ZIP CODE | | 10g, Cf | USA | WHAT COUNTRY? | |
| BY FUN | 11. MARITAL STATUS 1 Never Merried 2 Merried 3 W Widowed 4 Divorced 12. WAS DECEDENT EYER FORCES? 1 YES | B 2 XNO | If yes, spe | CITY Cuben, Mexica 2 NO Specific | n, Puerto Ricen | | 14. RAC Blac Spec | E — American Inc ck, White, atc. White | dan, |
| | 15. DECEDENT'S EDUCATION | 16a. DECEDENT'S US | | | 16b. KIN | D OF BUSINESS/IF | DUSTRY | | |
| COMPLETED | (Specify only highest grade completed) Elamentary/Secondary (0-12) Collega (1-4 or 5 +) 5 YYS | Give kind of work life. Do NOT use no State emp | etired.) | t of working | 9 | tate Go | vernr | nent | |
| <u> </u> | 17. FATHER'S NAME (First, Middle, Last) | Totale em | rojec | 18 MOTHER'S NA | | , Maiden Surname) | | IICIIC | - |
| <u> </u> | Stanley P. Ace | | | | essie H | | | | |
| # | 19a. INFORMANT'S NAME (Type/Print) | 19b. MAILING AD | DRESS (Street = | nd Number or Rurai | | | Cip Code) | - | |
| ၉ | Joseph Dean Zeiler | | | , Freder | | | | | |
| 1 | | DI AGE OF DISCOSITI | 011 (11 | | | 20c. LOCATION - | | inwn Stata | |
| | 1 💢 Buriel 2 Cremation 3 Ramoval from State 4 Donation 5 Dither (Specify) | other place. Mt. (| Olivet | Cemetery | / | Frede | | | |
| | 21. SIGNATURE OF POHERAL SERVICE LICENSEE | 4 | Rober | t E. Dai N. Marke | iley & | | | | |
| CERTIFICATION | CAUSE (Disease or injury C. | A CONSEQUENCE OF: | adent | carcin | vest | unbon | any | | |
| 点 | d | | | | | | | | |
| DICAL | PART ii. Other aignificant conditions contributing to death | but not resulting in | the underlying | j ceuse given in | | WAS AN AUTOPS PERFORMED? YES 2 NO | Y 24 | MAILABLE PRIC COMPLETION O OF DEATH? | F CAUSE |
| Z | | | | | | | | | |
| <u> </u> | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: | | Z6. PL THER: | ACE OF DEATH (C | heck only one) | | | | |
| BY PHYSICIAN: ME | 1 ☐ YES 2 ☐ NO 1 ☐ Inpatient 2 ☐ ER/On 27. MANNER OF DEATH 28e. DATE OF INJUR (Month, Day, Year | Y 28b. TIME D | F 28c, INJ | ● 5 Residence URY AT RK? | | ecity) BE HDW INJURY (| CCURED | | - |
| - 38 | 1 Niffural 5 Pending 2 Accident Investigation 28e. PLACE OF INSU | RY — At home, ferm, stre | M 1 🗆 | ES 2 NO | | N (Street and Numl | per or Rura | l Route Number, | |
| TED | 3 Succee 6 Could not be building, etc. (S) | oectly) | | | City or To | wn, State) | | | |
| COMPLETED | 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my kind one) 2 MEDICAL EXAMINER: On the best of examination | | | | | | | o(a) and manner a | e stated. |
| H | 29b. SIGNATUME AND TITLE OF CONTINUE | the in | ウク | 29c. LICENSE NU D 3518 | | | 2/25 | ED (Month, Day, Yes /91 | nr) |
| 2 | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF Ali J. Afrookteh 300 W. | | , | rick Ma | arvland | 2170 | 1 | | |
| 1 | | 9th Street ONATURE ON Pandell | , iicac | TON THE | AL TRUITO | 2170 | | | |
| | FEB 26 1991 Julia Davids | DI-No. | | | | | | | |



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| DIVISION OF VITAL RECORDS, P.O. BOX 68760, | |
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31. DATE FILED (Month, Day, Year)
MAR 1 3 91

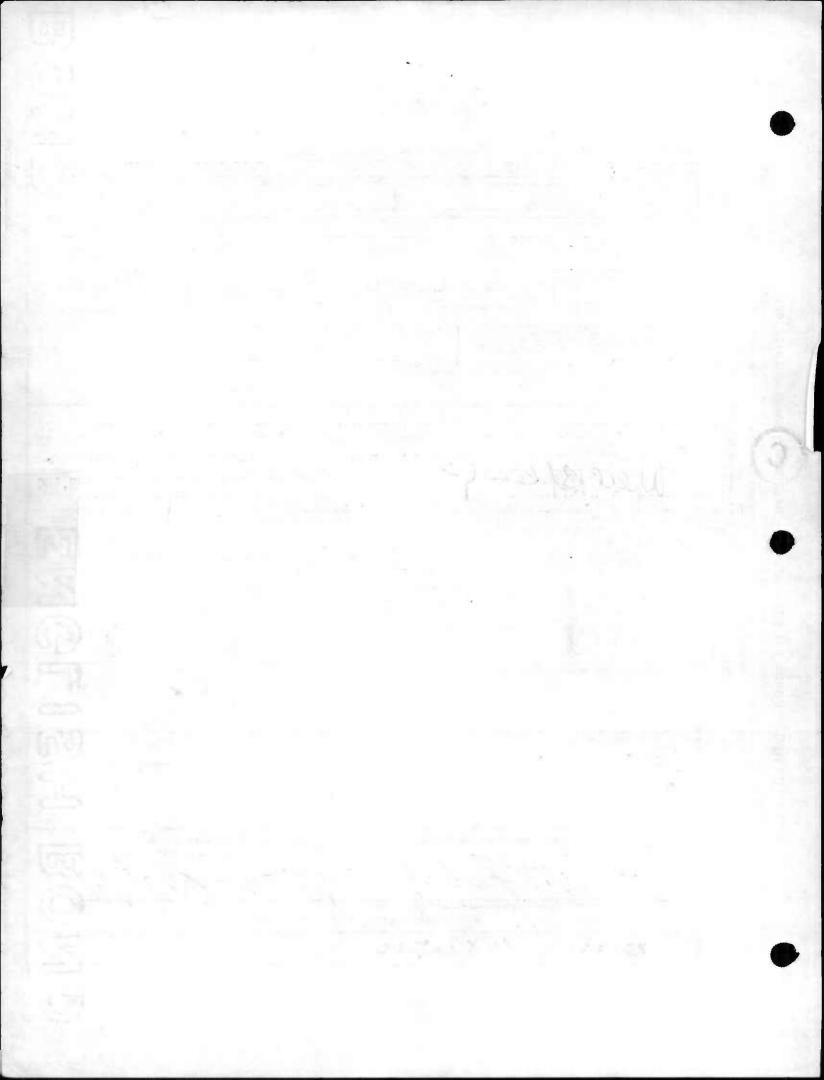
FOR STATE REGISTRAR 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle Last. 3 TIME OF DEATH YEAR DEBRA MARCH 1991 EDNA ZEIGLER 10:40 P. M 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 W F 579-07-1895 5-15-1903 TUCKAHOE, MD Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ST. MARY'S HOSPITAL LEONARDTOWN ST. MARY'S RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND ST. MARY'S **MECHANICSVILLE** 1 - YES 2 X NO 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 101, ZIP CODE 78 WATERVIEW DRIVE 20659 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yee, specify Cuben, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 14. RACE - American Indien, Black, White, etc. 1 TYES 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES BY 3 N Widowed 4 Divorced WHITE ED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) **10TH GRADE** HOUSEWIFE N/A once. 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Meiden Surname) DAVID KING 10 EDNA REPLOGAL BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 HARVERY E. PORTER 78 WATERVIEW DRIVE, MECHANICSVILLE, MD 20659 be METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION - City or Town, State must t Burlet 2 Cremation
Donnelon 5 C Other (Sp. FTELTNOOLN' CEMETERY 3-12 BRENTWOOD, MARYLAND 22. NAME AND ADDRESS OF FACILITY THE HUNTT FUNERAL HOME, INC examiner BLANKENSHIP MICHAEL P.O. BOX 156, WALDORF, MARYLAND 20604 medical 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haert failure. List only one cause Interval Between Onset and Daath **IMMEDIATE CAUSE (Final** the disease or condition resulting in death) nding physician and completely Hygiene prior to burial, crematic event. DUE TO JOH AS A traumatic CERTIFICATION Sequentially list conditions, DUE TO YOR AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events attending reaulting in deeth) LAST 6 signed by the atte PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 244. WAS AN AUTOPSY PERFORMED? 24b, WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AILABLE PRIOR TO Shows any COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO been t. of has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item State OTHER: this certificate HOSPITAL: 1 YES 2 KNO 132 Inpatient 2 - ER/Outpatient 3 - DOA ng Home 8 - Residence 8 - Other (Specify) the marked, or 27 MANNER OF DEATH 28e, DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF With 1 Natural 8 Pending 1 YES 2 NO BY death 2 Accident THE FUNERAL OR ATTENDING THE FUNERAL DIRECTOR: After filed within 72 hours after death 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Tours, Steen) 3 Suicide 80 6 Could not be determined COMPLETED 4 Homicide Item 28 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. TO THE HOSPITAL OF THE FUNERAL OF THE WIND 72 H 290. SIGNATURE AND TITLE OF CERTIFIER BE 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) DAVID FEDERLE, M.D. LEONARDTOWN, MARYLAND 20650

32. REGISTRAR'S SIGNATURE

Hilla Davidson-Randelle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



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| DIVISION OF VITAL RECORDS, P.O. BOX 68/60, | DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de- | properties, about the anniformer has been seemed by the otherships abusiness and commission filled in her the ter |
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| TI. MARTINA. STATUS 17. WAS DECEMBERT SERVICATION 17. FATHER'S NAME (First, Mindfin, Last) 17. FATHER'S NAME (First, Mindfin, Last) 18. MOTHER'S NAME (First, Mindfin, Last) 19. MARTINA. STATUS 19. Martinad 1 | ≅ | 0 1 | . 1 - | | 10 | | 2 70 | 10g. CITIZEN OF | WHAT COUNTRY? |
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| Mode | - 11 | 1 Never Married 2 Married | FORCES? 1 YES | 2 NO | If yes, sp | pecify Cuben, Mexico | n, Puerto Rican, etc.) | Bla | ock, White, etc. |
| Elementary/Becordify (b-13t) College (1-d or 5-t) U.S. GOVERNO | | 15. DECEDENT'S EDUCA | TION | 16. DECEDENT'S | USUAL OCCUPATI | ION | 18h VIND OF BU | ICINECC/INDICATED | BLAC |
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| 20. PLACE AND DATE OF DISPOSITION 1 20. LOCATION — City or Town, State 20. LOCATION 20. PLACE AND DATE OF DISPOSITION 1 20. LOCATION — City or Town, State 2 Downston 2 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory strest, and in interest in diseases or condition 23. PART II. Conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Closess or Injury that initiated events resulting in death) LAST 24. WAS AN AUTOPSY 24. WEST AND AND ADDRESS OF PACILITY 24. WAS AN AUTOPSY 24. WEST AND AND ADDRESS OF PACILITY 24. WAS AN AUTOPSY 24. WEST AND ADDRESS OF PACILITY 24. WAS AN AUTOPSY 24. WEST AND ADDRESS OF PACILITY 24. WAS AN AUTOPSY 24. WEST AND ADDRESS OF PACILITY 24. WAS AN AUTOPSY 24. WEST AND ADDRESS OF PACILITY 24. WAS AN AUTOPSY 24. WEST AND ADDRESS OF PACILITY 24. WAS AN AUTOPSY 24. WEST AND ADDRESS OF PACILITY 24. WAS AN AUTOPSY 24. WEST AND ADDRESS OF PACILITY 24. WAS AN AUTOPSY 24. WEST AND ADDRESS OF PACILITY 24. WAS AN AUTOPSY 24. WEST AND ADDRESS OF PACILITY 24. WEST AND ADDRESS OF PACILITY 24. WAS AN AUTOPSY 24. WEST AND ADDRESS OF PACILITY 24. WAS AN AUTOPSY 24. WEST AND ADDRESS OF PACILITY 24. WEST AND ADDRESS OF PACILITY 24. WEST AND ADDRESS OF PACILITY 24. WEST AND ADDRESS OF PACILITY 24. WEST AND ADDRESS OF PACILITY 24. WEST AND ADDRESS OF PACILITY 24. WEST AND ADDRESS OF PACILITY 24. WEST AND ADDRESS OF PACILITY 24. WEST AND ADDRESS OF PACILITY 24. WEST AND ADDRESS OF PACILITY 24. WEST AND ADDRESS OF PACILITY 24. WEST AND ADDRESS OF PACILITY 24. WEST AND ADDRESS OF PACILITY 24. WEST AND ADDRESS OF PACILITY 24. WEST AND ADDRESS OF PACILITY 24. WEST AND ADDRESS OF PACILITY 24. WEST AND ADDRESS OF PACILITY 24. WEST AND ADDRESS | 2 | | EN | 120 | 9 | 20060 | sal Alix | - | To my |
| Vouce Commission Commissi | - | | | PLACE AND DAT | F OF DISPOSITION | N (Name | DATE 200 10 | | |
| 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Company | | 1 Burlet 2 Cremetion 3 Ramov | | emetary, crematory | y or other place) | Presto | 12/2/21 | 201 = | md |
| 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory streat, shock, or heart feliure. List only one cause on each line. MAMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDER/ING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 YES 2 NO 28. DATE OF INJURY 1 YES 2 NO 28. DATE OF INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 28. PLACE OF Seath (Chock only one) 28. DATE OF INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 28. PLACE OF INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 28. PLACE OF INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 28. PLACE OF INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 28d. PLACE OF INJURY AT 1 YES 2 NO 28d. PLACE OF INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 28d. PLACE OF INJURY AT 1 YES 2 NO 28d. PLACE OF INJURY AT 1 YES 2 NO 28d. PLACE OF INJURY AT 1 YES 2 NO 28d. PLACE OF INJURY AT 1 YES 2 NO 28d. PLACE OF INJURY AT 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HO | - | | NSEE | V OOCIL | | ND ADDRESS OF TA | CILITY | 1010.) | - rul |
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| 4 Homicide determined building, etc. (Specify) City or Town, State) | | 2 Accident Investigation | | | M 1 🗆 | YES 2 NO | | | 10-11 |
| A. APPTIPIED | - 1 | 3 Suicide a Could not be | building, etc. (Speci | (y) | extent, rectory, one | | | | ii noute number, |
| Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and maintain the cause (e) | ED BY | _ Codid Not be | | | | | | | |
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| Intern JAH | COMPLETED BY | 4 Homicide determined 29a. CERTIFIER (Check only) CERTIFYINO PHYSICI. | | | | death occured at the | time, data and place, a | and due to the caus | |

Lulia Vaijdson Randell

Separate And Many State of HAM.

DIMISION OF VITAL RECORDS, P.O. BOX 68760,

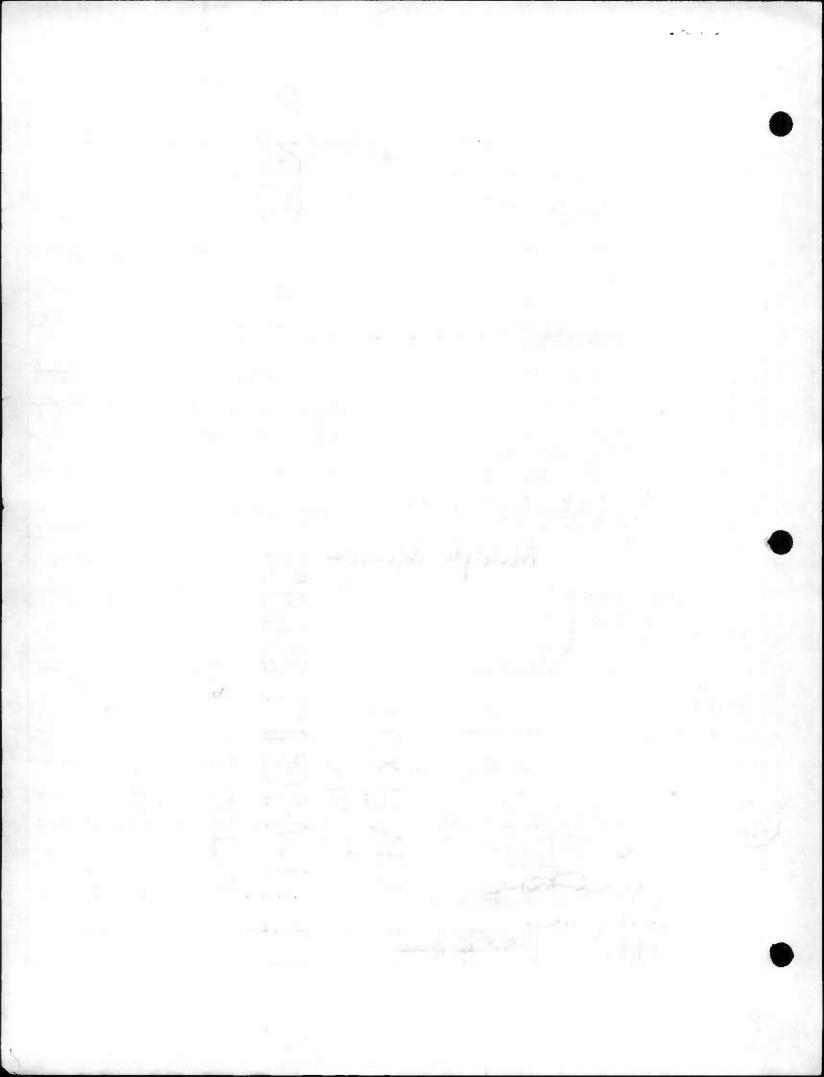
After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DING PHYSICIAN: The law requires that the death certificate be executed within 24 T TO THE HOSPITURE TO THE FUNERAL DE filed within 72

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

91-1606-510 FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

| _ | HEGIOTIAN | | | | | IOATI | | DEA | | HEG. N | 0. | | | | |
|---------------|--|---|------------------------------|-----------------------------|---------------------------------|----------------------------|----------|---|--|--|-------------|--|--------------------|--|--|
| | 1. DECEDENT'S NAME (Firs | t, Middle, Last) | | | | | | | | 2. DATE OF DEATH MONTH | DAY | YEAR | 3. TIME OF DEATH | | |
| | Steven | S. | | | rns | ein | | 03 23 | 3 | 1991 | 1:03 A M | | | | |
| | | | 8. SEX | 6. AGE (In yrs | YRS. | MONTHS | DAYS | | | 7. DATE OF BIRTH (Month, Day, Year) 8-11-63 | | Countr | V) | | |
| | 9a. FACILITY NAME (If not i | | | | | | | | | - | | | | | |
| 0 E | Francis Sc | ott Ke | y Medica | 1 Cente | r | r Baltimore City | | | | | | | | | |
| <u>ධ</u> | 10a. STATE 10b. COUNTY | | | | | ry, town | OR LOCA | TION | | | | | 10d. INSIDE CITY | | |
| DIRECTOR | Md. Baltimore | | | | | Balt | | | | | | 5.17 | LIMITS? | | |
| ਡ਼ | 100. STREET AND NUMBER | nt 2C | | | 10 | . ZIP COD | - | | | | | | | | |
| 9 | | | | 22207 | | | | | | U.S.F | ١. | | | | |
| BY FUNERAL | 11. MARITAL STATUS 1 | T EVER IN U.S. (YES 2 (WAR OR DATES | | | If yes, so | ecity Cub | | NC ORIGIN? (Specify) n, Puerto Ricen, etc.) '' | Yea or No— 14. RACE — American Indian. Black, White, atc. Specify: White | | | | | | |
| | 15. DE | CEDENT'S EDU | JCATION | 16a. | DECEDENT | S USUAL C | CCUPATI | ON | | 16b, KIND OF B | USINESS/IN | OUSTRY | | | |
| COMPLETED | (Specify or Elementary/Secondary (| nly highest grade | completed) College (1-4 or 5 | | (Give kind of life. Do NOT a | work done use retired.) | during m | ost of world | ing | 11:55 | | SINDUSTRY 10.4. INSIDE CITY LIMITS? 1 YES X NO CITIZEN OF WHAT COUNTRY? U.S.A. 10.4. RACE — American Indian, Black, White, stc. Specify: White SINDUSTRY 10.5. Apt. 2 C 10.6. Zip Code) 21237 Apt. 2 C 10.6. Zip Code) 21237 Apt. 2 C 10.6. Zip Code) 21237 Apt. 2 C 10.6. Zip Code) 10.6. Zip Code) 10.6. Zip Code) 10.6. Zip Code) 10.6. Zip Code) 10.6. Zip Code) 10.6. Zip Code) 10.6. Zip Code) 10.6. Zip Code) 10.6. Zip Code) 10.6. Zip Code) 10.6. Zip Code) 10.6. Zip Code) 10.6. Zip Code) 10.6. Zip Code) 10.6. Zip Code) 10.6. Zip Code) 11. Zip Code) 12. Zip Code) 12. Zip Code) 13. Zip Code) 14. RACE — American Indian, Black, White, stc. Specify: White 15. Zip Code) 16. Zip Code) 17. Zip Code) 18. Zip Code) 19. Zip Code) | | | |
| 립 | 9tl | | | <i>'</i> | C | ook | | | | R | Estau | rants | 3 | | |
| S S | 17. FATHER'S NAME (First, I | | | | | 16. MOT | | ME (First, Middle, Maid | | S. BIRTHPLACE (State or Foreign Country) MATYJand 10d. INSIDE CITY LIMITS? 1 YES X NO CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, atc. Specify: White SINDUSTRY LUTANTS TO 1237 Apt. 2 C N — City or Town, Stata Balto. Md. Belair Road Cimore, Md.—21206 y arrest, Approximate Interval Between Onset and Death PSY AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Y OCCURED STRUCK by auto LUTANT NUMBER. V OCCURED STRUCK by auto LUTANT NUMBER. L | | | | | |
| BEO | Calman (| C. Be | rnstein | | | | | | Anna | a Jenkin | 5 | | | | |
| | 19a. INFORMANT'S NAME | | | | | | | Route Number, City or 1 | | | | | | | |
| 2 | Anna Beri | nstein | | | 6715 | Haveı | ı Oa | k Ro | ad Ba | altimore, | Md | 2123 | Apt. 2 C | | |
| | 20e. METHOD OF DISPOSI 1-1 Buriel 2 Cremeti 4 Donation 5 Othe | ion 3 🗆 Ren | noval from State | | ce and dat | 44 . | . 4 4 | | emete | DATE 20c. | | | | | |
| | 21. SIGNATURE OF FUNER | AL SERVICE LI | ICENSES / | 5 | | | | | ESS OF FA | | | Re1a | ir Road | | |
| | John C. Miller, Inc. Baltimore, Md21206 | | | | | | | | | | | | | | |
| z | IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Due to (or As a consequence of): | | | | | | | | | | | | | | |
| CERTIFICATION | Sequentially liet conditions, If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events essuiting in death) LAST | | | | | | | | | | | | | | |
| | | | d | | | | | | | | | | | | |
| EDICAL | PART II. Other algnific | death but no | t reaulting | | | | | ORMED? | 241 | AMAILABLE PRIOR TO | | | | | |
| Σ | | | | | | | | | | YES | | | | | |
| ä | 1/ | | | | | | | | | | | | | | |
| PHYSICIAN: | 25. WAS CASE REFERRED EXAMINER? 1 XYES 2 NO | TO MEDICAL | HOSPITAL: | X ER/Outpatient | 3 □ DOA | OTHE | R: | | and the same | 6 Other (Specify) | | | | | |
| Ĭ | 27. MANNER OF DEATH | | 28e, DATE O | FINJURY | 28b. Tr | ME OF | 26c. IN | JURY AT | 1841441148 | 28d. DESCRIBE HO | W INJURY O | CCURED | | | |
| ۵ | 1 Netural 5 Pending (Month, Dey, Year) INJURY | | | | | | | ORK? YES 2 | NO X | Pedestri | an et | ruck | by auto | | |
| ВУ | 2 Accident 3 Suicide | home, farm | | 1 | _ | 41 | | _ | | | | | | | |
| Ē | 4 Homicide | Could not be determined | - Januaring | , atc. (Specify) On stre | et | | | | | 1500 (F) | of Co | laskı | Highway | | |
| COMPLETED | (Check only — | | SICIAN: To the best of | f my knowledge, | death occu | | | | | to the cause(s) and s | nenner as s | tated. | | | |
| | 296, SIGNATURE AND TITL | LE OF CHINE | En _ | | | - | | 29c. LI | CENSE NU | MBER | 29d. D | ATE SIGNE | (Month, Dey, Year) | | |
| O BE | W | 5 | - Color | | | | | | O.C.M | LE. | • | 03 | 23 1991 | | |
| 5 | 30. NAME AND ADDRESS | | THO COMPLETED CAL | ISE OF DEATH (| | | nn (| Stroo | , t D | altimore | Massa | land | 21201 | | |
| 11 | 31. DATE FILED (Month, De | y, Year) | 32/REGISTE | AR'S SIGNATUR | E | | | LIEE | L. D | altimore | Mary | Land | <u>Z 1 Z U 1</u> | | |
| . 3 | MAR 25 |) 1001 | 1 | INCOL a-A | | | | | | | | | | | |



FOR

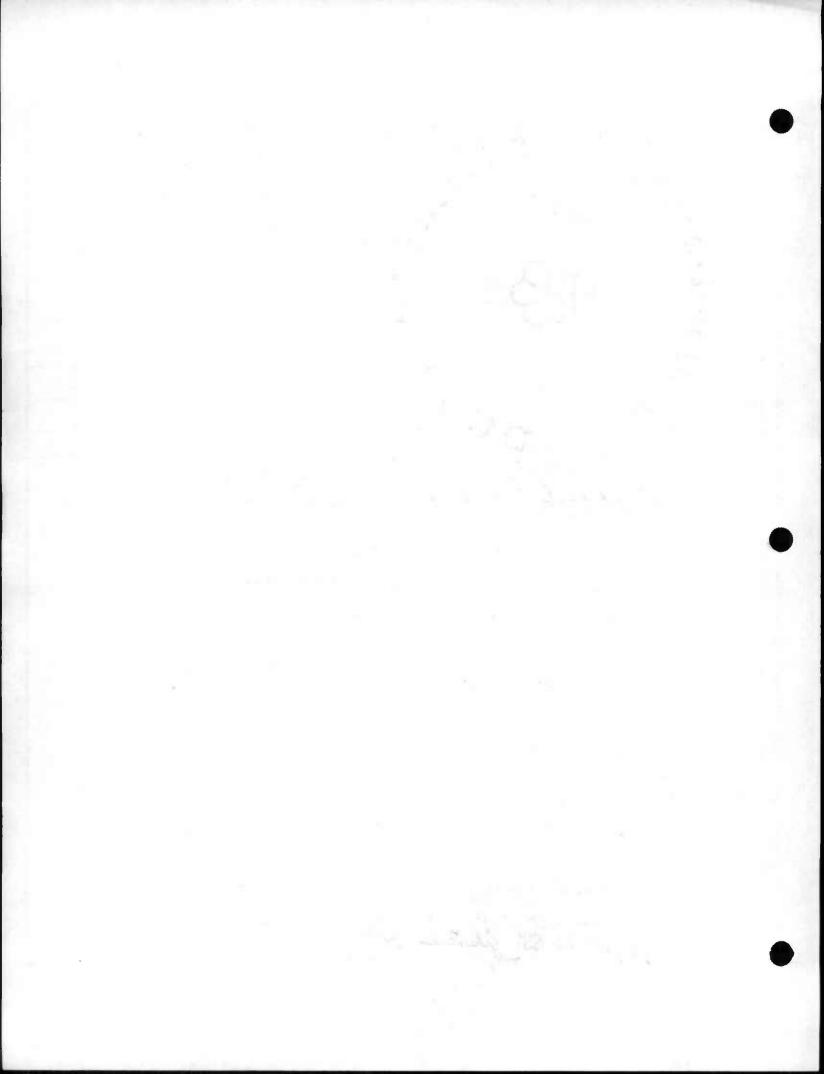
| | 1 - REGISTRAR | CERTIFI | CATE OF | DEATH | RE | G. NO. | | | | | |
|---------------|---|--|-----------------------|--|-------------------|---|-------------------------|---|--|--|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | 2. DATE OF D | EATH DAY | WEAR | 3. TIME OF DEATH | | | |
| | CHARLES BECK (Charles J | . Beck) | | | монтн 3 | 21 | 91 | 9:25p M | | | |
| | | yrs. last birthday) YRS. | IF UNDER 1 YEAR | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BI | RTH | 8. BIRTI Count | Baltimore | | | |
| | 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH | | | | | | | | | | |
| DIRECTOR | CHURCH HOSPITAL BALTIMORE | | | | | | | | | | |
| DIREC | MD 106. COUNTY | | town on Locat | | | 10d. INSIDE CITY LIMITS? 1 YES 2 NO | | | | | |
| FUNERAL | 100. STREET AND NUMBER 2719 E. Fayette Street | | 101 | 2122 | 10g. Cf | 10g. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | |
| BY | 11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U FORCES? 1 \(\) YES IF YES, GIVE WAR OR DATE WWII | 2 NO | if yes, sp | ENDENT OF HISPAN scity Cuben, Maxica 2 TNO Specify | n, Puerto Rican, | | 14. RAC Blac Spec | E — American Indian, k, Whita, etc. White | | | |
| B | 15. DECEDENT'S EDUCATION (Specify only highest grade completed) | IGA. DECEDENT'S U | JSUAL OCCUPATION | ON et of working | 16b. KINI | OF BUSINESS/IN | DUSTRY | | | | |
| COMPLETED | Elementary/Secondary (0-12) College (1-4 or 6+) 12th Grade | Manag | retired.) | of of working | Md. | NAtion | al Ba | ank | | | |
| OM | 17. FATHER'S NAME (First, Middle, Last) | | | 18. MOTHER'S NA | ME (First, Middle | , Malden Surname) | | 4 | | | |
| | George O. Beck | | | Eva | | Buettn | er | | | | |
| BE (| 19a, INFORMANT'S NAME (Type/Print) | 19b. MAILING | ADDRESS (Street a | nd Number or Rural I | Route Number, Ci | ty or Town, State, Z | (ip Code) | | | | |
| 2 | Marie C. Beck | 27 | 19 E. F | ayette Si | treet E | Baltimor | e,Md | 21224 | | | |
| | 1X Burial 2 Cremation 3 Removal from State of ce | PLACE AND DATE metary, crematory of Eadowrid | or other place) | | 3-25- | 20c. LOCATION - | | own, Stata e, MD. | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE | Eadowrid | | ID ADDRESS OF FA | | | | ir Road | | | |
| | rathleen h hurn | her | John | C. Mille | er,Inc. | | | ,Md21206 | | | |
| CERTIFICATION | IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | weter | rell | his | n ulu ase | le . | | Onset and Death | | | |
| 0 | PART II. Other eignificent conditions contributing to death bu | t not resulting in | n the underlyin | g cause given in | Part I. 24a | . WAS AN AUTOPS | y 24 | b. WERE AUTOPSY FINDINGS | | | |
| : MEDICAL | | | | | | PERFORMED? 1 YES 2 NO | | AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | | |
| A | 25. WAS CASE REFERRED TO MEDICAL | | 26. P | LACE OF DEATH (Ch | neck only one) | | | | | | |
| 200 | EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpar | 1 × 1 × 1004 | OTHER: | se 5 🗆 Residence | and the second | modifical | | | | | |
| PHYSICIAN: ME | 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) | 28b. TIME | E OF 28c. IN. | JURY AT DRK? | | BE HOW INJURY O | CCURED | | | | |
| TED BY | 2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY - building, etc. (Specific | — At home, farm, s | treet, factory, offic | :0 | | N (Street and Numb wn, State) | per or Rural | Raute Number, | | | |
| COMPLET | 29a. CERTIFIER (Check only, one) 2 MEDICAL EXAMINER: On the best of my knowle | | | | | | | (a) and menner as stated. | | | |
| 8 | 299. BIONATION AND TITLE OF CENTIFIER | | 301 | 29c. LICENSE NU | MBER | 29d. D/ | 312 | 441 (Now) | | | |
| 5 | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA | TH (ITEM 27) (Туре, | Print) | 9000 | | 1 | 1 | | | | |
| | 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNA | TURE | | | | | | | | | |
| | MAR 2 5 1991 Julia David | son-Mandel | 2 | | | | | | | | |

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A THE STATE OF THE STATE

| VIIAL RECORDS, F.O. BOA 13146, BALLIMORE, MARITAND 21203-3140 | NG PHYSICIAN: The law requires that the death certificate be executed within 🗠 nours after death. Page 6 may be retained by the hospital or attending physician. | certificate has been signed by the attenting physician and completely filled in by the funeral director, page 5 should be detached for use as the builat-transit permit. Pages 1, 2, 3 should | iffy the State Dept. Of hearth and Merital Hygiene prior to during, diremation, or removal. | ted, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. |
|---|--|---|---|--|
| DIVISION OF VITAL RECORDS, P.O. BOX | TO THE HOSPITOR OR ATTENDING PHYSICIAN: The law requires that the death certificate b | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physici | be filed within 72 hours after death with the State Dept. of Hearth and Mental raygiene prior | IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other tra |

| | FOR STATE REGISTRAR | | STATE OF I | MARYLAI | | | | EALTH AND | MENTA | AL HYGIENI REG. NO. | E | | 7 7 3 1 | |
|---|---|---|---|-----------------------------------|-------------------------|--------------------------------------|------------|--|----------------------------------|---------------------------------------|------------------|---|---|--|
| 1 | 1. DECEDENT'S NAME (First, | , Middle, Last) | 1000 | se | Bar | 146 | 15 | 06 | 2. DAT MON | E OF DEATH DA | | YEAR | 3. TIME OF DEATH | |
| 2 | 4. SOCIAL SECURITY NUMBER 212 20 8433 | | 5. SEX 1 M 2 F | 5. SEX 8. AGE (In yrs. last birth | | VRS. WONTHS DAYS | | IF UNDER 24 HRS. HOURS MIN. | ER 24 HRS. 7. OATE (Month | | TE OF BIRTH 8. E | | HETHPLACE (State or Foreign country) [aryland] | |
| O.B. | 9a. FACILITY NAME (If not in St. Agnes | s Hosp | | | | | | OR LOCATION OF DI | | 20 172 | 9c. COUN | TY OF D | EATH | |
| DIRECTOR | RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland | | | | | 16c CITY, TOWN OR LOCATION Baltimore | | | | | | 10d. INSIDE CITY LIMITS? 1 √ YES 2 □ NO | | |
| FUNERAL | 100. STREET AND NUMBER 1309 Chu | | reet | - | 1 200 | LOIMO | | 21226 | | | | S.A | VHAT COUNTRY? | |
| BY FUN | 11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divo | | 12. WAS DECEDED FORCES? IF YES, GIVE | 1 YES | 2 📉 NO | - It | yes, sp | CENDENT OF HISPA ecify Cuban, Mexico 2 X NO Specific | nn, Puerte | | or No— | 14. RACI Blaci Spec | - Amarican Indian, k, Whita, etc. fy: White | |
| LETED | (Specify onl Elamentary/Secondary (| CEDENT'S EDU by highest grade 0-12) | | | Me. Do NOT u | work done d se retired.) | | ON sst of working | 10 | Home M | | JSTRY | | |
| COMPL | 6th Grade 17. FATHER'S NAME (First, M | fiddle, Last) | | | Housew | ite_ | | 18. MOTHER'S NA | AME (First | | | | | |
| E C | | | oward I | Berlin | ı | | | | | | ade | | | |
| 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) | | | | | | | | | | | | | | |
| - | Joseph Bar | | er | | | | | Street | Ba1t | | | | | |
| | 20a. METHOD OF DISPOSIT 1X Burlal 2 Crematic 4 Donation 5 Other | on 3 🗆 Rem | noval from State | (| other place) edar Hi | | | metery, crematory or | | | timor | | wn, State Maryland | |
| | 21. SIGNATURE OF EUNERA | lace | L Ex | Dav | is) | 22.1 | eor | ge J. Go | nce | Funera | 1 Hom | e P | - | |
| | 23. PART I. Enter the d shock, or h iMMEDIATE CAUSE (Fit disease or condition resulting in death) | naart failure. nal | List only one ca | use on aac | ch line. | | | | | | iratory arre | est, | Approximate interval Batween Onset and Death | |
| NO | disease or condition resulting in death) a. CHRONIC BRONCHITIS & EMPHYSENA DUE TO (OR AS A CONSEQUENCE OF): ARTERIOSCLEROTIC CAR DIOVASCULAR DISEASE DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | l i | | | |
| CERTIFICATION | If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or in) that initiated events | ING | a CIGA | RETT | | 10KIN | | | | | | | 11 | |
| ERT | resulting in death) LAS | ST | d | | | | | | | | | | | |
| PHYSICIAN: MEDICAL C | PART II. Other signific | | ns contributing t | | | in the un | deriyir | ng cause given in | Part i. | 24a. WAS AN PERFOI 1 YES | RMED? | 24 | D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO | |
| AN | 25. WAS CASE REFERRED | TO MEDICAL | 1 | | | | 26 8 | PLACE OF DEATH (C | Shack only | opel | | | | |
| SIC | EXAMINER? | | HOSPITAL: | ☐ ER/Outps | tient 3 🗆 DOA | OTHER 4 Num | R : | me 5 - Residence | | | | | | |
| ву рну | 27. MANNER OF DEATH 1 Partial 5 Pending (Month, Day, Year) 2 Accident Investigation | | | | | ME OF | W | JURY AT ORK? YES 2 NO | 28d. DEŞCRIBE HOW INJURY OCCURED | | | | | |
| 0 | - Daniel | Could not be detarmined | 26a. PLACE building | OF INJURY - g, etc. (Specil | — At home, farm (y) | , street, fact | lory, offi | Ca | 261. L | OCATION (Street ity or Town, State | and Number) | or Rural | Route Number, | |
| COMPLET | (Crisca Urily | | SICIAN: To the best IER: On the basie of | | | | | | | | | | (e) and manner as stated. | |
| TO BE | 296. SIGNATURE AND TITLE | enblith | MD. | | | | | 29c. LICENSE N | 724 | <u> </u> | ≥ 3 | 20 | Month, Day, Year) | |
| | | TENBL | ITH M. | D | 3455 | WILL | KEN. | AVE | BA | LTO, A | 1D2 | 12 | 29 | |
| | 31. DATE FILEO (Month, Quality) | AR 25 | 1991 | Tille De | widson-R | ender | • | | | | | | | |



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TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

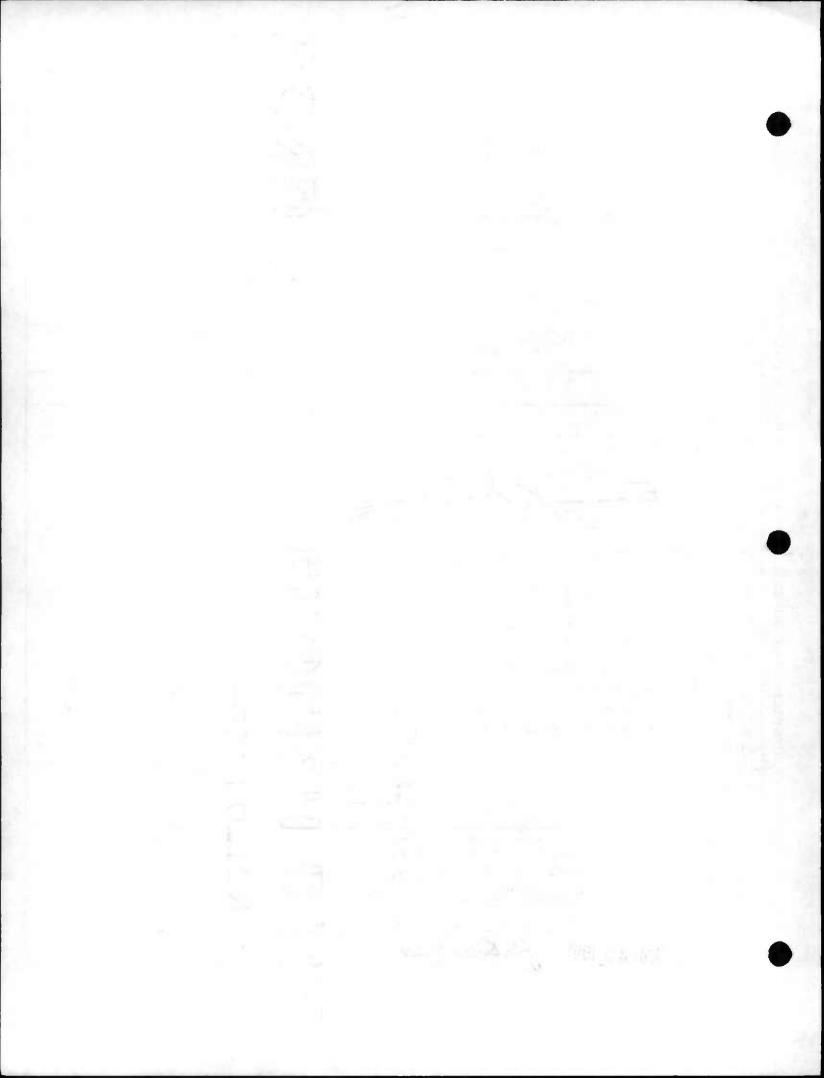
FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | | CERTIFIC | ATE OF DEA | | REG. NO. | | |
|---|---|---|---|----------------------|--|-------------------------------|---|
| 1. DECEDENT'S NAME (First, Middle, Last) | | | | | E OF DEATH | 1 YEAR | 3. TIME OF OEATH |
| LILLIAM | | CAGER | | | | | |
| 4. SOCIAL SECURITY NUMBER 212-32-2804A | 1 🗆 M 2 💢 F | 85 YRS. MO | NTHS DAYS HOURS | MIN. OZ | e of Birth th, Day, Year) 2-13-06 | 8. BIRTH Country | PLACE (State or Foreign |
| 9a. FACILITY NAME (If not institution, give st 5111 MIDWOOD | AVENUE | | BALTIMORE | | 9c. | COUNTY OF O | EATH |
| RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY | , | 10c. CITY, T | OWN OR LOCATION | | | | 10d. INSIDE CITY |
| MD | | BAL | | CITY | | | 1 XYES 2 NO |
| 5111 MIDWOOD | AVE. | | | 212 | | USA | |
| 11. MARITAL STATUS 1 Never Married 2 Married 3 WWidowed 4 Divorced | 12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D | N U.S. ARMED 2 NO DATES | | oan, Maxican, Puerto | IN? (Specify Yes or No Bican, etc.) | o— 14. RACE Black Speci | |
| 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 2 t h | | 16a. DECEDENT'S US (Give kind of work life. Do NOT use in DOMEST | done during most of wor tired.) | king | b. KIND OF BUSINES | S/INOUSTRY | |
| 17. FATHER'S NAME (First, Middle, Lest) GEORGE HARRI | S | | | | MACKLIN | | |
| 19a. INFORMANT'S NAME (Type/Print) GLORIA DOUGL | ASS | | DRESS (Street and Number of ALDWOOD A | | | | 21212 |
| 28s METHOD OF DISPOSITION 1 1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify) | | b. PLACE AND DATE O | | | | ON City or To | |
| 21, SIGNATURE OF FUNERAL SERVICE LIC | CENSEE | ATT. | 22. NAME AND ADDI | | .н. 110 | 1 E. | NORTH AVE |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury | b | A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): | wil | | | | 50 |
| that initiated events resulting in death) LAST | d | | | | , | | |
| possible occ | | | the underlying caus | given in Part I. | 24a. WAS AN AUTO PERFORMED 1 YES 2 | 7 | WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | | | | DEATH (Check only | one) | | |
| 1 TES NO | HOSPITAL: 1 Inpatient 2 ER/Ou | tpatient 3 DOA 4 | | Residence 5 🗆 Ot | | | |
| 27. MANNER OF DEATH 1 Netural 5 Pending | 26a. DATE OF INJURY (Month, Day, Year) | 26b. TIME (| | | EŞCRIBE HOW INJUF | RY OCCURED | |
| | | | et factory office | 261 1 | OCATION (Street and A | Number or Rural | |
| 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined | 26e. PLACE OF INJUR building, etc. (Sp | Y — At home, farm, streecify) | et, ractory, office | | ty or Town, State) | | Route Number, |
| 2 Accident 3 Suicide 6 Could not be determined 29a, CERTIFIER Check only 2 Accident Investigation 5 CERTIFYING PHYS | 26e. PLACE OF INJUR building, etc. (Sp IICIAN: To the best of my kno ER: On the basis of examinati | wledge, death occurred | at the time, date and pl | ce, and due to the | cause(s) and manner | as stated. | |
| 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only orne) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE | building, etc. (Sp ICIAN: To the best of my kno ER: On the basis of examinati | wiedge, death occurred on and/or investigation, | at the time, date and plin my opinion, death of | ce, and due to the | cause(s) and manner ate and place, and du | as stated. | a) and menner as stated. |

MAR 2.5 1991

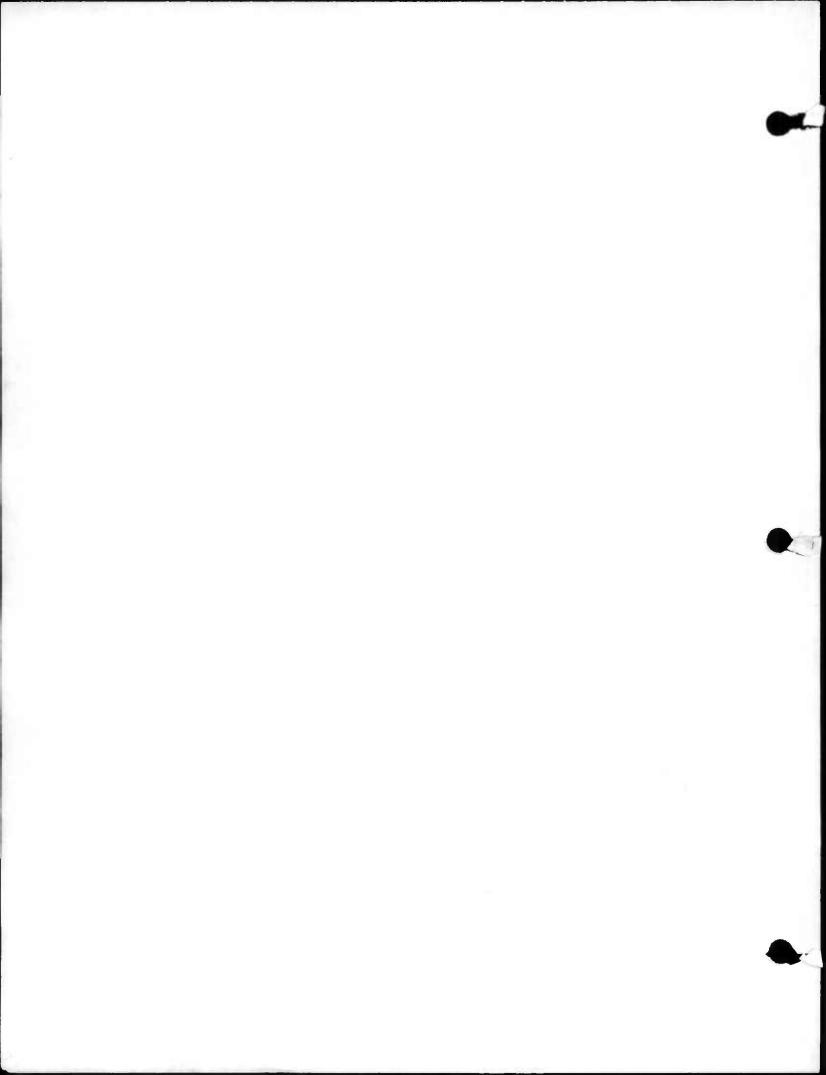
OHMH-15 Rev 1/89



| BALTIMORE, MARYLAND 21203-3146 | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a cours after death. Page 6 may be retained by the hospital or attended physic | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial | |
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| 03- | athend | 150 35 | |
| 22 | ital or | d for t | |
| NO. | e hogg | etache | nce. |
| TA | 7 | De d | at o |
| AR | etained | shouk | otiffed |
| Σ. | y be n | age 5 | be n |
| SHO | 6 ma | ector, p | must |
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| 8 | that th | od by | any ir |
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| ~ | law re | as bee | 23 sh |
| ITA | N: The | icate h | Item Item |
| FV | SICIAL | certif | d, or |
| 0 | IG PH | ler this | narke |
| SO | FENDIN | OR: Af | 8 is r |
| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | TA AC | JIRECT. | em 2 |
| | TIAL C | RAL D | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | HOSP | FUNE | TANI |
| | TO THE | TO THE | be filed within 72 hours after death with the State Uppl, or regult and health and health provide print to be medical examiner must be notified at once. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
| | | | |

| STATE OF MARYLAND / DEPARTMENT | OF HEALTH AND MENTA | AL HYGIENE |
|--------------------------------|---------------------|------------|
| CERTIFICATE | OF DEATH | REG. NO. |

| | FOR 1 - STATE REGISTRAR | STATE OF MARYL | | TMENT OF H | | | YGIENE EG. NO. | 5 1 | 0/200 |
|-----------------------|---|---|--------------------------|-----------------------------|---|------------------------------|---|--------------|---|
| | 1. DECEDENT'S NAME (First, Migdle, Last) | IP O. COUR | TNEY | | | 2. DATE OF D | | YEAR | 3. TIME OF DEATH 5 10 PM |
| | 4. SOCIAL SECURITY NUMBER 2/5540701 | 1 - M 2 XF Z | (in yrs. last birthday) | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | | 7/64 | Mai | ryland |
| TOR | 90. FACILITY NAME If not institution, give street and number) Good Samaritan Hospital RESIDENCE OF DECEDENT | | | | | ity | 9c. CO | UNTY OF E | PEATH |
| FUNERAL DIRECTOR | 100. STATE 106. COUNTY Maryland | 7 | 10c. CIT | y, town on locat Balt | imore City | | | | 10d. INSIDE CITY LIMITS? 1 XYES 2 NO |
| ERAL | 100. STREET AND NUMBER 2906 Halcyon Avenue | | | 101 | 21214 | | 10g. CI | | WHAT COUNTRY? JSA |
| B | 11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA | 2 XNO | If yee, spe | ENDENT OF HISPAN polity Cuben, Mexican 2 ND Specify | n, Puerlo Rican, | | Blec | E — American Indian, k, White, etc. |
| COMPLETED | 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) | CATION completed) College (1-4 or 5+) | | | | 16b. KIND | OF BUSINESS/II | NDUSTRY | |
| S | 17. FATHER'S NAME (First, Middle, Lest) | | 0000 | | 18. MOTHER'S NA | ME (First, Middle, | , Malden Surname) | | |
| BE | Earle H. Courtney 190. INFORMANT'S NAME (Type/Print) | <u> </u> | | | | via Cour | | | |
| 2 | Mrs. M. Olivia Courtr | nev | | lalcyon Ave | nd Number or Rural F | | Maryland | | |
| | 20e. METHOD OF DISPOSITION 1 X Burlel: 2 Cremation 3 Rem | 201 | o. PLACE OF DISPD: | | netery, crematory or | | 20c. LOCATION - | - City or T | |
| | 4 Donation 5 Other (Specify) | B | altimore C | | 3/25/91 ID ADDRESS OF FA | | Balti | more l | Maryland |
| | · Michael | Huck | | Leonard | J. Ruck, | Inc. 530 | | | 21214 |
| CERTIFICATION | IMMEDIATE CAUSE (Final disease or condition resulting in death) | B. DUE TO (OR AS A DUE TO (OR AS A C. | a CONSEDUENCE O | F): - F): | de of dying, suci | h es cerdiac i | or reapiratory a | srrest, | Approximate interval Between Onset and Death Mefe. // Ogn - |
| PHYSICIAN: MEDICAL CI | PART II. Other significant condition | na contributing to death b | but not resulting | In the underlying | g causa given in | , | WAS AN AUTOPS PERFORMED? YES 2 ND | Y 24 | b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| CIA | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | _ | 26. PI | ACE DF OEATH (Ch | eck only one) | | | |
| IA | 1 TYES 2 NO 27, MANNER OF DEATH | 1 Inpetient 2 ER/Outs | patient 3 DOA | 4 - Nursing Horr | e 6 🗆 Residence | | ecify) IE HOW INJURY O | CCUBER | |
| BY PI | Natural 6 Pending Investigation | (Month, Day, Year) | | JURY WO | PRK? | 200. DEGOTIL | L HOW MOON! | OCONED | |
| 유 | 3 Suicide 6 Could not be 4 Homicide determined | 28e. PLACE OF INJURY building, atc. (Spe- | / — At home, ferm, cify) | atrast, fectory, offic | • | 28f. LOCATION City or Tox | N (Street and Numb wn, State) | ber or Rural | Route Number, |
| COMPLET | anal and | ICIAN: To the best of my know ER: On the beste of examination | | | | | | | e) end menner as atated. |
| BE | 290. SIGNATURE AND SITUE OF CENTIFIE | Woll home | n Ross | Dent | 25c LICENSE NUI | MBER | 29d. D. | 3/2/ | (Mogth, Day, Year) |
| 2 | 30. NAME AND ADDRESS OF PERSON WA | MACHSMA | 1/ 60 | Print) | excitan) | Ksp | 5601 | ech i | Raver ZIZY |
| | 31. DATE FILED/Month from Veer) | AR 25 1991 | Julia Da | vidson-Ran | talle | | 7 (| | |



BALTIMORE, MARYLAND 21203-

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| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | 16 | ass | De C | 23 |
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| | A | A | 2 | - |
| | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within juris | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely in the | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re- | 兰 |
| | \$ | 5 | AP. | × |
| | H | u | P | E |
| | 王 | F | file | 8 |
| | 2 | 2 | e | IMPORTANT; if item 28 is marked, or item 23 shows any injury, or other traumatic event, the med |
| | | | | |

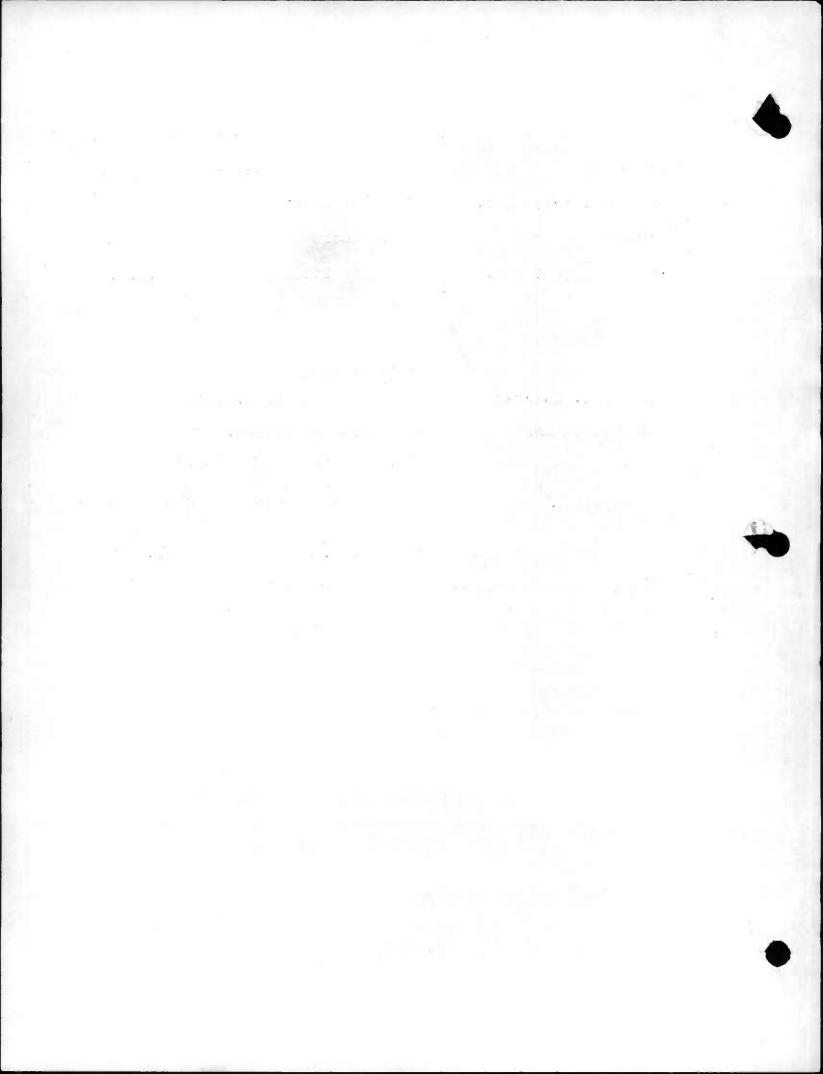
| | 1 . STATE OF MARYLAN | | IENT OF HEALTH AND | MENTAL HYGIEN | E | 07934 |
|--------------|--|---|--|--|------------------|---|
| | REGISTRAR | CERTIFIC | ATE OF DEATH | REG. NO | | |
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | 2. DATE OF DEATH MONTH D. | AY Y | 3. TIME OF DEATH |
| 1 | Edna Ceceil Chapm | an | | 3-23-19 | 91 | 5:20 A |
| | 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yr | | UNDER 1 YEAR F UNDER 24 HRS. | 7. DATE OF BIRTH (Month, Dmy, Ybar) | 6. | BIRTHPLACE (State or Foreign Country) |
| | 212-05-9300 1 M 2 X F 10 | 1 YRS. | ATHS DAYS HOURS MIN. | 2-19-189 | | Virginia |
| œ | | *** | | EAIR | Sc. COUNTY | OF DEATH |
| 5 | The Wesley Home, Inc. | | Baltimore | | | |
| E | 10a. STATE 10b. COUNTY | 10c. CITY, 7f | OWN OR LOCATION | | | 10d, INSIDE CITY |
| DIRECTOR | Maryland | Ba | ltimore | | | LIMITS? |
| | 10e. STREET AND NUMBER | | 10f. ZIP CODE | | 10a CITIZEI | OF WHAT COUNTRY? |
| FUNERAL | 2211 West Rogers Ave. | | 21209 | | | |
| N | 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S | ADMED | | NIC OPIONIS (Carally Va | | . RACE — American Indian, |
| BY FU | 1 Never Married 2 Married 3 Widowed 4 Divorced FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES | NO | 13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexico 1 YES 2 NO Specif | in, Puarto Rican, atc.) | or No.— | Black, Whita, atc. Specify: White |
| ED | 15, DECEDENT'S EDUCATION 16 | n. DECEDENT'S USL | JAL OCCUPATION | 16b. KIND OF BU | SINESS/INDUS | TRY |
| | (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 6+) | (Give kind of work life. Do NOT use re | done during most of working tired.) | 3110 | | |
| COMPLI | contract to the state of the st | Milli | DOR | | | |
| N | 17. FATHER'S NAME (First, Middle, Last) | | | ME (First, Middle, Maiden | Sumamel | |
| | | | | | , | |
| BE | Walker L. Chapman 19a. INFORMANT'S NAME (Type/Print) | | | a O. Lamb | | |
| 0 | | | DRESS (Street and Number or Rural | | n, State, Zip Co | ode) |
| | The Wesley Home | | West Rogers | | | |
| | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ner place) | ON (Name of cemetery, crematory or | | | y or Town, Stata |
| | 4 □ Dometion: 5 □ Other (Specify) Sale | m Method | list Chruch Cen | netery Gloc | ester, | Virginia |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE | | 22. NAME AND ADDRESS OF FA | | | |
| | 1 2 O/2 | | Burgee-Henss F | uneral Hom | ie D | 1+- NJ 0101 |
| - | Jum Duga He | ras | 3631 Falls Roa | | | |
| | 23. PART I. Enter the diseases, or complications that ceused the | e death. Do not | antar the mode of dying, suc | ch as cardisc or resp | iratory srres | t, Approximata interval Between |
| | | | 1. | | | |
| | disease or condition AThere Sc | leater | · Vasculer | ~ Disea | 10- | |
| | OUE TO (OR AS A CO | NSEQUENCE OF): | Vasculer ace | | ~ | |
| ~ | - Adrew | red | aco. | | | |
| ERTIFICATION | Sequentially list conditions, | | 8 | | | |
| AT | If any, leading to immediate cause, Enter UNDERLYING | | | | | 10 S 13 S 10 S 20 S |
| 5 | CAUSE (Disease or injury that initiated events DUE TO (OR AS A CO | NSEQUENCE OF: | | | | |
| Ē | resulting in death) LAST | | | | | |
| Ë | d | | | | | |
| C | PART II. Other significant conditions contributing to death but I | not resulting in t | he underlying cause given in | Part I. 24s, WAS AN | AUTOPSY | 24b. WERE AUTOPSY FINDINGS |
| MEDICAL | Recent rectal bleed. | | | PERFO | | AMAILABLE PRIOR TO COMPLETION OF CAUSE |
| ត្ត | - 10000 10000 - 1000cc. | ~ | | 1 _ YES : | NO NO | OF DEATH? |
| ME | | | | _ | | 1 YES 2 NO |
| ż | | | | | | |
| XA. | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | | 26. PLACE OF DEATH (C | neck only one) | | |
| PHYSICIAN: | T PES 2 DATO HOSPITAL: 1 PES 2 DATO 1 Input 2 ER/Outpatle | | THER: Nursing Home 5 - Residence | 6 Other (Specify) | | |
| ¥ | 27. MANNER OF DEATH 26s. DATE OF INJURY | 28b. TIME O | F 26c. INJURY AT | 28d. DESCRIBE HOW | INJURY OCCU | REO |
| | 1 Natural 5 Pending (Month, Day, Year) | INJURY | WORK? M 1 YES 2 NO | | | |
| ВУ | 2 Accident Investigation 3 Suicide Could not be 28e. PLACE OF INJURY — | At home, farm, stree | | 26f. LOCATION (Street | and Number or | Rural Boute Number |
| 0 | 4 Homicide 6 Could not be building, etc. (Specify) | | ,, | City or Town, State |) | The Troute Hornova |
| E . | | | | | | |
| 7 | 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge) | e, death occurred a | t the time, date end place, end du | a to the cause(a) and ma | nner as stated | .01 |
| COMPLETED | one) 2 MEDICAL EXAMINER: On the beals of axaminstion an | d/or investigation, i | n my opinion, death occured at the | time, date and place, a | nd dua to the | cause(a) and manner as stated. |
| | 29b. SIGNATURE AND TITLE OF CERTIFIER | | 29c. LICENSE NU | MBER | 29d, DATE 9 | BIGNED (Month, Day, Year) |
| 8 | Sted not Tel a + 10 | n | 0 | | | |
| 2 | The Mark and appropriate of the state of the | 1). | 2214 | 6 K | , | -25-91 |
| - | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH | (LIEM 27) (Type, Pri | ni) | | | |

3

31. DATE FILED (Month, Day, Year)

MAR 2 5 1991

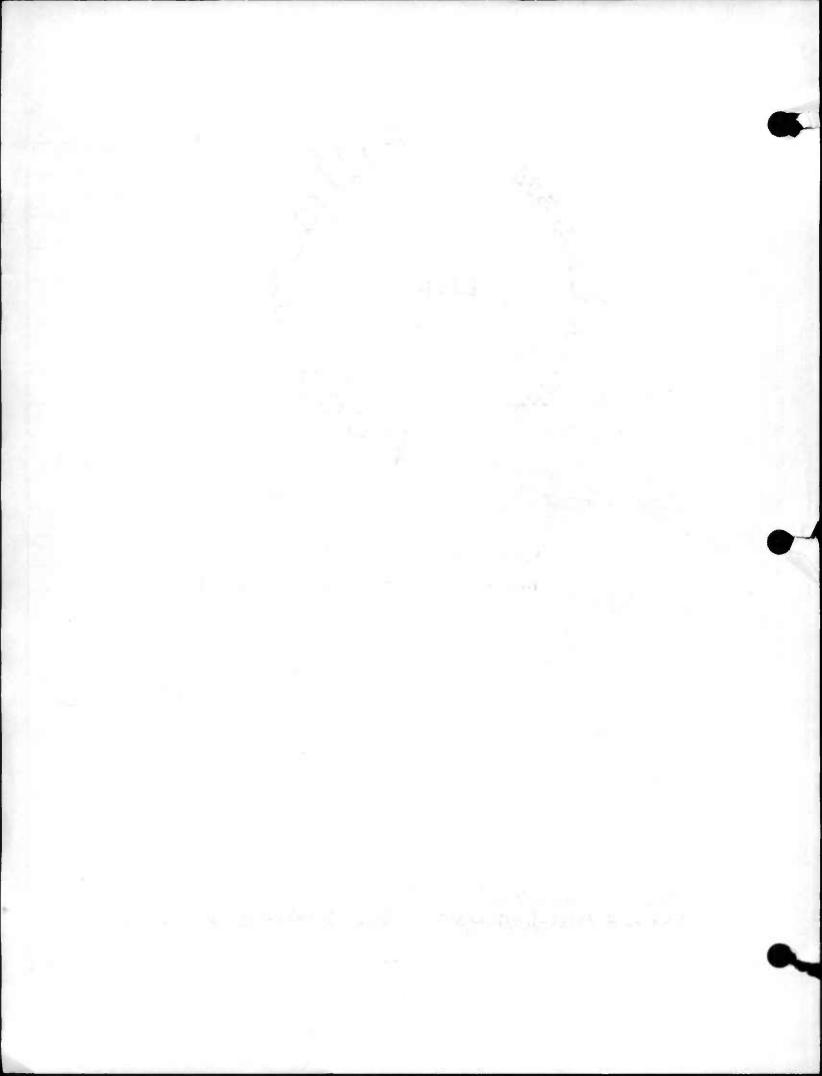
32. REGISTRAR'S SIGNATURE
Julia Savidson-Mindall



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any would set to death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the benta be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

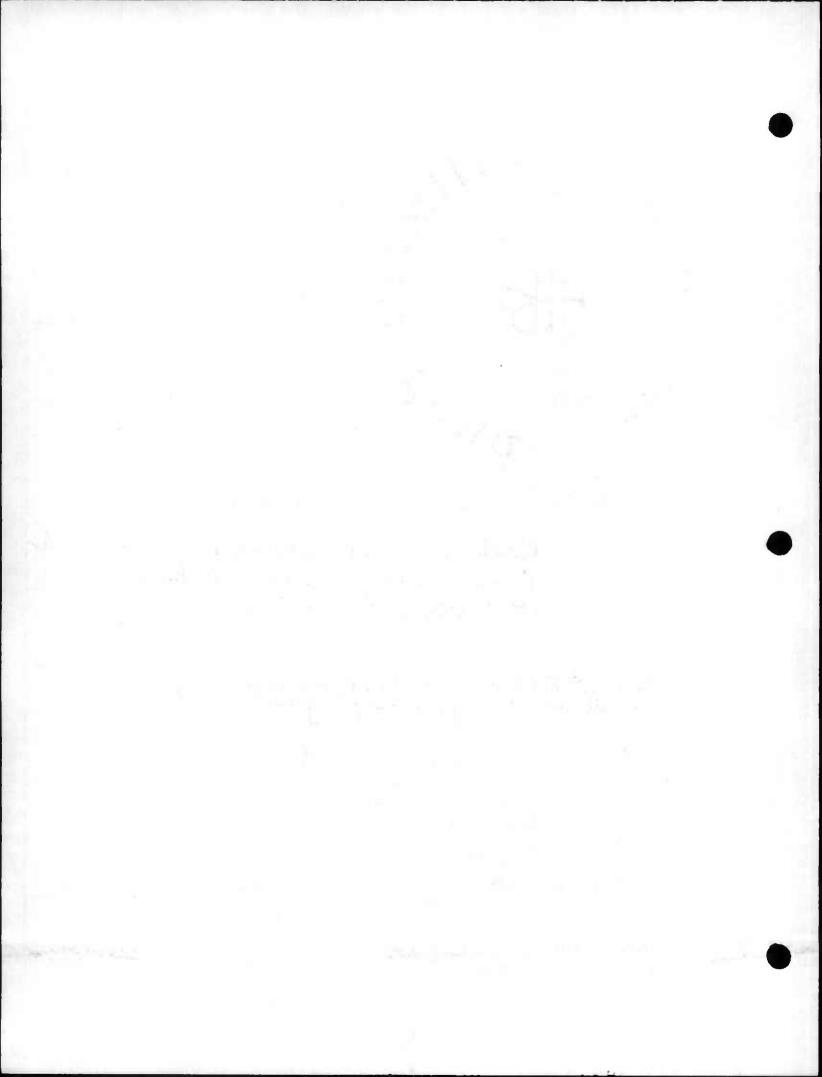
IMPORTANT: If them 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

| 1. DECEDENT'S NAME (First, Middle, Lest) Frances | Hubbard D | avis | m | | | 2. DATE MONTI Ma | of DEATH | 1991 | YEAR | 3. TIME OF DEATH |
|--|--|--|---|--|---|--|--------------------------------------|--|-----------------------------|--|
| 4. SOCIAL SECURITY 4217 212-48-1217 | 1 M 2 F | 6. AGE (in yrs. lest birt | /RS. MONTHS | DAYS | IF UNDER 24 HRS. HOURS MIN. | 02 | OF BIRTH 1. Oey, Year) 2/14/17 | | Ma | ryland |
| 96. FACILITY NAME (If not institution, give street and number) 406 Cleveland Road BESIDENCE OF DECEDENT 96. CITY, TOWN OR LOCATION OF DEATH Linthicum | | | | | | | Ann | rundel | | |
| 100. STATE 100b. COUNTY Arundel 100c. CITY, TOWN, OR LOCATION Linthicum | | | | | | | | 10d. INSIDE CITY LIMITS? 1 YES 2 NO | | |
| 406 Cleveland F | Road | | | 101, 2 | 21090 | | | | ZEN OF S | WHAT COUNTRY? |
| 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced | | EVER IN U.S. ARMED YES 2 NO R OR DATES | | | NDENT OF HISPAN oily Cuben, Mexice 2 NO Specifi N | n, Puerto | | or No— | Biac | E — American Indian, k, White, atc. |
| 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) | College (1-4 or 5+) | (Give k | PENT'S USUAL O and of work done NOT use retired.) | during most | of working | | KIND OF BU | | | |
| 12 | 2 | Nur | se | | | _ | Health | | e | |
| 17. FATHER'S NAME (First, Middle, Last) George Hubbard | | | | | 18. MOTHER'S NA | _ | | Surname) | | |
| 19s. INFORMANT'S NAME (Type/Print) | | 195 M | All ING ADDRES | S (Street an | d Number or Rural I | | utman | n Stete 7in | Code | |
| Dana D. Davis, | Sr | | | | d Road | | | | Mc | 21090 |
| 20s. METHOD OF DISPOSITION | DL. | | | | etery, cremetory or | 77.1 | _ | CATION — | | |
| 1 Burtel 2 Cremation 3 Rem 4 Donation 5 Other (Specify) | noval from State | other place) | | | rial Par | ·k | 3000 | | | Maryland |
| 21. BIGNATURE OF FUNERAL SERVICE LI | CENSEE | 1 1100,000 | 22. | . NAME AND | ADDRESS OF FA | CILITY Z | mbrose | Fun | eral | Home |
| 10 | 21- | | | | | | | | | |
| | | | - | | Sulphur | | | | | icus, Ma |
| 23. PART i. Enter the diseeses, or shock, or heart fellure. | | | - | | | | | | | Approximate |
| | List only one ceus | e on each line. | . Do not enter | r the mod | le of dying, suc | h es csn | diec or resp | | | Approximate interval Between |
| shock, or heart fellure. iMMEDIATE CAUSE (Final disease or condition | List only one ceus | e on each line. | . Do not enter | r the mod | le of dying, suc | h es csn | diec or resp | | | Approximate interval Between |
| shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING | s. RESPINOUE TO (| se on each line. | Do not enter | r the mod | le of dying, suc | h es csn | diec or resp | | | Approximate interval Between |
| shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate | s. RESPIF DUE TO (| PATORY OR AS A CONSEQUE | NCE OF): | r the mod | le of dying, suc | h es csn | diec or resp | | | Approximate interval Between |
| shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | b. AMYO DUE TO (1) DUE TO (1) DUE TO (1) | PATORY OR AS A CONSEQUE OR AS A CONSEQUE | NCE OF): | ERA | le of dying, suc | th es can | diec or resp | I AUTOPSY RMED? | rest, | Approximate interval Betwee Onset and Deal |
| shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST | b. AMYO DUE TO (1) DUE TO (1) DUE TO (1) | PATORY OR AS A CONSEQUE OR AS A CONSEQUE | NCE OF): | ERA | le of dying, suc | th es can | 24a. WAS AN PERFO | I AUTOPSY RMED? | rest, | Approximate interval Betwee Onset and Deal Onset an |
| shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions | b. AMYO DUE TO (1) DUE TO (1) DUE TO (1) | PATORY OR AS A CONSEQUE OR AS A CONSEQUE | NCE OF): | er the mod | cause given in | Part i. | 24a. WAS AN PERFO | I AUTOPSY RMED? | rest, | Approximate interval Betwee Onset and Deal Onset an |
| shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions. | b. AMYO DUE TO (1) c. DUE TO (1) d. HOSPITAL: | PATORY OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE death but not resu | NCE OF): ATTIMETED IN THE UTTHE | THE MODEL OF THE M | Cause given in | Part I. | 24a. WAS AN PERFO | I AUTOPSY RMED? | rest, | Approximate interval Betwee Onset and Deal Onset an |
| shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO | b. AMYO DUE TO (1) c. DUE TO (1) d. HOSPITAL: 1 Inpettent 2 | DE ON ESCH line. PATORY OR AS A CONSEQUE OR AS A CONSEQUE DOR AS A CONSEQUE DOR AS A CONSEQUE DOR AS A CONSEQUE DOR AS A CONSEQUE DOR AS A CONSEQUE DOR AS A CONSEQUE | NCE OF): NCE OF): ATTIMETER OF THE PORT | The mod | Cause given in | Part I. | 24a. WAS AN PERFO | I AUTOPSY RMED? | 24 | Approximate interval Betwee Onset and Deal Onset an |
| shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions. | b. AMYO DUE TO (1) c. DUE TO (1) d. HOSPITAL: | DR AS A CONSEQUE COR AS A COR AS A CONSEQUE COR AS A COR AS A COR AS A COR AS A COR AS A COR AS A COR AS A COR AS A COR AS A COR AS A COR AS A COR AS A COR AS A CO | NCE OF): ATTIMETED IN THE UTTHE | The mod | Cause given in | Part I. | 24a. WAS AN PERFO | I AUTOPSY RMED? | 24 | Approximate Interval Betwee Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea |
| shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH | B. RESPINOUS CO. DUE TO (1) | DR AS A CONSEQUE COR AS A COR AS A CONSEQUE COR AS A COR AS A COR AS A COR AS A COR AS A COR AS A COR AS A COR AS A COR AS A COR AS A COR AS A COR AS A COR AS A CO | NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): | 28. PLJ ER: arating Homa 28. INJU 28. INJU 1 Y | Cause given in ACE OF DEATH (Ch. 5 SP Residence JRY AT RKY ES 2 NO | Part I. | 24a. WAS AN PERFO | I AUTOPSY RMED? 2 (I) MO | 24 | Approximate Interval Betwee Onset and Dea Dea Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea |
| shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Heriural 5 Pending investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYS | B. RESPINATION OF COURT OF COU | ER/Outpatient 3 ER/Outpatient | NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): Alting in the u DOA OTHE DOA OTHE DOA OTHE NUMBER OF INJURY M occurred at the | 28. PLJ FR: uning Home 26. INJU 26. INJU 1 Yi ctory, office | Cause given in ACE OF DEATH (CA) 5 STREEMENT AT RES 2 NO | Part I. Part I. 28d. DE | 24a. WAS AN PERFO | I AUTOPSY RMED? 2 [] NO SINJURY OC SINJURY O | 24 CCURED or Rural | Approximate interval Betwee Onset and Dea Dea Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea |
| shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Heriural 5 Pending investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYS | B. RESPINATION OF COURSE OF THE PROPERTY OF TH | ER/Outpatient 3 ER/Outpatient | NCE OF): NCE OF): NCE OF): NCE OF): NCE OF): Alting in the u DOA OTHE DOA OTHE DOA OTHE NUMBER OF INJURY M occurred at the | 28. PLJ ER: rating Home 28c. INJU WOF 1 You ctory, office | Cause given in ACE OF DEATH (CA) 5 STREEMENT AT RES 2 NO | Part i. Part i. 6 Oth 28d. DE 28f. LOC | 24a. WAS AN PERFO | I AUTOPSY RMED? 2 INJURY OC and Number as stand due to t | 24 CCURED or Rural sted, | Approximate interval Betwee Onset and Dea Dea Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea |



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

| 1 | FOR STATE REGISTRAR | TATE OF MARYLAND | / DEPARTM | MENT OF H | EALTH AND N | MENTAL HYGIENE REG. NO. | | |
|---------------|---|-----------------------------------|---------------------|---------------------|---|---------------------------------|------------------|--|
| , | 1. DECEDENT'S NAME (First, Middle, Last) | | | | I | 2. DATE OF DEATH | | 3. TIME OF DEATH |
| | Howard | M | Di | etz | | 3/8/91 | YE. | 10115 Pm |
| | | SEX 6. AGE (In yrs. | | UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF BIRTH | | HRTHPLACE (State or Foreign |
| | 214 18 3595 | M2 F 71 | YRS. | INTHE DAYS | HOURS MIN. | (Month, Day, Year) 10-24-191 | - 1 | ountry) MD |
| | 9s, FACILITY NAME (If not institution, give atreet a | | 9 | b. CITY, TOWN O | R LOCATION OF OE | | 9c. COUNTY | OF DEATH |
| DIRECTOR | 2917 MANNS Avenue | | | Parkvi | lle | | Balti | imore Co |
| | RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY | | 10c. CITY, 1 | OWN OR LOCAT | ION | | | 10d. INSIDE CITY |
| E | MD Ba | ltimore Co | 100 | Parky | ville | | | LIMITS? |
| | 10e. STREET AND NUMBER | | - | 101 | ZIP CODE | | 10g. CITIZEN | OF WHAT COUNTRY? |
| 8 | 2017 Manua Busan | | | | 21234 | | | USA |
| FUNERAL | 29 17 Manns Avenu | WAS OECEDENT EVER IN U.S. | ARMED | 13. WAS DEC | | IC ORIGIN? (Specify Yes | or No.— 14. | RACE — American Indian, |
| - 11 | | FORCES? 1 YES 2 | NO | | 2 NO Specify | n, Puerto Rican, etc.) | | Black, White, etc. Specify: |
| B | 3 Widowed 4 Divorced | | NO | 1 | - (, , , , , , , , , , , , , , , , , , | NO | | White |
| COMPLETED | 15. DECEDENT'S EDUCATIO (Specify only highest grade comp | ON 16a | DECEDENT'S US | WAL OCCUPATION MORE | ON et al warking | 16b. KIND OF BUS | INESS/INDUST | RY |
| Li, | | offege (f-4 or 5+) | Iffe. Do NOT use I | etired.) | st or working | | | 1 |
| 릴 | | | | | | 1 21 | | |
| Ş I | 17. FATHER'S NAME (First, Middle, Last) | | 6.5 | | 18. MOTHER'S NA | ME (First, Middle, Maiden | Sumeme) | |
| BE C | GEROGE J. DIET | ZZ | | | CATH | HERINE TOLI | LEY | |
| | 19e. INFORMANT'S NAME (Type/Print) | | 19b. MAILING A | DDRESS (Street a | nd Number or Rural F | Soute Number, City or Town | , State, Zip Coo | le) |
| 임 | Anna Dietz | Wife | 2917 | Manns I | Avenue, I | Parkville, | MD 2 | 1234 |
| | 20s. METHOD OF DISPOSITION | | | | netery, cremetory or | | - | or Town, State |
| | 1 Denation 2 Cremation 3 Removal | mom state | or precey | | | | | |
| - 1 | 21, SHOWATURE OF FUNERAL SERVICE LICENS | Rønald Wad | lo Dir | 22. NAME AI | D ADDRESS OF FA | State | Anato | omy Board |
| - 1 | * Timbel 1 | 11/1/1/1/1 | <u>/15/91</u> | 655 W | Pal+imo | re St, Balt | | - |
| - | 21. PART I, Enter the diseases, or com | | | | | | | |
| | shock, or heart failure. List | anti- and anima on anal- | Man | | | • | | Internal Returns |
| | IMMEDIATE CAUSE (Final | a. T. 9. | | 1. 1 | 1 1 1 2 2 | with dar | 10-1 | Orraet and Death |
| | disease or condition resulting in death) | ucase pr | yocar | ral - | ischer | may y | yource | TON 12 -01 |
| | | OUE TO (OR AS A CO | STOUENCE OF | A. | 111001 | with. | burn | mal |
| Z | Sequentially list conditions, | word | cupie | 40 | NOW W | , mount. | 4.1 | , |
| Ĕ | if any, leading to immediata cause. Enter UNDERLYING | Hubott | TA A | aller | inster | ratio ave | lio Va | scular |
| CERTIFICATION | CAUSE (Disease or Injury | | NSEQUENCE OF | | | | - 6 | mine |
| E | that initiated events resulting in death) LAST | 0-1-1-1-1-1 | management of h | | | | | |
| 5 | C 4 | | | | | | | |
| AL | PART II. Other aignificant conditions co | ontributing to death but r | not resulting in | the underlyin | g cause given in | Part I. 24a. WAS AN | | 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO |
| | Kurun Po | setwe 9H | ess T. | OST. | 7ea 19 | 96 PERFOR | . 4 | COMPLETION OF CAUSE |
| MEDIC | steetal her | nia- rell | Pur a | roble | agilis | | V | OF DEATH? |
| | 11 | | 1 | - | 0 | _ | | |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL | • | | 26. P | LACE OF DEATH (Ch | neck only one) | | |
| 2 | | OSPITAL: Inpatient 2 ER/Outpatie | | OTHER: | na 5 & Basidance | 8 Other (Specify) | | |
| ¥ | 27. MANNER OF DEATH | 28e. DATE OF INJUNY | 28b. TIME | OF 128c. IN | JURY AT | 26d. DESCRIBE HOW | MURY OCCUR | RED |
| | 1 Natural 5 Pending | (Month, Day, 19 | INJU | | ORK? | | | |
| ВУ | 2 Accident Investigation 3 Suicide & Could not be | 28e. PLACE OF INJURY — | At home, farm, st | reel_factory, offi | 00 | 281. LOCATION (Street | and Number or | Rural Route Number, |
| 8 | 4 Homicide determined | building, atc. (Specify) | | | | City or Town State |) | |
| COMPLETED | 29e. CERTIFIER | 1 | | | | | | |
| AP | (Check only | N: To the best of my knowledg | | | | | | |
| Ö | 2 MEDICAL EXAMINER: C | In the basis of examination an | id/or investigation | , in my opinion, | death occured at the | s time, date and place, e | nd due to the c | cause(e) and manner as stated. |
| BEC | 296. SIGNATURE CHEST CON CERTIFICA | 20 | | | 29c. LICENSE NU | MBER (2) 2 | 29d. DATE S | IGNED (Month, Jay, Year) |
| | With the same | Jun | | | DORG | 92 | | 1/10/11 |
| 2 | 30. NAME AND ADDRESS OF PERSON WHO C | | | | | | | |
| | Dr. Frank Kasik | 9005 Hari | | Balti | more 212 | 34 | | |
| | 31. DATE FLED (1977). 2 2 1991 | 32. REGISTRAR'S SIGNATU | IRE | 4, | | | | |
| | ו ככו ~~ חאווו | guna Davidson | gandell | 1 | | | | |



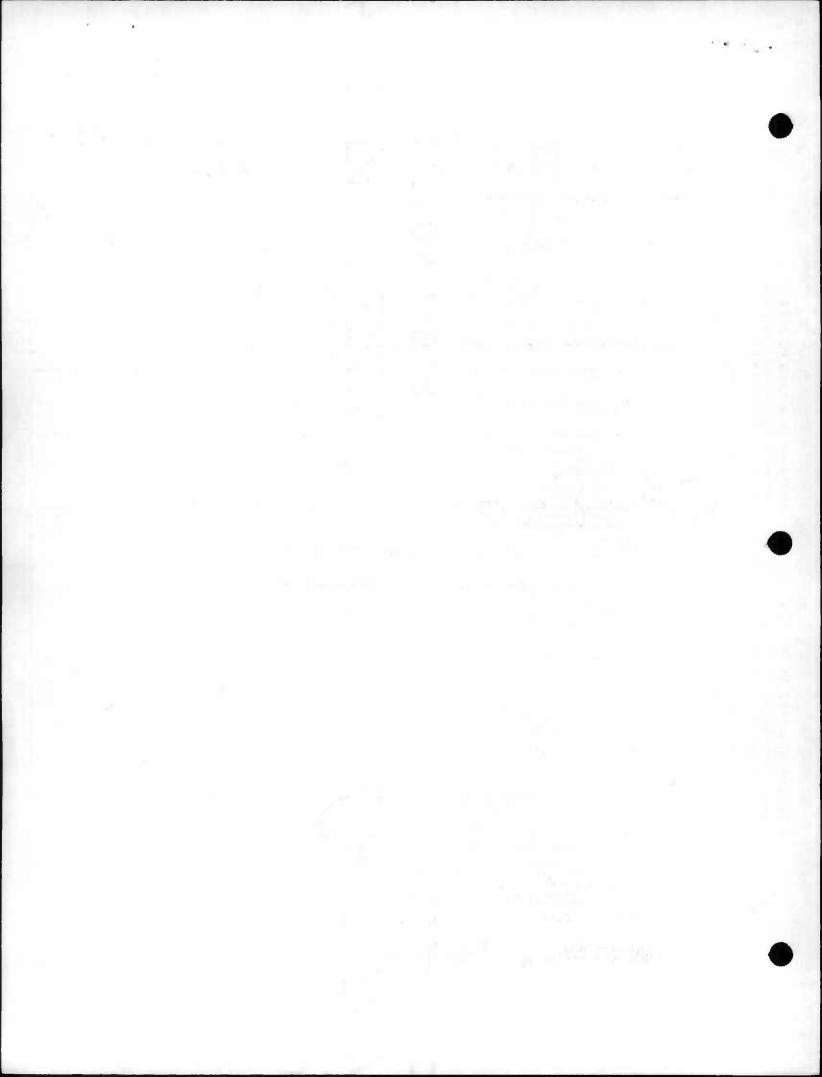
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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| | SPI | NER | Third. | Ë |
| 1 | č | E F | - | ŧ |
| 1 | The NOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a rouns after death. Page 6 may be retained by the hosp | THE HINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached | ithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | PONTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. |

. . . .

| | | 21 | 117 |
|---|----------------------------|------|-----------|
| STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH | MENTAL HYGIENE REG. NO. | | |
| Dorothy A. Emerine | 2. DATE OF DEATH | MEAN | 3. TIME O |

| 1 - FOR REGISTRAR | STATE OF MARYL | | MENT OF HEALTH AND | MENTAL HYGIENE REG. NO. | | |
|--|---|--|--|--|--|---------|
| 1. DECEDENT'S NAME (First, Middle, LI DOROTHY | Dorothy A. EMER. | . Emerine | | 2. DATE OF DEATH MONTH DAY 3 3 22 22 | 91 91 6 35 | H |
| 4. SOCIAL SECURITY NUMBER 2/9 /0 8663 | 1 □ M 2 反 F | 66 YRS. MC | FUNDER 1 YEAR OF UNDER 24 HRS. HTHS DAYS HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) 2/28/26 | 8. BIRTHPLACE (State or For Country) Md. | reign |
| 9a. FACILITY NAME (If not institution, g MERCY MEDICA RESIDENCE OF DECEDENT | AL CENTER | 96 | Balto. | PEATH 9c | COUNTY OF DEATH | |
| 10a. STATE 10b. COM | | | own or location | | 10d. INSIDE CITY LIMITS? 1 X YES 2 | |
| 600 Light St. | | | 101. ZIP CODE 21230 | 10 | g. CITIZEN OF WHAT COUNTRY? USA | |
| 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I | 2 X NO | 13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 TYES 2 A NO Spec | an, Puerto Rican, etc.) | | ma, |
| 15. DECEDENT'S (Specify only highest g | EDUCATION trade completed) Coffege (1-4 or 5+) | 16e. DECEDENT'S US (Give kind of work life. Do NOT use n | k done during most of working | 16b. KIND OF BUSINES | SS/INDUSTRY | |
| 17. FATHER'S NAME (First, Middle, Last, |) | Salespo | | Ben Fra AME (First, Middle, Malden Sum | | |
| John H. Emeri: 19a. INFORMANT'S NAME (Type/Print) | ne | HALL SALES | Mary ODRESS (Street and Number or Rura | | | |
| Steven P. Alms 20a. METHOD OF DISPOSITION 1 Burlel 2 Decrement on 3 1 4 Donation 5 0 Other (Specify) | Ramoval from Stata | | . Charles St. ON (Name of cemetery, cremetory or | 20c. LOCATI | 21230 ON — City or Town, Stata Lto., Md. | |
| 21. SIGNATURE OF FUNERAL SERVICE | LIGHNER | 2 | 22. NAME AND ADDRESS OF F John C. Mill 6415 Belair | er Inc. | | Ī |
| IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | c. PHEOD | A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): | ACCOUNT HYPERIENSION TOMA | | Onset end | |
| PART II. Other algnificent cond | itione contributing to death | but not resulting in | the underlying cause given i | Part I. 24a. WAS AN AUTPERFORMED | D? AMILABLE PRIOR | CAUSE |
| 25. WAS CASE REFERRED TO MEDICA EXAMINER? | HOSPITAL: | 16 | 26. PLACE OF DEATH (C | Check only one) | | |
| 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pending investiget | 1 Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) | tpatient 3 🗆 DOA 4 | ☐ Nursing Home 5 ☐ Rasidence | 6 ☐ Other (Specify) 28d. DE\$CRIBE HOW INJU | RY OCCURED | |
| 2 Accident investigat 3 Suicide 8 Could no 4 Homicide detarmine | t be 28e. PLACE OF INJUF | RY — At home, farm, streecify) | eet, factory, office | 281. LOCATION (Street and City or Town, State) | Number or Rurel Route Number, | |
| CONSTRUCTION OF THE PROPERTY O | | | at the time, date and place, and de | | as stated. ue to the cause(a) and manner as a | stated. |
| 296. SIGNATURE AND TITLE OF CERT | ndo Jeno | | 29c. LICENSE N | UMBER 25 | 3/23/9/ |) |
| 7.00 | FEXRO MP. | 311 57 | ini) - PAUL PLACE | BASTHORE | F, MD 21201 | |
| 31. DATE FILED (Month, Day, Year) | 91 Julia Davi | dson-Randell | | | | |



| | FOR | OTATE OF MADI | (1 AND / DEDAI | | 1541711 4110 144 | | 9 | | 0/938 |
|--------------------|--|--|-------------------------------|--|--|----------------------------------|---|-----------------------------|--|
| | 1 - STATE REGISTRAR | STATE OF MARY | | ICATE OF | | ENIAL HYGIE! REG. NO | | | |
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | : | 2. DATE OF DEATH | DAY | YEAR | 3. TIME OF DEATH |
| | GOLDIE MAE EDMOND | S | | | | MAR. | 21 | 1991 | 130 " |
| | 4. SOCIAL SECURITY NUMBER 232-28-2610 | | (In yrs. last birthday) (YRS. | MONTHS DAYS | HOURS MIN, | (Month, Day, Year) Tuly 29,1 | 919 | 6. BIRTH Countr W . V | PLACE (State or Foreign y) irginia |
| _ | 9a. FACILITY NAME (If not institution, give st | reet and number) | | 9b. CITY, TOWN | OR LOCATION OF DEAT | Н | 9c. COU | NTY OF D | EATH |
| 5 | FOREST HAVEN NURS | ING HOME | | CATON | SVILLE | | تــــــــــــــــــــــــــــــــــــــ | BALTI | MORE |
| DIRECTOR | MARYLAND 106. COUNTY | | | TY, TOWN OR LOCA BALTIMOR | | | | | 10d. INSIDE CITY LIMITS? 1 YES 2 NO |
| ME | 100. STREET AND NUMBER 1820 SPENCE STRE | Eπ | | 10 | f. ZIP CODE | | 10g. CIT | | VHAT COUNTRY? |
| FUNERAL | | | | | 21230 | | | U.S. | |
| B | 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT EVE FORCES? 1 YES, GIVE WAR OF | ES 2 NO | If yes, sp | CENDENT OF HISPANIC Decify Cuban, Maxican, S 2 NO Specify: | | es or No— | Black | E — American Indian, k, White, etc. thy: WHITE |
| 9 | 15. DECEDENT'S EDUC (Specify only highest grade | | (Give kind of | S USUAL OCCUPATION Work done during me | ON ost of working | 16b. KIND OF BI | JSINESS/IN | DUSTRY | |
| COMPLETED | 5TH GRADE | College (1-4 or 5+) | Iffe. Do NOT | Y WORKER | | APPLE | FACTO | RY | |
| BE CON | 17. FATHER'S NAME (First, Middle, Lest) CHARLES DOV | E | | | 16. MOTHER'S NAME MARTHA | E (First, Middle, Meide LAUER | n Surname) | | |
| 10 8 | 199. INFORMANT'S NAME (Type/Print) MARY F. SCHAFFLE 2226 GABLE AVENUE | | | | | | | | 21230 |
| | 20a. METHOD OF DISPOSITION 1 XBurlal 2 Cremetion 3 Reme | oval from State | 20b. PLACE AND DA | TE OF DISPOSITION | N (Name | 1 | OCATION - | | |
| | 1 XBurlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) GLEN HAVEN MEMORIAL PARK 21. SIGNATURE OF FUNEBAG SERVICE LICENSEE | | | | | | LEN E | BURNI | E |
| | Jones G. | milt | | HUBBA | RD FUNERAL | L HOME IN | | ORE | MD. 21229 |
| | 23. PART I. Enter the diseases, or o shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) | a. Clast only one cause of | n eech line. | | and the state of t | | | | Approximate interval Between Onset and Death |
| z | CONGESTIVE HEART FAILURE | | | | | | | LIRE | |
| CERTIFICATION | Sequentially list conditions, If sny, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | |
| CERTI | that Initiated events resulting in deeth) LAST d. DIA BETES MELLITUS | | | | | | | | |
| PHYSICIAN: MEDICAL | PART II Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PERT ERAL VASCULAR INSUPPLIED PROTOCOMPLETION OF CAUSE OF DEATH? GANGRENIELET BLGTDE. 246. WAS AN AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | | | | | | | |
| CIAI | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | | PLACE OF DEATH (Chec | k only one) | | | |
| YSI | 1 TES 2 NO | 1 Inpatient 2 ER/ | | | me 5 🗆 Residence 6 | | | | |
| ву Рн | 27. MANNER 5 Pending Investigation | 28s. DATE OF INJU (Month, Day, Ye. | | NJURY W | JURY AT PORK? YES 2 NO | 28d. DEŞCRIBE HOV | / INJURY O | CCURED | |
| | 2 Accident Investigation 3 Suicide 6 Could not be determined | Could not be 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | | | | | Route Number, | |
| COMPLETED | one) | ICIAN: To the best of my k | | | | | | | (a) and manner as stated. |
| BE CO | 296. SHARADRE AND TITLE OF CERTIFIE | A.M | to -1. | Phys | 29c. LICENSE NUME | | | TE SIGNE | |
| TO B | 30. NAME AND ADDRESS OF LEASON WH | O CONPLETED CAUSE OF | DEATH (ITEM 27) (Tr | De, Print) | 1 11 11 | 1100 | 200 | 3 | 21/9/ |
| | The second secon | | CHIE HIGH | 4 4 7 | E E, GLEN | A GIVID I | D. 2 | 1061 | 21225 |
| | 31. DAT MAR 102 5 1991 | 1320 REGISTRANTES | | | | | | | |

x (- aryll Fry - arably ka h

| | FOR S | STATE OF MARYLAN | NN / NEPAR | TMENT OF H | FAITH AND K | AENTAI HYGIEN | F | 01 | |
|--------------------|--|-------------------------------------|---------------------|-------------------------|---|--|------------------|-----------------------------|----------------------------------|
| | 1 - STATE REGISTRAR | INIE OF MARTIER | | ICATE OF | | REG. NO | | | |
| | 1. OECEDENT'S NAME (First, Middle, Last) | | | | | 2. DATE OF DEATH | | 3. TIME | E OF DEATH |
| | KAREN FREEBA | AIRN ELDER | | | | MAR 20 1 | | 3 | :35 A M |
| | | | yrs. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF BIRTH (Month, Day, Year) | 6. | BIRTHPLACE (| State or Foreign |
| | 529-48-7153 | □ M 2 😾 F 52 | YRS. | MONTHS DAYS | HOURS MIN. | MAY 26 1 | UTAH | | |
| | 9a. FACILITY NAME (If not institution, give street | | R LOCATION OF DE | | 9c. COUNTY | | | | |
| DIRECTOR | NATIONAL NAVAL MED | OICAL CENTER | | HESDA | | MON' | rgomer | Y | |
| E | 10s. STATE 19b. COUNTY | | 10c. CIT | Y, TOWN OR LOCAT | ION | | | 10d. IN | SIDE CITY MITS? |
| 5 | VIRGINIA FAIR | KFAX | | ANNAN | IDALE. | | | | ES 2 0 NO |
| | 10e. STREET AND NUMBER | 21 | | | ZIP CODE | | 10g. CITIZEN | OF WHAT CO | UNTRY? |
| FUNERAL | 4218 WILLOW WOODS | DRIVE | | | 22003 | | HINT | TED ST | ATES |
| 3 | | WAS DECEDENT EVER IN U | J.S. ARMED | | ENDENT OF HISPAN | IC ORIGIN? (Specify Yes | | RACE - Ame Black, White, | |
| | 1 Never Married 2 X Married | FORCES? 1 YES | ES | | cify Cuban, Maxicar 2 🖫 NO Specify. | n, Puarto Rican, etc.) | ľ | Specify: | etc. |
| BY | 3 Widowed 4 Divorced | 1959 - | 1961 | | Λ | | | 1 | WHITE |
| COMPLETED | 15. DECEDENT'S EDUCATION (Specify only highest grade com | | (Give kind of t | USUAL OCCUPATION | | 18b. KINO OF BU | SINESS/INDUS | TRY | |
| | Elementary/Secondary (0-12) Co | ollege (1-4 or 5+) | life. Do NOT us | se retired.) | | | | | |
| MP | | 4 | HC | USEWIFE | | | | | |
| Ö | 17. FATHER'S NAME (First, Middle, Last) | | | | 18. MOTHER'S NAI | ME (First, Middle, Maiden | Surname) | | |
| BE (| WILLIAM EARL FR | EEBAIRN | | | MARIO | N ELIZABE | гн јонг | NSON | |
| 0 | 19s. INFORMANT'S NAME (Type/Print) | | 19b. MAILING | ADDRESS (Street a | nd Number or Rural F | Route Number, City or Tow | n, State, Zip Co | de) | |
| Ĕ | RALPH ELDER | | 421 | 8 WILLOW | WOODS DR | IVE, ANNA | NDALE. | VA 220 | 003 |
| | 20s, METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal | from State | other placel | SITION (Name of cer | | | CATION — City | | |
| | 4 Donation 5 Other (Specify) | | Fa | irfax Cr | ematory | Fa | airfax | ,Virgi | nia |
| | 21, SICHATURE OF FUNERAL SERVICE LICENS | E | . 1 | 22. NAME AN | ID ADDRESS OF FAC | Everly | Funers | al Home | 6 |
| | David D 6 | L_mD. P | 1 | 105 | 65 Main | St. Fairfa | | | |
| | 23. PART I. Enter the diseases, or com- | plicetions that ceused f | the death. Do | | | | | | pproximata |
| | ahock, or heart failure. List | | | | , | | , | - Ir | ntarval Batwean |
| | IMMEDIATE CAUSE (Final disease or condition | | | | | | | " | mset and beau |
| | resulting in dasth) | DUE TO (OR AS A C | | | LEUKEMIA | | | | |
| | | DUE TO (OR AS A C | ONSEQUENCE (| r): | | | | i | |
| O | Sequentially list conditions, b | DUE TO (OR AS A C | YOUSEOHENCE O | ri. | | | - | | |
| AT | if any, leading to immediate cause. Enter UNDERLYING | 202 10 (011 X3 X 0 | ONSECUEITOE O | •)• | | | | j | |
| CERTIFICATION | CAUSE (Diseese or injury | DUE TO (OR AS A C | CONSEQUENCE O | fi: | | | | | |
| Ē | that initieted events resulting in death) LAST | | | | | | | ļ | |
| CE | d | | | | | | | | |
| | PART II. Other eignificant conditions of | ontributing to deeth but | t not reaulting | In the undarlyin | g cauea givan in | Part i, 24s, WAS AN | | | AUTOPSY FINDINGS BLE PRIOR TO |
| 5 | | | | | | 1 _ YES : | | | ETION OF CAUSE |
| E | | | | | | | | | ES 2 NO |
| - | | | | | | | | | |
| A | 25. WAS CASE REFERRED TO MEDICAL | | | 26. PI | LACE OF DEATH (Che | eck only one) | | 1 | |
| Sic | EXAMINER? | OSPITAL: Inpatient 2 - ER/Outpat | tient 3 🗆 DOA | OTHER: 4 Nursing Hon | ne 5 🗆 Residence | 6 Other (Specify) | | | |
| PHYSICIAN: MEDICAL | 27. MANNER OF DEATH | 28e. DATE OF INJURY | 28b. TIA | E OF 28c. INJ | JURY AT | 28d. DESCRIBE HOW | INJURY OCCUP | RED | - |
| | 1 X Natural 5 Pending Investigation | (Month, Day, Year) | in. | | YES 2 NO | | | | |
| ВУ | 2 Accident Investigation 3 Suicide 6 Could not be | 26a. PLACE OF INJURY - | | atreet, factory, offic | | 26f. LOCATION (Street | | Rural Route Nu | mber, |
| TED | 4 Homicide detarmined | building, atc. (Specify | y/ | | | City or Town, State |) | | |
| COMPLET | 29a. CERTIFIER 1 X CERTIFYING PHYSICIAN | N: To the best of my knowled | doe death occur | red at the time state | and place, and due | to the causelet and | nner se stated | | |
| MP | (Check only one) 2 MEDICAL EXAMINER: 0 | | | | | | | | anner as stated |
| ၀ | | | | , epinally t | | | | | |
| BE | 296. SIGNATURE AND THILE OF CERTIFIER | 1/2/ | M A | | D-3757 | | 29d. DATE S | IGNED (Month, | |

D-37576

30. NAME AND ADDRESS OF PERSON MY COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

NATIONAL NAVAL MEDICAL CENTER BETHESDA, MD 20889-5000

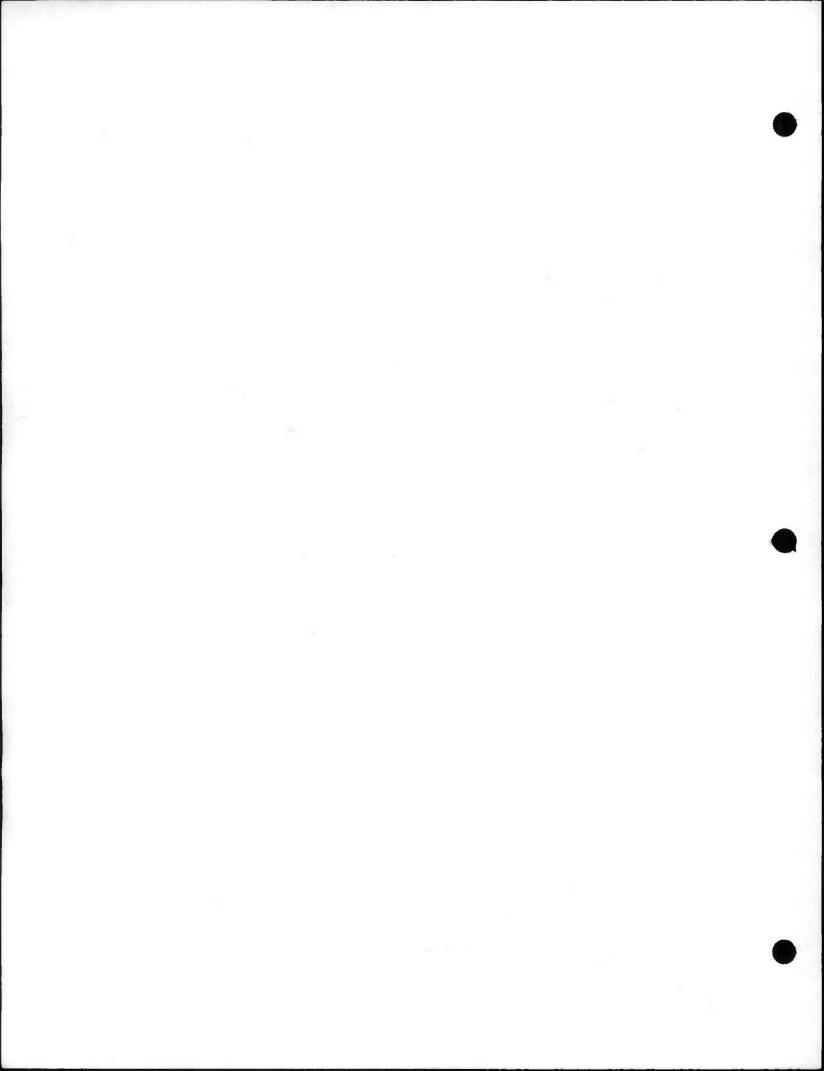
ROBERT J. KASTNER, LT, MC, USNR

32. REGISTRAR'S SIGNATURE Guha Davidson Randalle

2

12

03-20-1991



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

2

31. DATE FILED (Month, Day, Year)

MAR 25

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF QUATH (ITEM 27)

1991

Greene

Street

32. REGISTRAR'S SIGNATURE
JUNIA DAVIDSON-Pandall

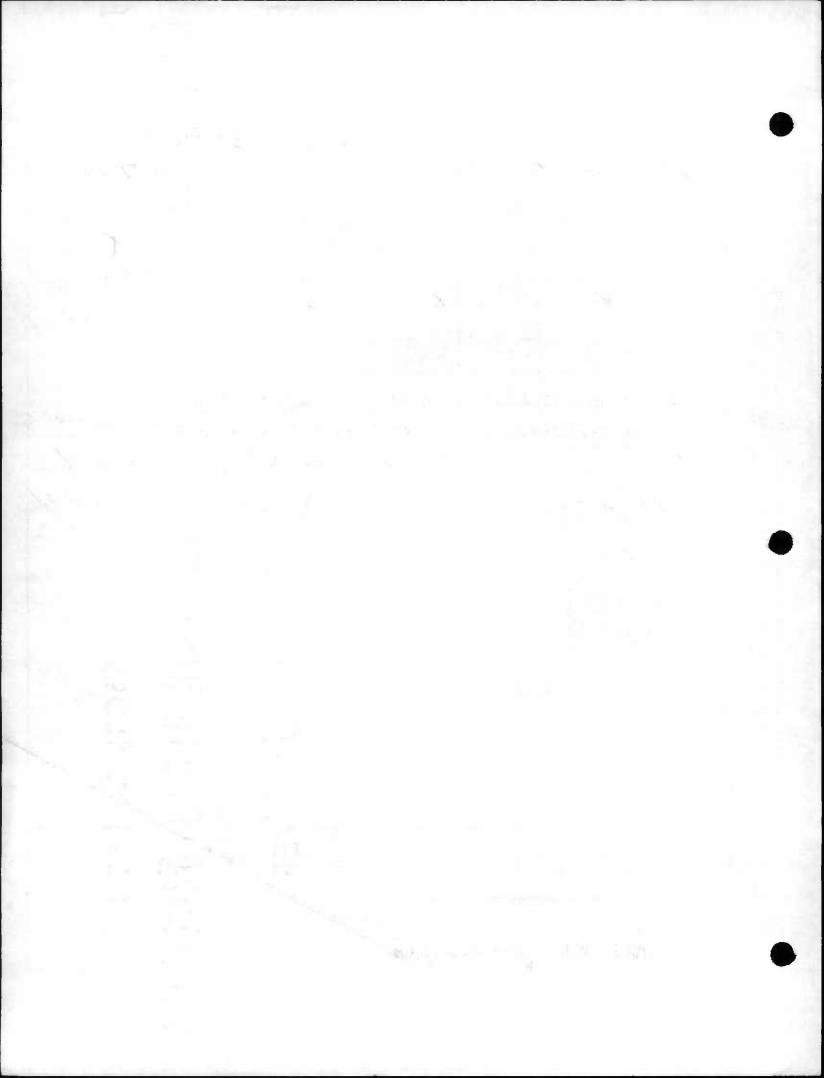
| | permit. Pages 1, 2, 3 should | | |
|---|---|--|---------------------------------|
| or attending physician. | s certificate has been signed by the artending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 st | | |
| retained by the hospital | 5 should be detached for | | notified at once. |
| THE HOSPIAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours aref death, rage to may be retained by the hospital of an | ne funeral director, page | in in | examiner must be r |
| uted within 24 hours are | completely filled in by ti | rial, cremation, or remov | c event, the medical |
| death certificate be exec | e attending physician and | lental Hygiene prior to bu | ury, or other traumat |
| he law requires that the | has been signed by the | e Dept. of Health and M | m 23 shows any init |
| TENDING PHYSICIAN: 1 | TOR: After this certificate | after death with the Stat | 28 is marked, or ite. |
| D THE HOSPITAL OR AL | O THE FUNERAL DIRECTOR: After this | e filed within 72 hours after death with | MPORTANT: If Item 28 is marked. |

07940 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF OEATH 7. DATE OF BIRTH theistone 21/general reo 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign Country): IF UNDER 1 YEAR IF UNDER 24 HRS. M 2 | F TV 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF Instite Mayland In for Emerg. Medical Source Saltimore DIRECTOR 10b. COUNT 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY 135 Prol formere YES 2 NO FUNERAL 101. ZIP CODE 10e. STREET AND NUMBER AT COUNTRY? 10g. CITIZEN OF WH 100. 4.5 0 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indien, Black, White, etc. If yes, specify Cuban, Mexican,

1 YES 2 O Specify: 2 Married 1 Never Married BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ry (0-12) College (1-4 or 8+) 18. MOTHER'S NAME (First, Middle, Maiden Sury 17. FATHER'S NAME (First, Middle, Last) BE 19h MAILING ADORESS (SE 2120 2 01 BATE/ 20b. PLACE ANO DATE OF DISPOSITION (Na of cyniatacy crematory other place) METHOD OF DISPOSITION 20c. LOCATION Burial 2 Cremation 3 Donation 8 Other (Specify) n 3 🗆 R bull u 21. SIGNATURE OF FUNERAL SERVICE LICENSEE V.m Uncka 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reapiratory Approximete shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sudden death DUE TO (OR AS A CONSEQUENCE OF) cardiacdisease CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING reval stale disease CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL **AMAILABLE PRIOR TO** henatoma COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 Propertient 2 PR/Outpatient 3 DOA OTHER: 1 TYES 2 NO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF OFATH 284, OEȘCRIBE HOW INJURY OCCURED 5 Pending 1 Netural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER

(Chack and)

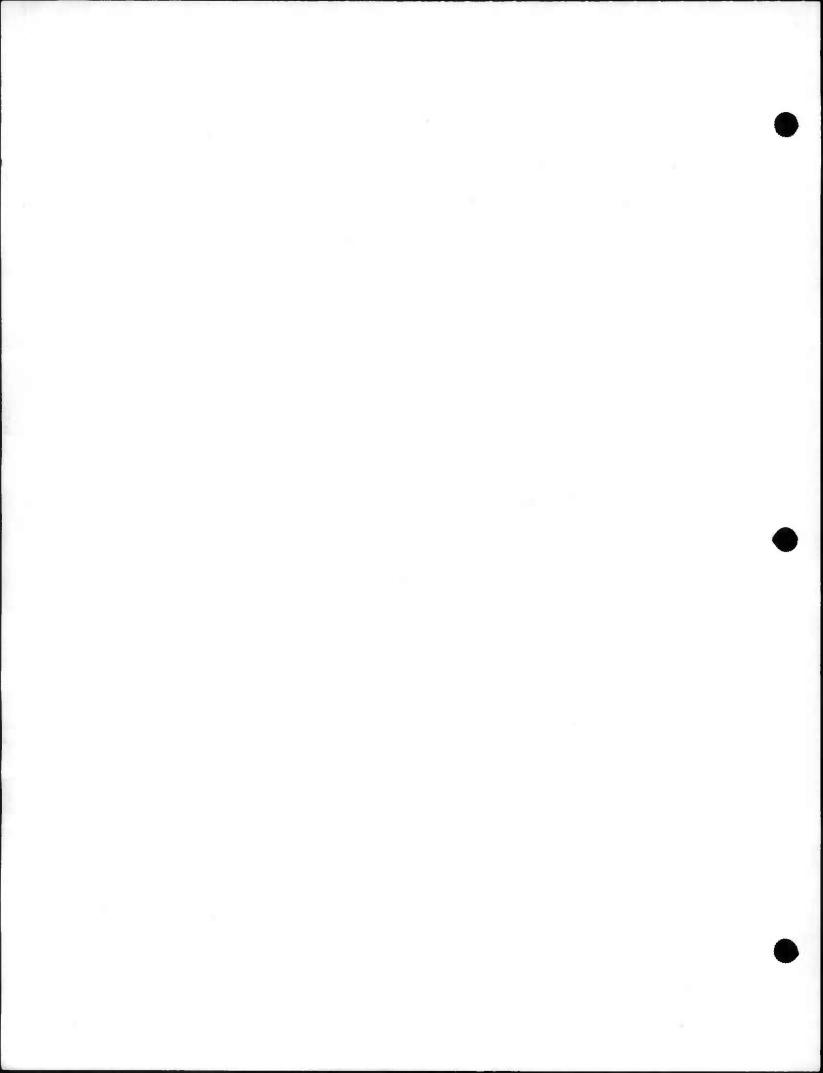
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basic of exami for end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 29d, DATE SIGNED (Morph, Day, 29b. SIGNATURE AND TITLE BY CERT 29c. LICENSE NUMBER 8 0



| BALTIMORE, MARYLAND 21203-3146 | 24 hours after death. Page 6 may be retained by the hospital or attending physician. | THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should | ion, or removal. | the medical examiner must be notified at once. |
|--|---|--|--|--|
| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. | TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |

| + | 1 - STATE REGISTRAR | | CF | · R I II- | н ан | OF | DEAT | TH. | BI | EG. NO. | | | |
|-----------------|--|--|---|---|---------------------------|--|-------------------------|------------|-----------------------------------|-------------|---------------------------|-----------------------|--|
| - | 1. DECEDENT'S NAME (First, Middle, Last) | | | , | | - 0. | | | 2. DATE OF O | EATH | | | 3. TIME OF OEATH |
| | I amaza E. I | Floolso | | | | | | | Marcl | 10 | | YEAR | 11:15 P. M |
| | Leroy F. J. | 5. SEX | 6. AGE (In yrs. lest | birthday) | IF UNDER | 1 YEAR | IF UNDER | 24 HRS. | 7. DATE OF B | HTH | 1991 | | LACE (State or Foreign |
| | 217 14 241 1 | 1 🖾 M 2 🗆 F | 67 | YRS. | MONTHS | DAYS | HOURS | MIN. | (Month, Day | | | Country | Md |
| | 217 16 361 1 9a. FACILITY NAME (If not institution, give street | et and number) | | | 9b. CITY | . TOWN 0 | R LOCATI | ON OF DE | | 74 | 9c. COU | NTY OF DE | ATH |
| Œ | T1. D 374 Ma | Ji 1 Con | 400 | | R. | אז דד | MOR | FC | TV | | | | |
| 5 | Loch Raven VA Med | aicai Cei | iter | | 102 | JT II | IVIOIV | .E () | 11 | | | | |
| DIRECTOR | 10a. STATE 10b. COUNTY | | | 10c. CITY, TOWN OR LOCATION | | | | | | | | | 10d. INSIDE CITY |
| | MD | | | В | altim | ore | | | | | | | 1 N YES 2 NO |
| AL | 10e. STREET AND NUMBER | | | | | 101 | ZIP CODE | | | | | HAT COUNTRY? | |
| Ä | 2723 Baker Street | | | | | | 212 | 216 | | | | US | A |
| FUNERAL | 11. MARITAL STATUS 1 X Never Married 2 Married | 12. WAS DECEDENT FORCES? 1 | EVER IN U.S. ARI | MED | | | | | IC ORIGIN? (Sp n, Puerto Rican | | or No | 14. RACE Black, | - American Indian, Whita, atc. |
| ВУ | 3 Widowed 4 Divorced | | | | 2 X NO | | | | | Specify | Black | | |
| | 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY | | | | | | | Diack | | | | | |
| Ш | (Specify only highest grade or | ompleted) | (Gh | ve kind of | work done se retired.) | during mo | st of working | ng | Tool ron | 0, 000 | 11120071111 | 3001111 | |
| PLE | Elementary/Secondary (0-12) | College (1-4 or 5+ | , | | | | | | | | | | |
| COMPLETED | 17. FATHER'S NAME (First, Middle, Last) | | ا | | | | 18, MOTI | HER'S NA | ME (First, Middle | , Maiden : | Sumame) | | |
| EC | Frank Fleeks | | | | | | | mie C | | | | | |
| 8 | 19a. INFORMANT'S NAME (Type/Print) | | 19b | MAILING | ADDRES | S (Street a | | | loute Number, C | ity or Town | , State, Zij | o Code) | |
| T0 | Major A. Fleeks | | | 272 | 3 Bak | er St | reet | Ва | 1timore | Md 2 | 21216 | | |
| | 200 METHOD OF DISPOSITION | | 20b. PLACE | OF DISPO | | | | | | | | City or Tow | rn, Stata |
| | 1 A Buriel 2 Cremation 3 Remov | al from State | other pla | iarris | on Fo | rest | Veter | an C | em l | Ow: | inas I | Mills. | Md |
| | 4 Donation 5 Pother (Specify) Garrison Forest Veteran Cem Owings Mills, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSER 22. NAME AND ADDRESS OF FACILITY | | | | | | | | | | | | |
| | March F/H West | | | | | | | | | | | | |
| | 23. PART I. Enter the diseases, or co | malications that | onund the de | eth Do | not enter | | | | h Avenue | | | | Approximate |
| | shock, or haart failure. Li | | | | not enter | THE INC | ue or uy | my, suci | i es cardiac | or respii | ratory ar | rest, | Interval Between |
| | iMMEDIATE CAUSE (Fine) disasse or condition | | | | | | | | | | | | Onset and Death |
| | resulting in death) a. | _Uremi | OR AS A CONSEC | NENCE C | AD. | | | | | | | | 4 days |
| | | | c renal f | | | | | | | | | | |
| CERTIFICATION | Sequentially list conditions, b. | | OR AS A CONSEC | | | | | | | | | | 1 |
| AT | if any, leading to immediate cause. Enter UNDERLYING | | | | | | | | | | | | |
| 잂 | CAUSE (Disease or Injury that initiated events | DUE TO | (OR AS A CONSEC | QUENCE C | F): | | | | | | | | |
| H | resulting in deeth) LAST | | | | | | | | | | | | |
| | DATE II ON THE STATE OF THE STA | | | | 1 | | | | n I | | | T | |
| CAL | PART II. Other significent conditions | | ardiom vo | | | поепун | g cause | given in | Part I. 244 | PERFOR | | | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE |
| EDIC | Diabetes mellit | us C | ardioniyo | pati | <u>y</u> | | | | _ 10 | YES 2 | □ NO | | OF DEATH? |
| Σ | AIDS | | | | | | | | | | | | 1 TES 2 TO NO |
| 0.0 | Toxoplasmosis 25. WAS CASE REFERRED TO MEDICAL | | | | | 00.50 | 105.05.5 | SEATH ON | | | | | |
| A | EXAMINER? | HOSPITAL: | | C | OTHE | A: | | | eck only one) | | | | |
| CIAN | | 1 Inpatient 2 | | 28b. Til | 1 | | He 5 ∐ R | esidence | 8 Other (Sp 28d. DESCRI | | WHIRA OC | CURED | |
| IYSICIAN | | | | | JURY | WC | PRIC? | ¬ NO | zou. Degotal | DE HOW II | 100111 00 | CONED | |
| PHYSICIAN: | 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending | 26a. DATE OF (Month, D | 2,012, | 2 Acoldent Investigation | | | | | | | | | |
| B⊀ | 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation | (Month, D | | me. ferm. | street fac | 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route No. 17 City or Town, State) | | | | | | | |
| ED BY | 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be | (Month, D | F INJURY At ho | me, farm, | street, fac | tory, offic | • | | | | ind Numbe | or or Rural R | oute Number, |
| ED BY | 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined | (Month, D | F INJURY At ho etc. (Specify) | | | | | | City or To | wn, State) | | | oute Number, |
| ED BY | 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICI | 28e. PLACE Obuilding. | F INJURY — At ho etc. (Specify) my knowledge, de | eath occur | red at the | time, date | and place | | City or To |) and mar | nner as sta | nted. | |
| ED BY | 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only 2 MEDICAL EXAMINER | 28e. PLACE Obuilding. | F INJURY — At ho etc. (Specify) my knowledge, de | eath occur | red at the | time, date | and place | red at the | City or To |) and mar | nner as str d dua to t | nted. the cause(a) | and manner as stated. |
| E COMPLETED BY | 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICI | 28e. PLACE Obuilding. | F INJURY — At ho etc. (Specify) my knowledge, de | eath occur | red at the | time, date | and place | | City or To |) and mar | nner as str d dua to t | nted. the cause(a) | |
| BE COMPLETED BY | 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER | (Month, D 28e. PLACE 0 building, IAN: To the best of e | FINJURY — At ho etc. (Specify) my knowledge, de xamination and/or it | ath occur | red at the | time, date | and place | red at the | City or To |) and mar | d due to t | nted. the cause(a) | and manner as stated. (Month, Day, Year) |
| E COMPLETED BY | 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only 2 MEDICAL EXAMINER 29b. SIGNATURE AND ADDRESS, DE PERSON, WHO | (Month, D building, | FINJURY — At ho etc. (Specify) my knowledge, de xamination and/or i | nath occur investigat M 27) (Typ | red at the ion, in my | time, dete | and place leath occu | ENSE NUI | City or To |) and mar | d dua to t | nted. TE SIGNED | and manner as stated. (Month, Day, Year) |
| BE COMPLETED BY | 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 8 Could not be determined 29a. CERTIFIER (Check only 2 MEDICAL EXAMINER 29b. SIGNATURE AND ADDRESS, GE-PERSON WHO | IAN: To the best of e | FINJURY — At ho etc. (Specify) my knowledge, de xamination and/or i | nath occur investigat M 27) (Typ i Cin 6 | e, Print) | time, dete | and place leath occu | ENSE NUI | City or To |) and mar | d dua to t | nted. TE SIGNED | and manner as stated. (Month, Day, Year) |

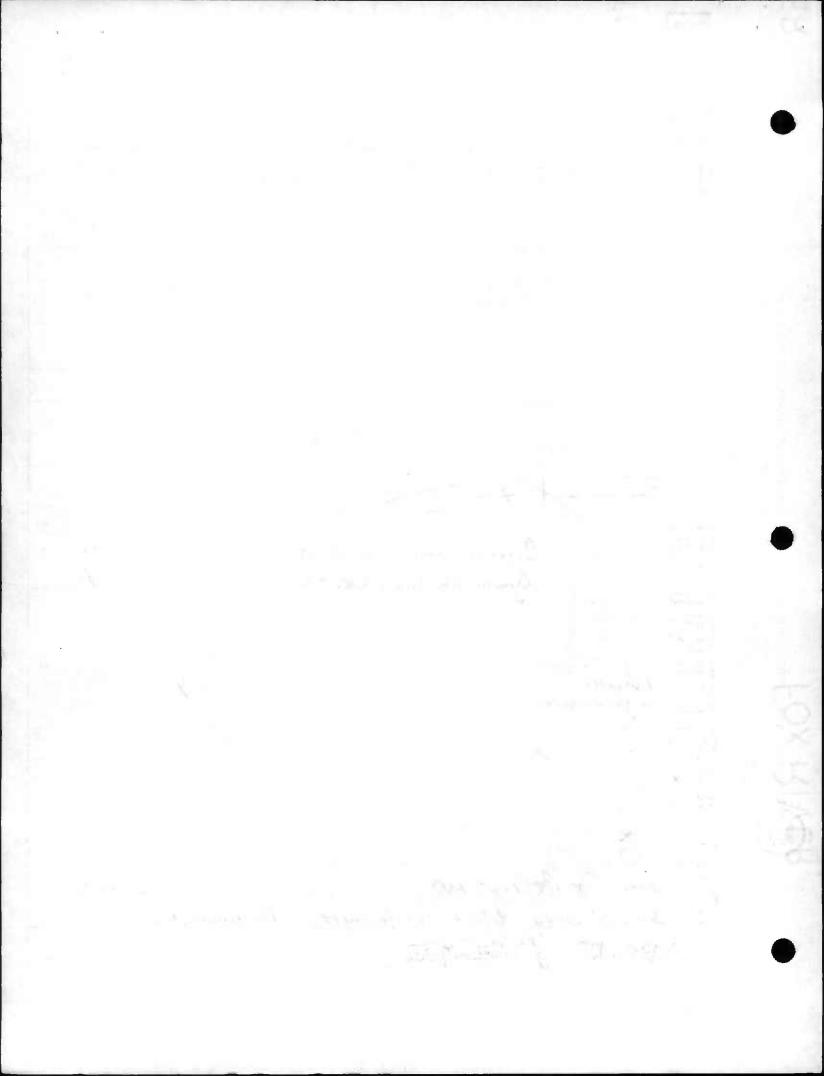




FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | - REGISTRAR | | CI | ERTIF | CATE (|)F | DEATH | | REG. NO | | | |
|---------------|--|---------------------------------|--------------------------------|----------------------|------------------------|---|--|----------------------------|---------------------------------|------------------|-------------------|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | 7/7 | | | | | | 2. DATE O | | AY | YEAR | 3. TIME OF DEATH |
| | BUSTER P. GRA | | | | | | | 03 | 22 | 1.9 | 91 | 6:45 P M |
| | 4. SOCIAL SECURITY NUMBER 249-26-2664 | 5. SEX 6 | 7.5 | st birthday) YRS. | MONTHS DA | AR NYS | HOURS MIN. | 7. DATE 0 (Month, 07 | F BIRTN Day, Year) -22- | 16 | 6. BIRTI Count | NPLACE (State or Foreign S.C. |
| _ | 9a. FACILITY NAME (If not institution, give | | 7.7.1.7 | | 96. CITY, TO BALTIN | | R LOCATION OF DE | EATN | | | T TOTAL | |
| DIRECTOR | THE JOHNS HOPK | INS HOSE | PITAL | | DILLI | 101 | L CIII | | | DAL | T TM(| ORE CITY |
| <u>ا</u> ي | 10a. STATE 10b. COUNT | Y | | 10c. CIT | r, TOWN OR L | OCATI | ON | | | | | 10d. INSIDE CITY |
| ă | MD | | | BAL | TIMO | RE | CITY | | | | | 1 X XES 2 □ NO |
| ¥ | 10e. STREET AND NUMBER | | | | | 101. | ZIP CODE | | | 10g. CITI | ZEN OF | WHAT COUNTRY? |
| FUNERAL | | Y APT-8 | | | | _ | 21213 | | | | US | |
| B | 11. MARITAL STATUS Never Married 2 Married Married 4 Divorced | FORCES? 1 [IF YES, GIVE WAI | YES 2 X | | If yo | s, spe | ENDENT OF NISPAN city Cuban, Maxica 2 NO Specifi | n, Puerto R | | s or No | Spec | E — American Indian, k, White, etc. BLACK |
| | 15. DECEDENT'S EDU (Specify only highest grade | | 16a. Di | ECEDENT'S | USUAL OCCU | PATIO | N at of working | 18b. | KIND OF BU | SINESS/INC | USTRY | |
| COMPLETED | Elementary/Secondary (0-12) | College (1-4 or 5+) | ii. | s. Do NOT us | e retired.) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | В & | O RA | ILR | OAD |
| 충 | 17. FATHER'S NAME (First, Middle, Last) | | | | | | 18. MOTHER'S NA | ME (First, M | iddle, Malden | Surname) | | |
| BE | RUBEN GRANT | 1 | | | | | SUS | SAN | | MAN | NIN | IG |
| 6 | 19a. INFORMANT'S NAME (Type/Print) | | 19 | | arrested. | | nd Number or Rural I | | | | | . 01007 |
| | SHIRLEY GII 200 METNOD OF DISPOSITION | ES_ | 20h BLACI | | LAKI E OF DISPOSI | | | R./E | | MORE CATION — | - | ID. 21227 |
| | 1X1/gurial 2 Cremation 3 Ren 4 Donation 8 Other (Specify) | | OLD | IMMA | or other place NUEL | R. | E. CEM | ETER | | LVIN | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LI | CENSEE | _ | | | | D ADDRESS OF FA | | | | | |
| | 1/mancy | TA | v > | | | | | | | | | ORTH AVE. |
| | 23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition | List only one caus | e on each lin | e. | | | | th aa card | lac or reep | elratory an | reat, | Approximata Interval Between Onset and Death |
| | resulting in death) | | OR AS A CONSE | | | | | | | | | month |
| NO NO | Sequentially list conditions, | b. Gast | OR AS A CONSE | Strag | 20 b | er. | ding | | | | | ZWKS |
| CAT | If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury | ۵ | | | | | U | | | | | |
| CERTIFICATION | that Initiated events resulting in death) LAST | DUE TO (C | OR AS A CONSE | QUENCE O | F): | | | | | | | |
| | PART II. Other significant condition | ns contributing to d | leath but not | resulting | In the unde | rlylng | csuse given in | Part I. | 24a. WAS AI | | 24 | b. WERE AUTOPSY FINDINGS |
| DICAL | Diabetes | | | | | | | | PERFO | RMED? | | AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? |
| MED | Hypertense | on | | | | | | | | A | | 1 YES 2 NO |
| ä |)/ | | | | | | | | | | | |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | | OTHER: | 26. PL | ACE OF DEATH (CA | neck only on | 9) | | | |
| YSI | 1 TYES 2 NO | 1 Inpatient 2 | | | 4 - Nursing | _ | e 5 🗆 Residence | | | | | |
| ву рн | 27. MANNER OF DEATN 1 Natural & Pending 2 Accident Investigation | 28a. DATE OF I (Month, Day | | 28b. TIR | JURY | WO | URY AT RK? (ES 2 NO | 28d. DEŞ | CRIBE NOW | INJURY OC | CURED | |
| | 3 Suicide 8 Could not be 4 Nomicide detarmined | 28e. PLACE OF building, e | INJURY — At h tc. (Specify) | ome, farm, | street, factory | , office | | 28f. LOCA City of | ATION (Street or Town, State | and Numbe | r or Aural | Route Number, |
| COMPLETED | 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS | | | | | | | | | | | (a) and menner as stated. |
| | 29b. SIGNATURE AND TITLE OF CERTIFIE | | | | | | 29c. LICENSE NU | | | _ | | D (Month, Day, Year) |
| BE | Ourus Or | Bolew | · MO | | | | 274 27021102 110 | and Lit | | • | 3 - | 22-91 |
| 5 | 30. NAME AND ADDRESS OF PERSON W | HO COMPLETED CAUSE | | | | | - 1 | 2.11 | | , ,,7 | \ - | |
| | 31. DATE FILED (Month, Day, Year) | 32 DECISTRA | S SIGNATURE | WOI | fe St | ed | T | jait | more | MI | 21 | 410 |
| | 310D 5 5 1001 | Julia Davi | | 2.00 | | | | | | | | |
| | | TOTAL CONTRACTOR | W/VIVI IN FRIGAT | CLA PO | | | | | | | | |

1) 190 to



| DIVISION OF VITAL RECORDS, P.O. BOX 68/60, |
|--|
| TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. |
| TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal. |
| IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. |

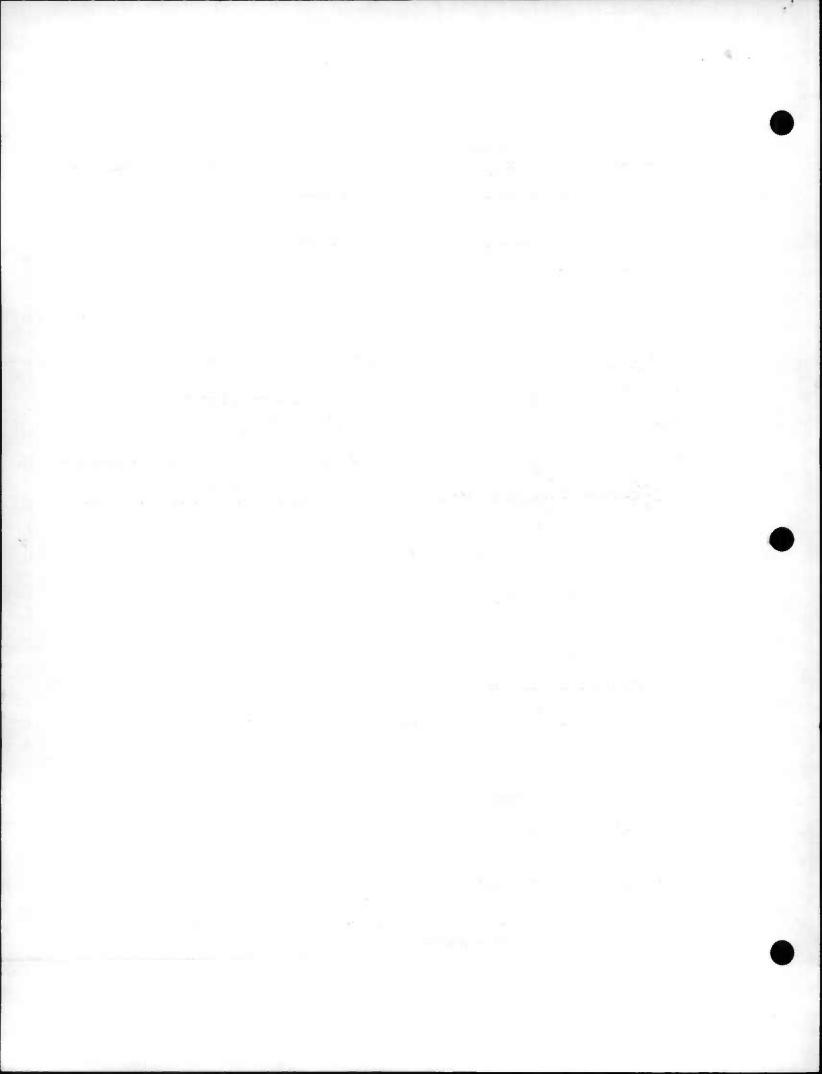
| 1. DECEDENT'S NAME (First, Middle, Last) | | | | | | | E OF DEATH | MY | ye | 3. TIME OF DEATH |
|--|--|--|--|--|---|--|---|---|--|--|
| LILLIAN R. | GIBBS | | | | | MAR | CH 23r | d, 19 | 91 | 6:00 A.M. |
| 4. SOCIAL SECURITY NUMBER 214 22 8857 | 5. SEX | 6. AGE (In yrs. 74 | last birthday) YRS. | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | JAN | e of BIRTH | 1917 | | HPLACE (State or Foreign |
| 9a. FACILITY NAME (If not inetitution, give 6401 LOCH RAVE | atreet and number) N BOULEVA | RD APT | . 302 | 96. CITY, TOWN BALTI | OR LOCATION OF MORE | | | | NTY OF C | DEATH |
| RESIDENCE OF DECEDENT 10a. STATE 10b. COUN MARY LAND | TΥ | | 11,000 | Y, TOWN OR LOCA | | | | | 10d. INSIDE CITY LIMITS? 1 X YES 2 NO | |
| 10e. STREET AND NUMBER | | | D | | of O TO | | | | WHAT COUNTRY? | |
| 11. MARITAL STATUS 1 Never Married 3 Widowed 1. MORITAL STATUS 12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES | | | | 13. WAS DE If yes, s | 21239 CENDENT OF HISP pocify Cuban, Maxi 8 2 X NO Spe | ican, Puart | | _ | 14. RAC | DF A. E — American Indian, ik, White, atc. iffy: BLACK |
| 15. OECEOENT'S EO (Specify only highest grad Elementary/Secondary (0-12) | (Give kind of life. Do NOT u | USUAL OCCUPAT work done during m se retired.) | ION lost of working | 1 | 6b. KIND OF BU | | | | | |
| 0-12 17. FATHER'S NAME (First, Middle, Lest) THOMAS FOSTER | NURSE | 18. MOTHER'S I | | PRIVAT | Sumeme) | DUSTI | RY | | | |
| 190. INFORMANT'S NAME (Type/Print) MR. FRANCIS HAW | | | | | and Number or Run | al Route Nu | ımber, City or Tov | wn, State, Zij | | 0 21207 |
| 20s. METHOD OF DISPOSITION 1 Deurisl 2 Cremetion 3 Re 4 Donation 6 Other (Specify) | a. | of cemeta | lary cremator | e of oisposition y or other place) CEMETERY | | | | G GRI | | own, Stata |
| 21. SIGNATURE OF FUNERAL SERVICE I | 1.0 | | 21011 | 22. NAME | ANO AOORESS OF | FACILITY | | | | |
| 23. PART I. Enter the diseases, or shock, or heart failure | | at caused the | | 4517 | PARK HE | IGHTS | AVE. | BALT | CIMO | Approximate interval Betw |
| | a. DUE TO DUE TO C. | at caused the | ISEQUENCE C | 14517 not enter the m | PARK HE | IGHTS | AVE. | BALT | CIMO | RE , MARYLAN Approximate interval Between |
| shock, or heart failure iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | a. DUE TO DUE TO DUE TO DUE TO DUE TO | at caused the use on sech I | ISEQUENCE C | 14517 not enter the m | PARK HE | CLAS | AVE ardisc or reap | BAL7 Diratory ar | rimol rest, | RE, MARYLAN |
| shock, or heart failure iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in death can be conditioned by the conditions of the conditions of the capacity of | a. DUE TO DUE | at caused the use on sech I O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON | ISEQUENCE CO | 4517 not enter the m F): F): In the underlyie | PARK HE rode of dying, so the property of the | In Part I. | 24a. WAS AI PERPO | BAL7 Diratory ar | rimol rest, | Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De |
| shock, or heart failure iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions. | a. DUE TO DUE | at caused the use on sech I O (OR AS A CON O (OR AS A CON O (OR AS A CON O (OR AS A CON | SEQUENCE CONSEQUENCE A517 not enter the m Fri: OFri: In the underlyie 26. OTHER: 4 Nursing Ho ME OF 28c. III | PARK HE lode of dying, so | In Part I. | 24a. WAS AI PERPO | NAUTOPSY PAMED? | TIMO rrest, | Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De |
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the The forms of the following the property filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

| 1 - FOR STATE REGISTRAR | STATE OF | MARYLAND / | | | | EALTH AND I | MENTAL | HYGIENE REG. NO. | | | |
|---|---|----------------------------|----------------------|--|---|----------------------------------|--------------------|-------------------------------|--|----------|---|
| 1. DECEDENT'S NAME (First, Middle, Last Mary | | GERST | | | | | 2. DATE O | Ch 2 | 0 1991 | 3. 1 | 12:55 p |
| 4. SOCIAL SECURITY NUMBER 218-03-6845 | 5. SEX | 6. AGE (In yrs. la | st birthday) YRS. | IF UNDER 1 | YEAR DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF (Month, | BIRTH Day, Year) -14-09 | | Country) | ce (State or Foreign /land |
| Franklin Squar | 9a. FACILITY NAME (If not institution, give street and number) Franklin Square Hospital | | | | | | BE BE | | | of DEATH | |
| Maryland 10e. Street and Number | w Baltimo | re | 10c. CITY | , TOWN OF | Ful | on lerton zip code | | | 10g. CITIZEN | 10 | INSIDE CITY LIMITS? YES 2 X NO COUNTRY? |
| 7204 Belair Rd | _ | ENT EVER IN U.S. AI | | | | 21206 | | | | JSA | |
| 1 Never Merried 2 Magried 3 Widowed 4 Divorced | NO NO | H | yes, spe | ENDENT OF HISPAI city Cuban, Mexica 2 NO Specifi | n, Puerto Ri | | or No— 14. | Black, Wr Specify: | American Indian, itte, etc. /hite | | |
| 15. DECEDENT'S ED (Specify only highest gra Elementery/Secondery (0-12) | ECEDENT'S Give kind of w e. Do NOT us | rork done du | | | 16b. I | (IND OF BUS | INESS/INOUS | TRY | | | |
| 4th grade 17. FATHER'S NAME (First, Middle, Lest) John Graves | | | Hou | sewii | î e | 16, MOTHER'S NA | | ddle, Meiden S | aking Sumeme) | | |
| John Graves 190. INFORMANT'S NAME (Type/Print) Mr. Peter Gerst 7204 Belair | | | | | | | Thom | r, City or Town | , State, Zlp Co 21206 | de) | |
| 20s_METHOD OF DISPOSITION 1 | vlece) | | | etery, crematory or | | | t i moze | | sute tryland | | |
| 21. SIGNATURE OF PUNERAL SERVICE | Parkwood Cemetery 22. NAME AND ADDRESS OF FACILITY Lassann Funeral 1 7401 Belair Rd. 1 | | | | | | | | | | |
| Sequentielly list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | bDUE | TO (OR AS A CONSE | EOUENCE OF | j: | farc | tion | | | | | |
| PART II. Other eignificent condition Arterioscle | | | | g cause given in | | 24a. WAS AN PERFOR 1 YES 2 | MED? | CO OF | RE AUTOPSY FINDIN ILABLE PRIOR TO MPLETION OF CAUS DEATH? | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO | HOSPITAL: | 2 (XER/Outpatient | 3 DOA | OTHER | 12 | ACE OF DEATH (C/ | | | | | |
| 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation | (Month | OF INJURY n, Day, Year) | 28b. TIM INJ | | 28c. INJ WO | | | | NJURY OCCUP | REO | |
| 3 Suicide 6 Could not a | nome, farm, i | street, facto | ry, offic | • | 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | | | Number, | | |
| 290. CERTIFIER (Check only one) 2 MEDICAL EXAM | | | | | | | | | | | nd menner as state |
| 29b. SIGNATURE AND TITLE OF CERTIF | aman | AUSE DE DEATH OF | FM 271 /3-m- | 29c. LICENSE NUME | | | | ABER 29d. DATE SIGNED | | | |
| Kathryn Yamamo 31. DATE FILED (Month, Day, Year) MAR 2 5 1991 | to M.D. | 9000 F | rankl | | quar | re Drive | Ba | ltimor | ce, MD | 212 | 237 |



| 46, BALTIMORE, MARYLAND | ed within 24 mars after death. Page 6 may be retained by the host | ompietely filled in by the tuneral director, page 5 should be detached, cremation, or removal. | event, the medical examiner must be notified at once. |
|--|---|--|--|
| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within symmens after death. Page 6 may be retained by the front | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely liked in by the teneral director, page 5 should be distance to the filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremistrum, or removal. | IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence. |

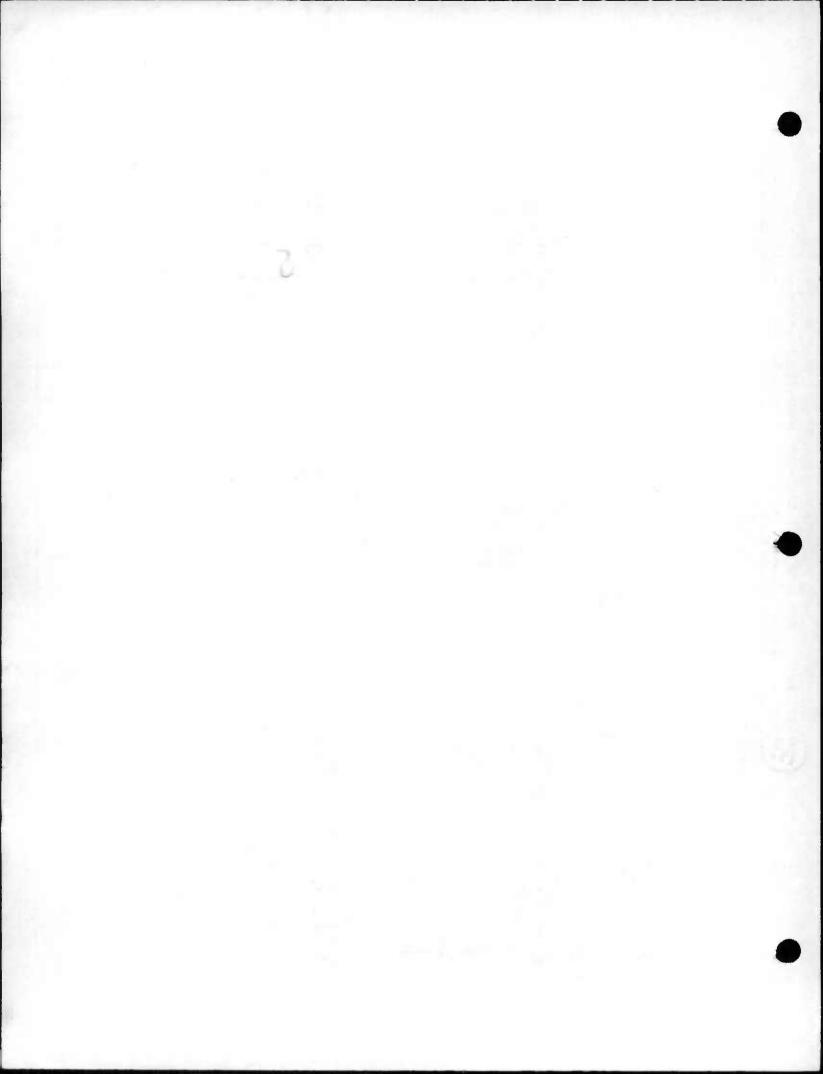
| | FOR STATE REGISTRAR | STATE OF N | MARYLAND / | | TMENT | | | | MENTA | L HYGIENI REG. NO. | E | | |
|------------------|--|------------------------------|--|------------------|---------------|----------------|--------------------|-----------------|----------------|-----------------------------------|-----------|-----------------|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | 2 | | | | | 2. DATE | OF DEATH | γ. | YEAR | 3. TIME OF DEATH |
| j | Hnthony | | | Der | 100 | | | | MAK | 2 ZZ | | 91 | 6:05 P M |
| | | 8, SEX 1 | 6. AGE (In yrs. last 75 | ' birthday) YRS. | IF UNDER | 1 YEAR DAYS | IF UNDER | 24 HRS. MIN. | | OF BIRTH | | Country) | |
| | 216-07-1038 9e. FACILITY NAME (If not institution, give etre | Λ | | Tho. | 9b. CITY | . TOWN C | R LOCATIO | ON OF DE | ATH | | 9c, COU | MZ NTY OF DE | aryland |
| ᇤ | | | | | | litm | | | | | | ltimo | |
| 5 | St. Agnes Hospita RESIDENCE OF DECEDENT 100. STATE 100. COUNTY | 4.5 | | 10c CI1 | Y, TOWN | | | | | | Da | | 10d. INSIDE CITY |
| DIRE | Maryland Balti | more | | 102.01 | | butu | | | | | | | LIMITS? 1 YES 2 NO |
| AL. | 10e. STREET AND NUMBER | MOLE | | | AL | | ZIP CODE | | | | 10g. CIT | | HAT COUNTRY? |
| FUNERAL DIRECTOR | 1323 Stevens Aver | nue | | 21227 | | | | | | | | USA | |
| F | 11. MARITAL STATUS 1 Never Married 2 X Merried | 12. WAS OECEDEN FORCES? 1 | T EVER IN U.S. ARA YES 2 N AR OR DATES | MEO | | If yes, sp | ecify Cube | n, Mexicer | n, Puerto | N? (Specify Yea Rican, elc.) | or No- | | - American Indian, White, atc. |
| Β¥ | 3 Widowed 4 Divorced | | | 1 YES | 2 ₹ NO | Specify | r: | | | Specify | White | | |
| ED | 15. DECEDENT'S EDUCA (Specify only highest grade of | ATION ompleted) | 18e. DEC | CEDENT'S | USUAL O | CCUPATIO | ON st of workin | a | 161 | . KIND OF BUS | INESS/INC | DUSTRY | WILL CO |
| Ē. | Elementary/Secondary (0-12) | College (1-4 or 5 | Him | Do NOT u | ise retired.) | | | | | | | | |
| COMPLETED | 0-10th | | fo | undr | yman | L | 18. MOTI | HER'S NAI | ME (First. | mfg. Middle, Malden | Sumame) | | |
| BE C | Francesco Genco | | | | | | | Cate | rina | Scaco | a | | |
| 10 8 | 19e. INFORMANT'S NAME (Type/Print) | | 19b | , MAILIN | ADDRES | S (Street a | | | | aber, City or Town | | Code) | |
| - | M. Elizabeth Geno | 20 | 20b. PLACE (| | | | | | : Aı | butus | | 2122° | |
| | 1 Buriel 2 Cremellon 3 Remon | val from Stale | other pla | 100) | idge | | | | | | | | Maryland |
| | 21. SIGNATURE OF FUNERAL SERVICE LICE | MSES | | 1 | 22. | NAME A | O ADDRE | SS OF FA | | | | | , |
| | * 100 y | t - | | Si. | | | | | | Home, I | | 11227 | |
| | 23. PART . Enter the diseases, pr cc ahock, or heart fellure. L | | | | not enter | the mo | de of dy | ing, sucl | h as cer | diec or reapi | ratory ar | reat, | Approximate interval Between |
| 9 | IMMEDIATE CAUSE (Finel disease or condition | | te myoca: | | 1 in | faro | + | | | | | | Onset and Death |
| | resulting in death) | | (OR AS A CONSEC | | | laic | | | | | | | days |
| z | | | eroscler | | | diov | ascu | land | isea | se | | | yrs. |
| TIO | Sequentielly list conditions, if any, leading to immediate | DUE TO | (OR AS A CONSEC | DUENCE (| OF): | | | | | | | | |
| PI S | CAUSE. Enter UNDERLYING CAUSE (Disease or injury that initiated events | DUE TO | (OR AS A CONSEC | DUENCE (| OF): | | | | | | | | |
| CERTIFICATION | resulting in deeth) LAST | | | | 10 | | | | | | | | |
| | PART II. Other aignificant conditions | contributing to | deeth but not n | eauiting | In the U | nderiyin | g cause | given in | Part I. | 24e. WAS AN | | 24b. | WERE AUTOPSY FINDINGS |
| ICAL | Pulmonary f | ibrosis | | | | | | | | PERFOR | | | AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| MEDI | | | | | | | | | | | | | 1 YES 2 NO |
| | | | | | | | | | | | | | |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO | HOSPITAL: | T ED/Outpotlant 0 | | OTHE | R: | LACE OF D | | | | | | |
| нүѕ | 27. MANNER OF CEATH | 28a. DATE OF | ER/Outpetient 3 | 28b, TI | ME OF | 28c. IN. | URY AT | esidence | | er (Specify) ESCRIBE HOW I | NJURY OC | CURED | |
| ВУР | 1 Netural 5 Pending 2 Accident Investigation | (Month, I | Ally, 1987) | " | M M | | YES 2 | □ NO | | | | | |
| ED | 3 Suicide 8 Could not be | | OF INJURY — At ho , etc. (Specify) | me, ferm | street, fac | tory, offic | :0 | | 28f. LO C/r | CATION (Street of or Town, State) | and Numbe | or or Runal A | oute Number, |
| E | AAA CERTIFIED | | | | | | | | | | | | |
| COMPLET | (Check only one) 1 CERTIFYING PHYSIC PHYSIC (Check only one) | | | | | | | | | | | |) end manner as stated. |
| E CC | 29b. SIGNATURE AND TITLE OF CERTIFIER | 8 | | | | | 29c. LJC | ENSE NUI | MBER | | 29d. DA | TE SIGNED | (Month, Day, Year) |
| TO B | | 100 | | | | | D. | 3080 | 2 | | • | 3-23- | -91 |
| | Jean M. Colandr | | | | | ital | 900 | Cat | on A | ve. 2 | 1229 | | |
| | 31. DATE FILED (Month, Day, Year) MAR 25 1991 | 32. REGISTR | AR'S SIGNATURE | المالك | | | | | | _ | | | |

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| TO THE HOSPITAL OR ATTENDING IN THE CONTROL OF THE CONTROL OF THE NEW TWO THE HOSPITAL OR ATTENDING IN THE MOSPITAL OF ATTENDING. | TO THE FUNERAL DIRECTOR: After this contract has been agreed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the state date, or Health and Mental Hyglene prior to burial, cremation, or removal. | IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
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| | STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH | | HYGIENE REG. NO. | |
|-------------------------|---|------------|---------------------|--|
| E (First, Middle, Lest) | | 2. DATE OF | DEATH DAY | |

| FOR STATE REGISTRAR | STATE OF MARYL | | T OF HEALTH AND MI | ENTAL HYGIENE REG. NO. | | 01290 |
|--|---|--|--|---|------------------|---|
| 1. DECEDENT'S NAME (First, Middle, May ELizal | | | | 2. DATE OF DEATH | 1954 | 3. TIME OF DEATH 9:00 PM |
| 4. SOCIAL SECURITY NUMBER 214-22-5688 | | (In yrs. leat birthday) IF UNDE 8 4 YRS. MONTHS | R 1 YEAR IF UNDER 24 HRS. 7 | T DATE OF BIRTH | 06 Md | TTHPLACE (State or Foreign intry) |
| 98. FACILITY NAME (# not institution, Meridian Cro | omwell Nursi | | y, town or location of deat 710 Emge Rd. | | Balto | 77.0 50 |
| | OUNTY | 10c. CITY, TOWN Balt | OR LOCATION imore City | | | 10d. INSIDE CITY LIMITS? 1 X YES 2 NO |
| 100. STREET AND NUMBER 2936 McElde: 11. MARITAL STATUS 1 Never Merried 2 Merried | cry St. | | 101. ZIP CODE 2120 | | U.S. | F WHAT COUNTRY? A. |
| 3 🕅 Widowed 4 🗌 Divorced | 12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D | IN U.S. ARMED 13 2 NO DATES | . WAS DECENDENT OF HISPANIC If yee, specify Cuban, Maxican, 1 YES 2 NO Specify: | | Sp | ACE — American Indian, lack, White, etc. pecify: VHite |
| 15. DECEDENT (Specify only highest Unknown) Unknown 17. FATHER'S NAME (First, Middle, Luknown) A NT- On Homboo | S EDUCATION grade completed) College (1-4 or 5+) | Company of the second | during most of working | 16b. KIND OF BUS | Store | |
| 17. FATHER'S NAME (First, Middle, La ANTON Hombe: | Unknown Cashier Foo 17. FATHER'S NAME (First, Middle, Last) ANton Homberg MAry Brehm | | | | | |
| Jane Kohler | | 5615 G | ss (Street and Number or Rural Roll ardenville 1 | Ave. Bal | to., M | id. 21206 |
| 20g METHOD OF DISPOSITION 1 | Removal from State | Most Holy | | BA | ation — city or | Md. |
| > ///// | 20- | | NAME AND ADDRESS OF FACILITY OF TACILITY O | | | |
| | a, or complications that cause liture. List only one cause on a second sec | eech line. | the mode of dying, such | | | Approximata Interval Between Onset and Death |
| Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST | ۵ | A CONSEQUENCE OF): | | | | |
| | ditions contributing to deeth | but not resulting in the o | underlying cause given in P | ert i. 24e. WAS AN PERFOR 1 □ YES 2 | MED? | 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| 25. WAS CASE REFERRED TO MEDI EXAMINER? 1 - YES 2 - 100 | HOSPITAL: | touthern 3 DOOA A IT N | 26. PLACE OF DEATH (Chec | | | |
| 27. MANNER OF DEATH 1 Matural 5 Pendin 2 Accident Investig | 28a. DATE OF INJURY (Month, Day, Year) | | | 28d. DESCRIBE HOW II | NJURY OCCURED | |
| O Cutolda | tot be building, etc. (Sp. | IY — At home, farm, street, for ecity) | ctory, offica | 281. LOCATION (Street a City or Town, State) | and Number or Au | rel Route Number, |
| CONDUCTOR OTHER | PHYSICIAN: To the best of my kno (AMINER: On the basis of axaminati | | | | | se(a) and manner as stated. |
| 29b. SIGNATURE AND TITLE OF CE | mic | J CLD. BEATH (ITEM 27) (Type, Print) | 29c, LICENSE NUME | -8 | 29d. DATE SIGN | NED (Morith, Day, Year) |
| 31. DATE FILED (Month, Day, Year) | 32, REGISTRAR'S SIG | PAT T | RiGO. | 8903 | Han | ford Kord |
| MAR 2 5 19 | 91 Julia David | con-Randall | | | | DHMH-18 Rev 1/69 |



FOR STATE REGISTRAR

1 -

| | 1 - STATE REGISTRAR | | CERTIFICAT | E OF DEATH | REG. NO | | | |
|--------------|---|--|---|--|-------------------------------------|---------------------|--|--|
| | 1. OECEDENT'S NAME (First, Middle, Last) | lendrick | | | 2. DATE OF DEATH | AY YEA | 3. TIME OF DEATH | |
| | 4. SOCIAL SECURITY NUMBER 212-47-3779 | T | | R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) | 44 8. BI | RTHPLACE (State or Formulary) | |
| TOR | (is all much od | street and number) Bulti | nove business | y town or Location of D | 1 | Da | of DEATH WO | |
| DIRECTOR | 10a. STATE 10b. COUN | 17 | 10c. CITY, TOWN | OR LOCATION | | | 10d. INSIDE CITY LIMITS? | |
| FUNERAL | 100. STREET AND NUMBER | ruba Dr | 1001 | 101. ZIP CODE 2/2 | 07 | 10g. CITIZEN C | OF WHAT COUNTRY? | |
| BY FUN | 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER IN FORCES? 1 YES | 2 NO | . WAS OECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Speci | en, Puerto Rican, atc.) | | IACE — American India Hack, White, atc. Specify: Blank | |
| LETED | 15. OECEDENT'S ED (Specify only highest grad Etementary/Secondary (0-12) | | 16e. DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired. | OCCUPATION o during most of working | Burea | SINESS/INOUSTR | W.S. L | |
| COMPLET | 17. FATHER'S NAME (First, Middle, Last) | 4 | | 16. MOTHER'S N | AME (First, Middle, Maiden | Surname) | (45/6 | |
| TO BE | 19a. INFORMANT'S NAME (Type/Print) | n m | 19b. MAILING ADDRES | SS (Street and Number or Rural | 1 (e) | vn, State, Zip Code | " | |
| F | TVEDD OF DISPOSITION | endricks | PLACE AND DATE OF DIS | ga taruba | DATE 200 AC | CATION - City of | D M/21 | |
| | 1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify) | | cementry, crematory or other | | T DATE 200 | Uircs | 14/1/1 MA | |
| | 21. SIGNATURE OF FUNERAL SERVICE L | ICENSER | 22 | . NAME AND ADDRESS OF F | ACILITY | 75 / | 111197 4 | |
| ı (| 1 With | 4/ Usan |) 4 | March F/H West 300 Wabash Ave | enue | | | |
| ERTIFICATION | IMMEDIATE CAUSE (Finei disease or condition resulting in desth) Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events | b. Mulas DUE TO (OR AS A | consequence of): | | | | onset ar | |
| 0 | PART II. Other significant condition | d. | ut not resulting in the | inderlying cause given i | n Part i. 24e, WAS AI | NAUTOPSY | 24b. WERE AUTOPSY I | |
| MEDICAL | | | | | | RMED? | AVAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 | |
| CIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | | | 26. PLACE OF DEATH (C | Check anly one) | | | |
| PHYSIC | 1 YES 2 NO | HOSPITAL: 1 Inpatient 2 ER/Ouip | | ursing Home 5 - Residence | 6 Other (Specify) | | | |
| ВУ РН | 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation | | 28b. TIME OF INJURY M | 26c. INJURY AT WORK? 1 YES 2 NO | 28d. DEŞCRIBE HOW | INJURY OCCURE | D | |
| | 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | | | | | | |
| OMPLET | Corlock Offin | SICIAN: To the best of my know NER: On the basis of examination | | | | | use(a) and manner as | |
| D BE CO | 29b. SIGNATURE AND TITLE OF CERTIF | H. Elve | in | 29c. LICENSE N | UMBER | 29d. DATE SIG | Ze 191 | |
| 2 | 30 NAME AND ADDRESS OF PERSON V | H GWL | ATH (ITEM 27) (Type, Print) | | | 1 | 11 | |
| | MAR 25 1991 | 32. REGISTRAR'S SIGN | ATURE | | | | | |
| 10 | MIMIT WID 1001 | (/) | | | | | 0111111 | |

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



| 1 | | FOR STATE REGISTR | A |
|---|------|-------------------------|---|
| Г | 1. D | ECEDENT'S | P |

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | REGISTRAR | | CERTIFIC | ATE OF | DEATH | RE | G. NO. | | |
|---------------------|--|----------------------------------|---|--------------------|---|-------------------|-------------------|----------------|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | 2. OATE OF D | | | 3. TIME OF DEATH |
| | GEORGE W. HOFFN | MAN | | | 1 | 3 | 21 | 91 | 1:40p.m. M |
| | 4. SOCIAL SECURITY NUMBER | | (In yrs. lest birthday) | UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF BI | diest offer | | HPLACE (State or Foreign |
| | 217 00 2/55 | 1 X M 2 □ F | MO | NTHS DAYS | HOURS MIN. | (Month, Day, | Year) | Coun | try) |
| | 217-09-3455 | | 19 | | | 3/20 | | | lb,Md. |
| | 9e. FACILITY NAME (If not institution, give s | treet and number) | 96 | a. CITY, TOWN C | R LOCATION OF DE | ATH | 9c. 0 | COUNTY OF | DEATH |
| 6 | DVA Medical Cotr. | Ft. Howard, | Md. | Balt | imore | | | Balt | imore |
| 5 | RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY | | | OWN OR LOCAT | | | | | 10d. INSIDE CITY |
| 2 | | | | | | | | | LIMITS? |
| | | Arundel | Glen | Burnie | | | | | 1 TYES 2 XXVO |
| 4 | 10e. STREET AND NUMBER | | | 101 | . ZIP COOE | | 10g. | CITIZEN OF | WNAT COUNTRY? |
| FUNERAL DIRECTOR | 995 Big Bear Drive | 3 | | | 21061 | | | U.S. | Α. Ι |
| 5 | 11. MARITAL STATUS | 12. WAS DECEDENT EVER | IN U.S. ARMED | | ENDENT OF HISPAN | | | - 14. RAC | CE - American Indian, ck, White, atc. |
| | 1 Never Married 2 Merried | FORCES? 1 1 YE | | | ecify Cuban, Mexican 2 X NO Specify. | | , etc.) | 1100 | city: |
| BY | 3 📉 Widowed 4 🗌 Divorced | WWII | | | | | | Wh: | ite |
| COMPLETED | 15. DECEDENT'S EDU | CATION | 18e. DECEDENT'S US | UAL OCCUPATION | ON | 16b. KIND | OF BUSINESS | /INDUSTRY | |
| | (Specify only highest grade Elementery/Secondary (0-12) | College (1-4 or 5+) | (Give kind of world life. Do NOT use n | | | | | | |
| 7 | 9th GRADE | | POLICE OF | FICER | (RETIRED) | BALT | IMORE | COUNT | Y POLICE |
| ≥ | 17. FATHER'S NAME (First, Middle, Last) | | | | 18. MOTHER'S NAI | ME (First, Middle | Meiden Sumen | nel | |
| ŏ | | HODDAN | | | | | | · | |
| BE | 19e, INFORMANT'S NAME (Type/Print) | HOFFMAN | 405 44411 010 44 | ADEAN (0 | and Number or Rural R | 700 000 | CGARET | | S |
| 2 | | | | | | | | | |
| | DVA MEDICAL CENTE | | | | | Fort | Howard | , Mary | land 21052 |
| | 20e. METHOD OF DISPOSITION 1 TyBuriel 2 Cremetion 3 Rem | oval from State | PLACE OF DISPOSITI other place) | ON (Name of cer | metery, cremetory or | | 20c. LOCATIO | N — City or 1 | fown, State |
| | 4 Donation 5 Other (Specify) | | LEN HAVEN | MEMORI | AL PARK | | GLEN | BURNI | E_MD |
| | 21. SIGNATURE OF FUNERAL SERVICE LK | CENSEE | | 22. NAME A | ND ADDRESS OF FAC | HUBB | ARD FU | NERAL | HOME INC. |
| | 1 | X II | > | 410/ | Wilkens . | Ave. | . 040 | | |
| | 23. PART I. Enter the diesees, or | complications that cause | ed the death. Do not | Balti | more, M | ary lan | d 212 | 29 . arrest | Approximate |
| | shock, or heert fellure. | Liet only one cause on | eech line. | onto the me | de or dying, such | 11 00 0010100 | or respirator; | , 311031, | Interval Between |
| | IMMEDIATE CAUSE (Final | _ | | | | | | | Onset and Death |
| | disesse or condition resulting in deeth) | . Recent CV | | | | | | | |
| | | | A CONSEQUENCE OF): | | | | | | |
| Z | | old CVA | | | | | | | |
| 은 | Sequentisity list conditions, if any, leading to immediate | DUE TO (OR AS | A CONSEQUENCE OF): | | | | | | |
| 3 | CAUSE (Disesse or injury | c | | | | | | | |
| 드 | thet initiated events | DUE TO (OR AS | A CONSEQUENCE OF): | | | | | | |
| E | resulting in death) LAST | d | | | | | | | |
| DICAL CERTIFICATION | PART ii. Other significent condition | an namedhistina ta da sti | but not resulting to | Ale a complete de | t t- | Daniel I acc | | nov I a | - WERE ALTRADAY ENIONALS |
| AL | | | | | g cause given in | Part 1. 240 | PERFORMED? | | Ib. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO |
| 8 | Pneumonia/Anemi | a/Chronic R | enal Failu | re | | 1 | YES 2XXN | 0 | OF DEATH? |
| ME | | <u> </u> | | | | _ | | | 1 TYES 2 NO |
| ÷ | | | | | | | | | |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL | | | 20. P | LACE OF DEATH (Ch | eck only one) | | | |
| SIC | EXAMINER? 1 YES 2 X NO | HOSPITAL: 1 Inpatient 2 ER/O | | THER: | ne 5 🗆 Residence | 8 Other (Sp | ecffv) | | |
| H | 27. MANNER OF CEATH | 28e. DATE OF INJUR | Y 28b. TIME (| OF 28c. IN | JURY AT | _ | BE HOW INJURY | OCCURED | |
| | 1 🔀 Natural S 🗌 Pending | (Month, Day, Year |) INJUR | | ORK? YES 2 □ NO | | | | |
| ВУ | 2 Accident Investigation | 28a PLACE OF INJIII | RY — At home, farm, stre | | | 28f LOCATIO | N (Street end Nu | umber or Rum | I Boute Number |
| ED | 3 Suicide 8 Could not be 4 Homicide determined | building, etc. (S | | ret, tactory, only | | City or To | wn, State) | THOSE OF THOSE | Trode Horrow, |
| ET | | | | | | | | | |
| COMPLETED | Orack only | SICIAN: To the best of my kn | owledge, death occurred | at the time, date | e end place, end due | to the cause(e |) end manner a | e stated. | |
| O | one) 2 MEDICAL EXAMINI | ER: On the basie of exemina | tion end/or investigation, | In my opinion, | death occured at the | time, date and | piece, and due | to the cause | e(a) and manner as stated. |
| EC | 29b. SIGNATURE AND THE OF CERTIFIE | a Y | - | | 29c. LICENSE NUM | | | DATE SIGNI | EO (Month, Day, Year) |
| 8 | (Jehn) | Juran | | | MD-020 | 8932 - | -7 | 3/2 | 1/91 |
| 5 | 30. NAME AND ADDRESS OF PERSON WI | ID COMPLETED CAUSE OF | DEATH (ITEM 27) (Type, P. | rint) | | | | / | 1/ 71 |
| | DR. PETER V. J | UVAN, M.D., | DVA Medica | al Cent | er.Fort | Howard | Marvla | and 2 | 1052 |
| | | | | | y - U - U - I | | y a season y as c | an a C | |
| | MAR 25 1991 | 32 REGISTRAR'S SI | GNATURE ON-Randell | | | | | | - 10 = 0 |

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-10 Rev 1/89

t. C. m.

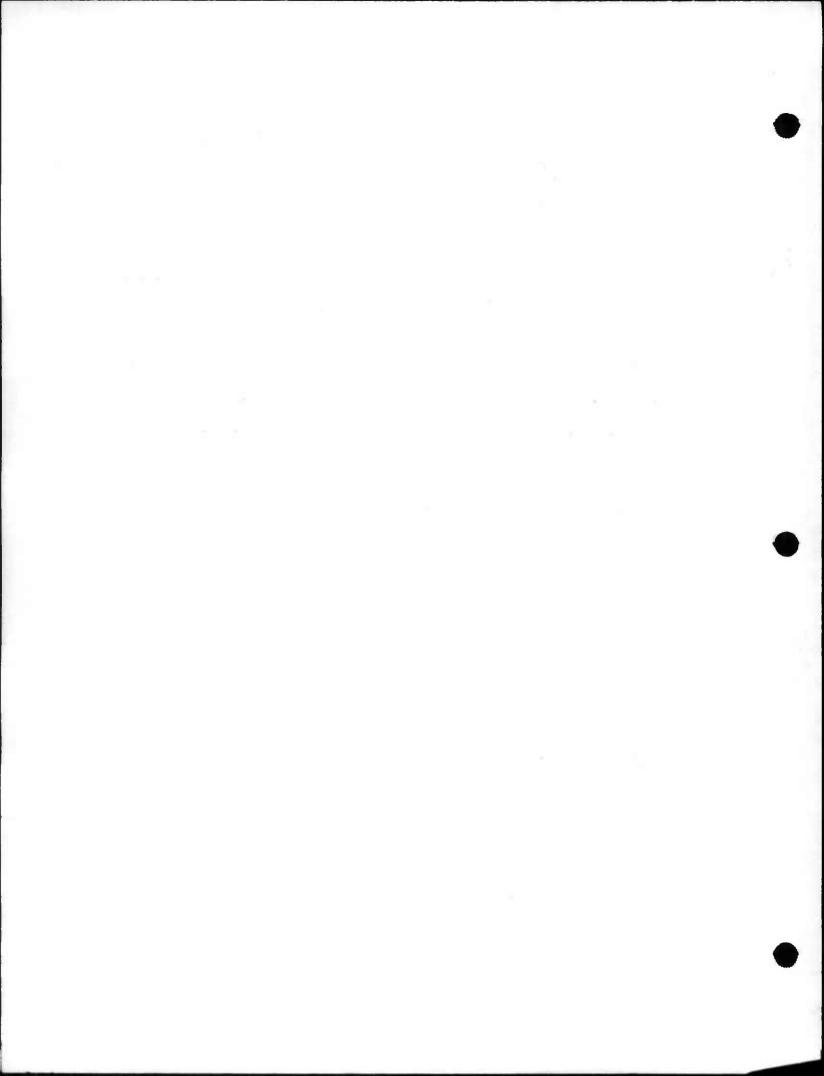
nt Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nouns after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the humilian be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumattic event, the medical examiner must be notified at once.

| | 1 - FOR STATE OF MARY | LAND / DEPARTMENT CERTIFICATE | | IENTAL HYGIENI REG. NO. | E | |
|------------------|---|---|--|---|-----------------------|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | 2. DATE OF DEATH MONTH DA | A 1- | 3. TIME OF DEATH |
| | 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE | (In yrs. last birthday) IF UNDER | YEAR IF UNDER 24 HRS. | 7. DATE OF BIRTH | | HPLACE (State or Foreign |
| | 216 20 1159 18 12 0F 6 | 5 YRS. MONTHS | DAYS HOURS MIN. | (Month, Day, Year) | 5 M | ARYLAND |
| e B | Belting (If not institution, give street and number) Beltinger VAMC | 96. CITY, | TOWN OR LOCATION OF DE | NTH C | Balte | |
| 딢 | RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY | 10c. CITY, TOWN O | R LOCATION | | | 10d. INSIDE CITY |
| DIRECTOR | MD Baltimore Ci | ty Bol. | (more | | | LIMITS? |
| FUNERAL | 100. STREET AND NUMBER 2964 Keswick - Roa | d. | 10f. ZIP CODE | | U.S.A | WHAT COUNTRY? |
| | 11. MARITAL STATUS 12. WAS DECEDENT EVER FORCES? 15 YES IF YES, GIVE WAR OR | 3 2 NO H | AS DECENDENT OF HISPANI yes, specity Cuben, Mexicen YES 2 NO Specify: | , Puerto Rican, etc.) | or No- 14. RAI Bla | CE — American Indien, ck, White, etc. |
| D BY | 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION | 16a. DECEDENT'S USUAL OC | | 16b. KIND OF BUS | | White |
| COMPLETED | (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5 +) | (Give kind of work done diffe. Do NOT use retired.) | | Tob. KIND OF BOS | INCOSTRI | |
| 립 | 12 | Brewer | | Bevera | ge Mfgr | |
| 5 | 17. FATHER'S NAME (First, Middle, Last) | | and the second s | AE (First, Middle, Maiden | | |
| BE | Joel A. Inge | | | e P. Langf | | |
| 2 | 190. INFORMANT'S NAME (Type/Print) Clifford W. Inge | | (Street and Number or Flural Pi wick Road, B | | | |
| | 20e. METHOD OF DISPOSITION 20 | 0b. PLACE OF DISPOSITION (Nat | | | CATION — City or | Town, State |
| | 1V Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donellon 5 ☐ Other (Specify) | Dulaney Valley | y Memorial G | ardensCock | eysville | e, Maryland |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE | 22.1 | AME AND ADDRESS OF FAC | CILITY | | |
| | Burge Burge D | | rgee-Henss F 31 Falls Roa | | | 21211 |
| | 23. PART I. Enter that dissesse, or complications that cous | ed tha death. Do not antar | | | | Approximata |
| | shock, or heert fellure. List only one ceuse on IMMEDIATE CAUSE (Final disease or condition | | | | | Interval Between Onset and Death |
| | resulting in death) a. Septice Due To (OR AS | A CONSEQUENCE OF): | | 1 | | 4-5 Days |
| Z | - Metasta | tic Renal | Cell Corci | nome. | | 5 months |
| CERTIFICATION | If any, leading to immediata cause. Enter UNDERLYING | A CONSEQUENCE OF): | | | | |
| FIC | CAUSE (Disease or Injury | A CONSEQUENCE OF): | | | | |
| ERT | resulting in daeth) LAST | | | | | |
| AL C | PART II. Other algnificant conditions contributing to death | but not resulting in the un | derlying ceuse given in i | Part I. 24s. WAS AN | | 6b. WERE AUTOPSY FINDINGS |
| | | ypertension | , GOH ober | PERFOR | | AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| PHYSICIAN: MEDIC | Chronic atrial Fibril | eton | _ | | | 1 TES 2 NO |
| ä | | | | | | |
| CIA | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: | OTHER | 26. PLACE OF DEATH (Che | ock only one) | | |
| 14S | 1 YES 2 NO The petient 2 ER/OL 27. MANNER OF DEATH 28e. DATE OF INJUR | | ing Home 5 - Reeldence | a Cother (Specify) 2ad. DESCRIBE HOW I | NURY OCCURED | |
| ВУ Р | Accident Investigation (Month, Dey. Year | | WORK? 1 YES 2 NO | Lea. Describe 110W | NOON! GOOGNED | |
| | 3 Suicide 8 Could not be 4 Homicide determined | RY — At home, farm, street, fact pecify) | ory, office | 28f. LOCATION (Street of City or Town, State) | | il Route Number, |
| COMPLETED | 29e. CERTIFIER (Check only one) | | | | | |
| 8 | 2 MEDICAL EXAMINER: On the basic of examinat | ion end/or investigation, in my o | | | | |
| HE. | 29b. SIGNATURE AND TITLE OF CERTIFIER | | 29c. LICENSE NUM | IBER | 29d. DATE SIGNI | ED (Month, Day, Year) |
| 2 | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF I | DEATH (ITEM 27) (Type, Print) | | | 0-6 | Baltimore My |
| | DAVID TASKER MD 2 | 25-Greens | st Univ | of mil Hosp | 3/4/8 | or 21218 |
| | 31. DATE FILED (MONTH, Day, Your) 32. REGISTRAR'S SK MAR 2.5 1991 Fulia Savidas | | | | | |
| | MAR 25 1991 Julia Savidso | Ar-Marting | | | | DHMH-16 Rev 1/89 |

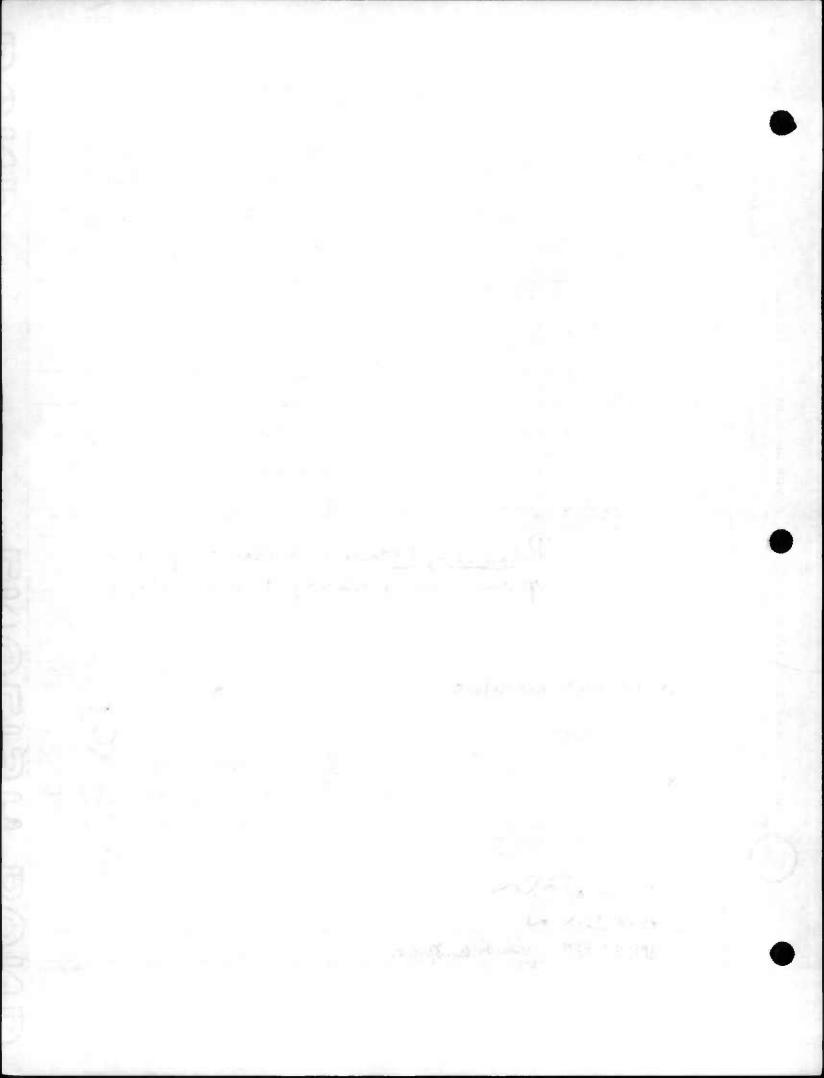


IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO THE MEMORIAL ANTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE MEMORIAL CHIECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

| 1 - STATE REGISTRAR | STATE OF MARY | LAND / DEPARTI CERTIFIC | | | MENTAL HYGIEN REG. NO. | E | |
|--|---|---|------------------------------|-----------------------------|---|------------------------|---|
| 1. DECEDENT'S NAME (First, Middle, Las Anthony | Eugene | Jone | s | | 2. DATE OF OEATH DATE OF A 18 | | 3. TIME OF DEATH 3:30 P |
| 4. SOCIAL SECURITY NUMBER 212-84-0542 | 5. SEX 6. AGE | | HUNDER 1 YEAR DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) 6-16-19 | 5 9 | THPLACE (State or Foreign ntry) M D |
| 9a. FACILITY NAME (If not institution, give Eastern Correcti | | | Westov | R LOCATION OF DE | ATH | 9c. COUNTY OF SOMME | |
| 10s. STATE 10b. COUN | | | | | | | 10d. INSIDE CITY LIMITS? 1 X YES 2 NO |
| 100. STREET AND NUMBER 4117 Park Height | s Avenue | | 101 | 2121 | 5 | | WHAT COUNTRY? S.A. |
| 11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER FORCES? 1 YES | S 2 NO | If yes, sp | | IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.) | Ble | CE — American Indian, lick, White, etc. |
| 15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 10th | DUCATION ide completed) College (1-4 or 5+) | 16e. DECEDENT'S US (Give land of wor life. Do NOT use of UNEMPLO | k done during mo etired.) | st of working | | BINESS/INDUSTRY | |
| 17. FATHER'S NAME (First, Middle, Last) CHARLES JO 194. INFORMANT'S NAME (Type/Print) | NES | 105 MAH ING AI | DDBSSS /Change | GLADY | ME (First, Middle, Melden S SPARR Route Number, City or Tow | OW | 01012 |
| GLADYS FOW | | | E. NO | RTH AVE | .APT-G5/ | | |
| 1)(_)Surial 2 Cremation 3 Re 4 Donation 5 Other (Specify) | emoval from State | VOSHELL OF | MEMOR | IAL PAR | K BA | LTIMOR | |
| - Das | Wane | \() | | | | 01 E. | NORTH AVE |
| MMEDIATE CAUSE (Finel disease or condition resulting in daath) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST | a. Pulauca b. Cpr Dural Due to (or as c. Due to (or as d. | A CONSEQUENCE OF: | , Sa | hs post | The con | rector | Onset and Dec |
| PART II Other significant conditions and the significant conditions are significant conditions. | | | tha undariyin | g cause given in | Part I. 24a. WAS AN PERFOI 1 PYES 2 | RMED? | 4b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO | HOSPITAL: | utpatient 3 DOA | OTHER: | ACE OF DEATH (Ch | | rrection | al Facility |
| 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 YES 2 NO 28d. DESCRIBE HOW IN. | | | | | | Ser 5 | |
| 2 Accident 3 Suicide 4 Homicide 28a. PLACE OF INJURY At home, farm, street, factory, office building, atc. (Specify) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. | | | | | | al Floute Number, | |
| Torrock only | YSICIAN: To the best of my known the best of examine | | | | | | e(a) and manner as stated |
| 29b. SIGNATURE AND TITLE OF CERTI | 3VX | | | O.C.N | | | ED (Month, Day, Year) 3—1991 |
| 30. NAME AND ADDRESS OF PERSON A | 32. REGISTRAR'S SI | 111 Penn | | Baltimon | ce,Maryland | d 21201 | |
| MAR 2 5 1991 | 1.0. K . | son-Andall | | | | | |



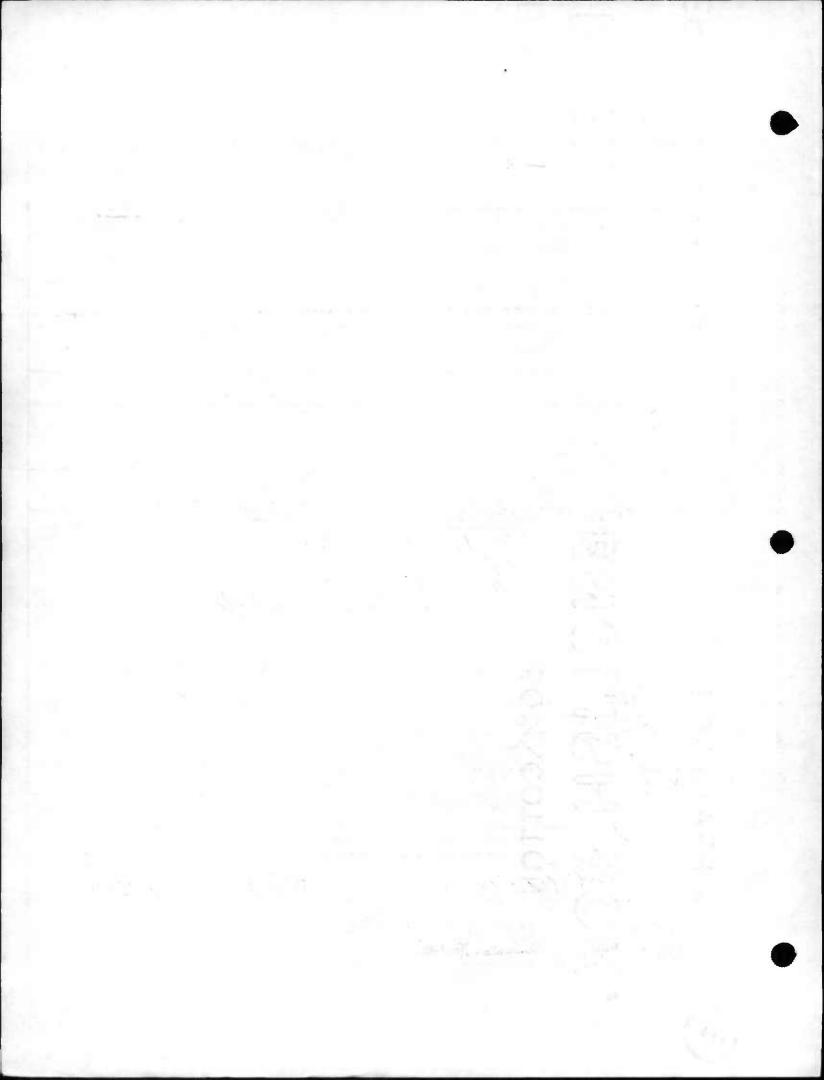
| hosp | ache | 8 |
|--|--|---|
| the | det | 0 |
| 3 | D D | 7 |
| O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp | O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the matchen of the funeral with the State Dent of Health and Mental Hydiene prior to build, cremation, or removal. | understand the market or leave on their or other fraumstic event the market are met he market at once |
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| CIAN | ertifi | 5 |
| HYSI | nis c | - |
| 16 P | ter t | - |
| S N | A Af | |
| E | 200 | 00 |
| OR / | O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur- or find within 72 hours stor death with the State Dept. Of Health and Mental Hydiene prior to burial, cremation, or removal. | - |
| M | AL | 1 2 |
| SPI | INER | 17 |
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| H | TH C | 100 |
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| | | | | | | | | | 91 | 0. | 1951 | |
|--|---|--|-----------|-------------------|---------------------|-----------|--------------------------------|-----------------|--------------|----------------------|--|-----|
| FOR 1 - STATE REGISTRAR | STATE OF I | MARYLAND / I | | TMENT OF | | | | GIENE G. NO. | | | | |
| 1. OECEDENT'S NAME (First, Middle, Last) | | | | | | | 2. DATE OF DE | ATH | | | TIME OF OEATH | |
| CAROLYN | ISABEL | LE | | JAY | | | March | 14. | | YEAR 8 | :35P | М |
| 4. SOCIAL SECURITY NUMBER | 5. SEX | 6. AGE (In yrs. last I | birthday) | IF UNDER 1 YE | R IF UNDER | | 7. DATE OF BIR (Month, Day, | тн | T. | DIOTUDI A | CE /Otata or Comi | n |
| 211-26-0595 | 1- ∏ M 2 K F | 7 | 2YRS. | MONTHS DAY | 8 HOURS | MIN. | PRIL 26 | | 18 W | ANN T | PENNA WP, BFD | C |
| 9a. FACILITY NAME (If not institution, give | street and number) | | | 9b. CITY, TOV | N OR LOCATI | | | | c. COUNT | TY OF OEAT | Ή | |
| Memorial Hospita | 1 & Medic | al Cente | r | Cumbe | rland | | | | A1: | legan | v | |
| RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT | | | | Y, TOWN OR LO | 111 | | | | | | | |
| | EDFORD | | | | | | | | | | d. INSIDE CITY LIMITS? | |
| | | MA | ANN TOV | | | TEMAS, | | | | YES ZXX NO | _ | |
| | 106. STREET AND NUMBER RD#1 ARTEMAS, PENNA 107. ZIP CODE 109. CITIZEN CO US | | | | | | | | | | | |
| 11. MARITAL STATUS | 12. WAS DECEDE | NT EVER IN U.S. ARM | ED | 13. WAS | DECENDENT (| OF HISPAI | NIC ORIGIN? (Spe | clfy Yea o | No- | A BACE - | American Indian | _ |
| 1 Never Married 2 Married | FORCES? | YES 2 NO | | If yes | | n, Maxica | en, Puerto Rican, | | | Black, W Specify: | American Indian, /hite, etc. | |
| 3 Widowed 4 Divorced | | THE STATE OF THE S | | | TO TAX | apacii. | ,. | | | оресну. | WHITE | |
| 15, DECEDENT'S EDU (Specify only highest grad | JCATION e completed) | | | USUAL OCCUP | | na | 16b. KIND | OF BUSTA | ESS/INDU | STRY | | |
| Elementary/Secondary (0-12) | College (1-4 or 5 | May I | Oo NOT u | se retired.) | most or work | | | | | | | |
| 8 | | НО | MEM | AKER | | | OWN | HOM | E | | | |
| 17. FATHER'S NAME (First, Middle, Last) JEROME CURREN | | | | | 18. MOT | | ME (First, Middle, NNIE MI | | rname) | | | |
| | | | | | | | | | | | | _ |
| MR. DENNIS JAY | | 19b. | MAILING | RD 1 | RTFMA | or Rural | A, 1721 | or Town, | State, Zip C | lode) | | |
| | | | | | | J, I. | | | | | | |
| 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) THE FAIRVIEW CEMETERY 3/17/91 MANN TWP, BFD CO., PA | | | | | | | | | | | | |
| 4 Dongston 5 Other (Specify) | ceneer / | THE FAI | RVI | | TERY E AND ADDRE | | 3/17/9 | 1_MA | IT IN | JP B | FD CO. | P |
| 11 /// | 11/11 | M | | | | | S INC P | O BO | x 17 | 9 | | |
| Cheules LVA | CA UNG | e la | | | EVERE | TT P | ENNA. 1 | 5537 | | | | |
| 23. PART I./Enter the diseases, or ahock, or heart fellure. | complications the | et coused the dee | th. Do | not enter the | mode of dy | ing, auc | b-as-cerdisc o | r respira | tory srre | at, | Approximate | |
| IMMEDIATE CAUSE (Finel | 1 1 | 00/ | 1. | | 1). | 11 | 1 | | | | Onset and (| |
| disease or condition resulting in death) | · M | KUUM | MM | m. | HW | | | | | | | |
| | DUE | OR AS A CONSECU | JENCE O | F): | 16) | | | | | | | |
| Sequentially ilst conditions, | b. // | MANN E | W | MILI | w | | 0 0 | | | | | |
| if any, leading to immediate cause. Enter UNDERLYING | DUETO | OR AS A CONSEQU | JENCE O | Vim | 11/1 | VIA | Muller | 111 | | | i | |
| CAUSE (Disease or injury | C | O (OR AS A CONSEQU | VVO | WILL | un s | in | PUVSVO | | | | | |
| that initiated events resulting in deeth) LAST | DOE IC | ON AS A CONSECU | JENCE U | r): V | | | | | | | İ | |
| | d | | | | | | | | | | 1 | _ |
| PART II. Other significent condition | ns contributing to | o deeth but not re | aulting | in the under | ying ceuse | given in | | WAS AN AI | | | ERE AUTOPSY FINE | |
| (14.12 | | | | | | | | YES 2 [| | CC | MILABLE PRIOR TO OMPLETION OF CAI F DEATH? | |
| CHO | | | | | | | | | | | YES 2 NO | |
| ASWS | | | | | | | _ | | | | | |
| 25. WAS CASE REFERRED TO MEDICAL | | | | 2 | 8. PLACE OF | DEATH (C | heck only one) | | | | | |
| 1 YES 2 NO | HOSPITAL: | ☐ ER/Outpatient 3 (| DOA | OTHER: | Home 5 🗆 R | esidence | 8 Other (Spec | clfy) | | | | |
| 27. MANNEY OF GEATH | 28a, DATE O | F INJURY Day, Ybar) | 28b. TIR | ME OF 280 JURY | INJURY AT WORK? | | 28d. OESCRIBE | HOW IN | URY OCC | URED | | |
| 1 Netural 5 Pending 2 Accident Investigation | (Moran, | Day, roar) | UV | | YES 2 |] NO | | | | | | |
| 3 Suicide 6 Could not be | 28e. PLACE | OF INJURY — At hor | ne, farm, | atreet, factory, | office | | 281. LOCATION City or Tow | | d Number (| or Rural Rou | te Number, | |
| 4 Homicide determined | 541.5111 | , (-p)/ | | | | | Sity of low | , Gidie) | | | | |
| 29a. CERTIFIER (Check only | SICIAN: To the best (| of my knowledge, dea | th occur | red at the time. | data and place | e, and du | a to the cause(a) | and mann | er se state | d. | | |
| one) 2 MEDICAL EXAMIN | | | | | | | | | | | nd manner as sta | ed. |
| 29b, SIGNATURE AND TIME OF CONTROL | 4 | | | | | ENSE NU | | | | | fonth, Day, Year) | _ |
| A VAIO | 11111 | 11 | | | 7 | 216 | 041 | | D 7 | -/C | GI | |
| 30. NAME AND ADDITED OF PERSON W | HO COMPLETED CA | USE OF DEATH (ITEM | 27) /Bm | e Printi | 1 | 10 | 7/ | | 0 | 7 | // | |
| Dr. Ud 114 cmc | | ial Magni | | | 1 R | 1445 | Cumb | orla | nd | MD : | 1502 | |

32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89





BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

| | . Pages 1, 2, 3 should | |
|--|--|---|
| ding physician. | CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s after death with the State Deat, of Health and Mental Hiviele prior to burial, cemation, or removal. | |
| ING PHYSICIAN: The law requires that the death certificate be executed within 25 wours after death. Page 6 may be retained by the hospital or attending physician. | d be detached for use as | d at once. |
| Page 6 may be retained | al director, page 5 shoul | ner must be notifie |
| in 24 Jours after death. | ely filled in by the funer nation, or removal. | , the medical exam |
| rtificate be executed with | g physician and complet iene prior to burial, cren | ther traumatic event |
| quires that the death ce | CTOR: After this certificate has been signed by the attending physician and completely filled in by the financiam with the State Dent of Health and Mental Hydielle prior to builal, cremation, or removal. | 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
| PHYSICIAN: The faw re | r this certificate has been the with the State Dept. | arked, or item 23 s |
| TTENDIN(| OTOR: After | 28 Is m |

BE COMPLETED BY FUNERAL DIRECTOR

10T

| FOR STATE REGISTRAR | STATE OF I | MARYLAND / DEPAR CERTIF | TMENT OF H | | MENTAL HYGIENE REG. NO. |
|---------------------------------------|-------------------|--|-----------------------------|--------------------------------|--|
| DECEDENT'S NAME (First, Middle, Last) | EEN | JOH | INSOM | U | 2. DATE OF DEATH MONTH |
| S. SOCIAL SECURITY NUMBER | 5, SEX 1 M 2 F | 6. AGE (In yrs. last birthday) 7 (YRS. | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) |

| 1 - STATE REGISTRAR | CE | RTIFICATE | OF DEATH | REG. NO. | • | |
|---|---|--|--|---|---------------------|--|
| 1. DECEDENT'S NAME (First, Middle, Last) | EN J | OHNSO | ON | 2. DATE OF DEATH MONTH | - 9 TA | 3. TIME OF DEATH 5; 20 P |
| 011100071 | 8M20F 76 | YRS. MONTHS D | AYS HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) | 915 V | ATTHPLACE (State or Foreign untry) |
| 9a. FACILITY NAME (If not institution, give street a | 1/ | 9b. CITY, TO | Balt.mor | 11 - | Ba / | , ~ . |
| 10a. STATE 10b. COUNTY MARYLAND | <i>V</i> | 10c. CITY, TOWN OR I | MORE CITY | 7 | | 10d. INSIDE CITY LIMITS? YES 2 NO |
| 10e. STREET AND NUMBER | | DAULI | 10f. ZIP CODE | | 40- OITITEN O | F WHAT COUNTRY? |
| 3901 GWYNN OAK | AVENUE | | 21207 | 7 | log. CITIZEN O | USA |
| 1 Never Married 2 Married | WAS DECEDENT EVER IN U.S. AR FORCES? 1 ☐ YES 2 ※ IN IF YES, GIVE WAR OR DATES | IO If y | S DECENDENT OF HISPAN es, specify Cuban, Maxicar YES 2 XNO Specify | n, Puerto Rican, etc.) | В | ACE — American Indian, lack, White, etc. |
| 15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (9-12) Co | leted) (G | CEDENT'S USUAL OCCL live kind of work done duri Do NOT use retired.) | JPATION ing most of working | 16b. KIND OF BUS | BINESS/INDUSTR | Υ |
| 17. FATHER'S NAME (First, Middle, Last) THOMAS ROBINSOI | N | | | ME (First, Middle, Meiden E JONES | Surname) | |
| 19a. INFORMANT'S NAME (Type/Print) | 191 | b. MAILING ADDRESS (S | treet and Number or Rural F | Noute Number, City or Town | n, State, Zip Code, |) |
| CONSTANCE HALL 20a, METHOD OF DISPOSITION | | | IN OAK AVI | | TIMORI | • |
| 1 Suriat 2 Cremation 3 Removal 4 Donation 5 Other (Specify) | from Stata MARYI | ece) | ONAL CEMI | | | MARYLAND |
| 21. SIGNATURE OF FUNERAL SERVICE LICENSE | O Wer o | A LE | ME AND ADDRESS OF FACE ROY O. DY 500 LIBERT | YETT & SC | | ERAL HOME NUE 21207 |
| 23. PART I. Enter the diseases or comp | olications that caused the de | ath. Do not anter th | e moda of dylng, suc | h as cardiac or respi | ratory arrest, | Approximata |
| shock, or heert fellure. List IMMEDIATE CAUSE (Final disease or condition | only one couse or each line | 11 | | | | Onset and Deat |
| resulting in death) | DUE TO (OR AS A CONSE | OUENCE OF): | OFFILL | 1101 | n 100 | |
| Sequentially list conditions, if any, leeding to immediate | DUE TO (OR AS A CONSE | AGE OUENCE OF): | KDUAL | DISI | 2AXP | |
| cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events | DUE TO (OR AS A CONSE | DUENCE OF): | MELLI | 109 | 11/2 | 1 |
| resulting in death) LAST | | | | | | |
| PART II. Other algnificant conditions co | ontributing to deeth but not in LC | resulting in the unde | erlying cause given in | Part I. 24a. WAS AN PERFOR | RMED? | 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| | | | **** | _ | | 1 YES 2 NO |
| 25. WAS CASE REFERRED TO MEDICAL | | | 28. PLACE OF DEATH (Ch | eck only one) | | |
| EXAMINER? | OSPITAL: | OTHER: | g Home 5 Residence | | | |
| 27. MANNER OF OEATH 1 Natural 5 Pending | 28a. DATE OF INJURY (Month, Day, Year) | 26b. TIME OF 20 | 6c. INJURY AT WORK? | 28d. DESCRIBE HOW I | NJURY OCCURE | D |
| 2 Accident Investigation 3 Suicide 6 Could not be detarmined | 25a. PLACE OF INJURY — At he building, atc. (Specify) | | | 26f. LOCATION (Street City or Town, State) | | rel Route Number, |
| | | | | | | |

29b. SIGNATU 29d. DATE SIGNED (Month, Pay, Year) LICENSE NUMBER

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (MORIT), Day, MAR 25 1991

1940

DHMH-16 Rev 1/89

2

| FOR STATE REGISTRAR OECEOENT'S NAME (First, M | | MARYLAND / | | TMENT (| | | | MENTAL HYG REG. | NO. | | 3. TIME OF DEATH | |
|---|---|---|--------------|---|---|----------------------------------|------------|--|---|----------------|---|--|
| MABEL | MAREI I I I I I I I I I I I I I I I I I I | | | | | | | | | | 2:10 P | |
| SOCIAL SECURITY NUMBER | | 6. AGE (In yrs. In | st birthday) | # UNDER 1 Y | rEAR | IF UNDER | 24 HRS. | 7. DATE OF BIRT | M-14 | 991 s. BIRT | HPLACE (State or Forei | |
| 22012-714 | 12 1 M 2 DE | 63 | YRS. | MONTHS | MYS | HOURS | MIN. | (Month, Day, Ye 06/11/2 | | Coun | yland | |
| a. FACILITY NAME (If not insti | | | | 9b. CITY, TI | OWN O | R LOCATI | ON OF O | | | UNTY OF | | |
| THE JOHNS | HOPKINS HOS | PITAL | | BALT | MOH | RE | CITY | | BA | LTIM | ORE CITY | |
| ESIDENCE OF DECE | DENT | | _ | jar. | | | | | | | | |
| | iob. COUNTY | | - | Y, TOWN OR | | ON | | | | | 10d, INSIDE CITY LIMITS? | |
| | Baltimore | | В | altimo | | | | | | | 1 TES 2 N | |
| De. STREET AND NUMBER | | | | | 10f. | ZIP COD | | | | | WHAT COUNTRY? | |
| 1315 Hillswa | | | | | | 2123 | | | | S.A. | | |
| I. MARITAL STATUS Never Merried 2 M Widowed 4 Divorce | erried FORCES? | ENT EVER IN U.S. AI 1 YES 24 E WAR OR DATES | | If y | es, spe | ENDENT Colly Cubs | in, Mexica | NIC ORIGIN? (Speci an, Puerlo Rican, et y: | fy Yes or No c.) | | E — American Indien ck, Whita, etc. clly: White | |
| | DENT'S EDUCATION highest grade completed) | 16a. O | ECEDENT'S | USUAL OCC | UPATIO | N . | | 16b. KIND O | F BUSINESS/II | IDUSTRY | | |
| Elementary/Secondary (0-1: | | 3+) | | work done dur se retired.) SS-HOU | | | ng | | | | | |
| 7. FATHER'S NAME (First, Mide | tile, Last) | | | | | 16, MOT | HER'S NA | ME (First, Middle, M | alden Surname) | | | |
| William Fit | zpatrick | | | | | Mal | oel | Hobbs | | | | |
| a. INFORMANT'S NAME (Typ | e/Print) | | | | Street ar | nd Numbe | r or Rural | Route Number, City of | or Town, State, 2 | Zip Code) | | |
| J. Michael | Lawlor | S | uite | 204 | 608 | Ba | ltim | ore Ave. | , Tows | on, | MD. 2120 | |
| 0a. METHOD OF DISPOSITIO Burlel 2 Cremation Donation 5 Other (S | 3 Removal from State | | | or other place | mat | | | /21/91 B | altimo | re, | MD. | |
| 1 John | Dipply | 7 | | | | | | oad, Bal | timore | , MD | | |
| shock, or her | eases, of complications to art failure. List only one c | hat caused the d ause on each lin | eath. Do | not enter th | e mod | de of dy | ing, suc | ch ss cerdiac Dr | respiratory s | rrest, | Approximati Interval Bat | |
| MMEDIATE CAUSE (Fins | 1 |) 0 -1 | 0.0 | | | | | | | | Onset and | |
| disease or condition | ▶ a | -Wid | (30) | MOC | <u></u> | | | | | | 1441 | |
| | DUE . | TO (OR AS A CONSE | EOUENCE C | OF): | | | | | | | 0 | |
| Sequentieily list conditio | ns. 6 | | | _ | | | | | | | | |
| f any, leading to Immedi | ete | TO (OR AS A CONSE | UUENCE C | PF): | | | | | | | i | |
| CAUSE (Disease or Injury | , c | TO (OR AS A CONSE | FOLIENCE O | nen- | | | | | | | | |
| hat initiated events resulting in death) LAST | DOE | SEMOO A GA NOT U. | . GUENCE (| | | | | | | | | |
| | d | | | | | | _ | | | - | + | |
| PART II. Other significen | t conditions contributing | to death but not | resulting | In the und | eriying | cause | given in | | AS AN AUTOPS | Y 24 | Ib. WERE AUTOPSY FIN | |
| | | | | | | | | | ES 2 NO | | AWAILABLE PRIOR T COMPLETION OF CA DF DEATH? | |
| | | | | | | | | | | | 1 YES 2 N | |
| | | | | | | | | | | | | |
| S. WAS CASE REFERRED TO | | | | - 3- | 26. PL | ACE OF | DEATH (C | heck only one) | | | | |
| EXAMINER? HOSPITAL: OTHER: | | | | | | | esidence | 6 Other (Specif | (v) | | | |
| - 10 | 26b. TH | ME OF 2 JURY M | | RK? | □ NO | 28d. DESCRIBE HOW INJURY OCCURED | | | | | | |
| 7, MANNER OF DEATH 1 Netural 5 P | 2 Accident Investigation 3 Suicide 6 Could not be determined 28s. PLACE OF INJI building, etc. (5 | | | | M 1 YES 2 NO At home, farm, street, factory, office | | | | 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) | | | |
| 1 Natural 5 P 2 Accident In 3 Suicide 6 C | onia not be priligli | ng, etc. (Specify) | | | | | | City or lown, | Siale) | | | |
| 1 Netural 5 P 2 Accident In 3 Suicide 6 C | onia not be priligli | ng, etc. (Specify) | leath conu | and at the time | a deta | and plan | a and du | | | totad | | |

| 29b. SIGNATURE AND TITLE OF CERTIFIER | | | 29c. LICENSE NUMBER | 29d. DATE SIGNED (Month, Day, Year) |
|---------------------------------------|------|-------|---------------------|-------------------------------------|
| 0 1 // | ALE | 4222 | | |
| TALL WALL | (IV) | 7/1// | | 7/2/3/01/ |

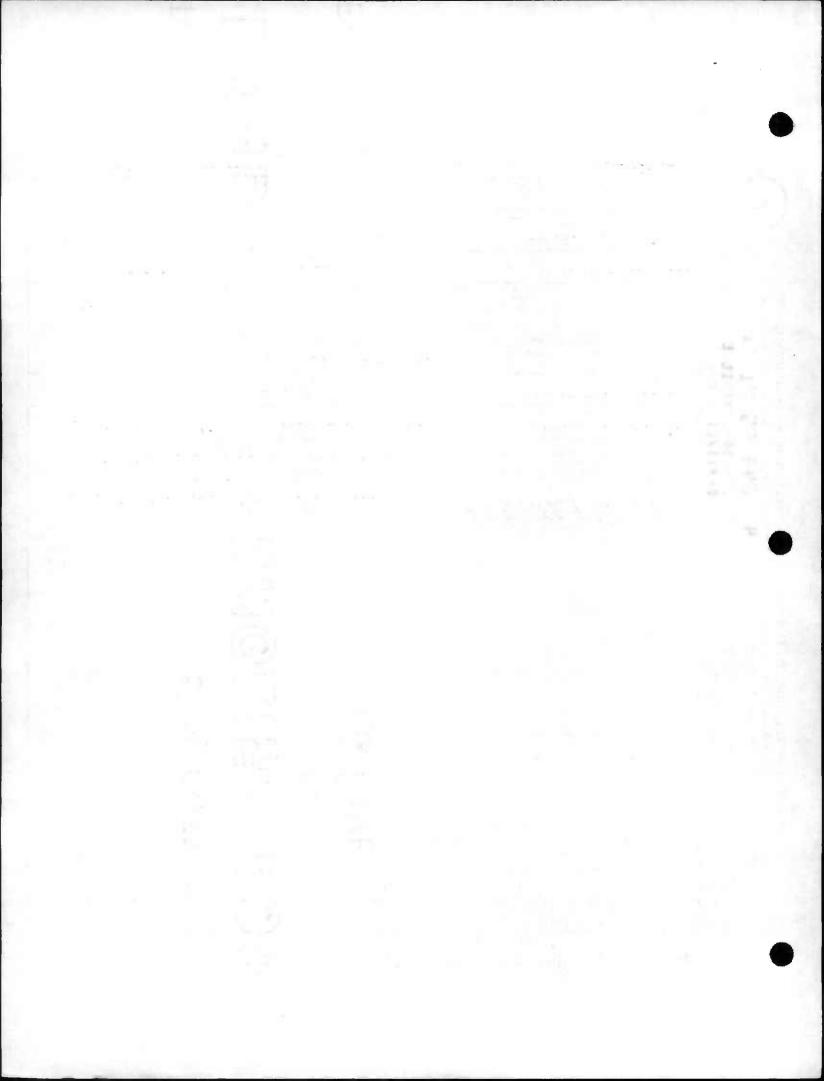
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

MAR 25 1991

2

DHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

40 BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 majors after death. Tagle 5 may be retained by the distinging physician and completely filled in by the funeral director, page 5 should be detach to the first of the first o |
|--|
| De fled Willin Z flous alter beau will be case bept. Or regula and manual systems produced to consult, controlled, or stem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |

| | | | | | | | | | 9 | | 07954 |
|--|--|---------------------------------------|---|--|---|---------------------------|-------------|---|-------------|-------------------------------|---|
| 1 - FOR STATE REGISTRAR | | | C | ERTIFIC | CATE | | | MENTAL HYG REG. | | | |
| 1. DECEDENT'S NAME (First, | 1 B | . KE | y Beatri | ce Kenl | у | | | 2. DATE OF DEAT MONTH March 2 | 2, 199 | 91 | 3. TIME OF DEATH |
| 4. social security number 220–24–6726 | | ONTHS D | EAR IF UND AYS NOURS | ER 24 HRS. | 7. DATE OF BIRTH (Month, Day, Yea Mar. 30, 19 | r) | 8. BIRT | | | | |
| 90. FACILITY NAME (II not ins Harbor Hospita | 1 | and number) | | 5 | Balti | MOYE | TION OF D | EATH | | ity | DEATH |
| RESIDENCE OF DEC | 10b. COUNTY | | | 10c. CITY, | TOWN OR L | OCATION | | | | | 10d. INSIDE CITY |
| Md. | Anr | ne Arunde | 1 | R | ivera | Beach | | | | | 1 YES 2 NO |
| 229 Dale Road | | | | | | 101. ZIP CO | 1.0 | | - 00 | ITIZEN OF USA | WHAT COUNTRY? |
| 11. MARITAL STATUS 1 Never Merried 2 I 3 Widowed 4 Diver | Merried | FOROTOR 4 | T EVER IN U.S. AI YES 2 MAR OR DATES | | If ye | | ben, Mexico | NIC ORIGIN? (Specifien, Puerto Ricen, etc.) | | 14. RAC Blee Spe W11 | CE — American Indian, ck, White, etc. ck/y: |
| 15. DECE (Specify only Elementery/Secondary (0- | DENT'S EDUCATI highest grade con | ION npleted) College (1-4 or 8+ | (0 | ECEDENT'S US Bive kind of wor Do NOT use Homema | rk done duri retired.) | PATION ng most of wo | king | 16b, KIND O | BUSINESS/II | NDUSTRY | |
| 17. FATHER'S NAME (First, Mic Harry Murphy | idle, Lest) | | | | | | | ame (First, Middle, Mi Imina Xylar | |) | |
| 190. INFORMANT'S NAME (Ty Dorothy Urban | pe/Print) | | 11 | | | | | Pach, Md. 2 | | Zip Code) | |
| 20e. METHOD OF DISPOSITION 1. Burlet 2 Cremetion 4 Donation 5 Other | ON n 3 🗆 Remova (Specify) | I from State | 20b. PLACE Parkw | OF DISPOSIT | | of comotory, c 5, 1991 | | | altimor | 11500 | |
| 21. SIGNATURE OF FUNERAL | 1 1 1 | dden | | | | nard J. | | Inc. 5305 | Harford | i Road | 21214 |
| 23. PART I. Enter the di- ahock, or he IMMEDIATE CAUSE (Fin diseese or condition resulting in death) | art feliure. Lis | t only one cau | t caused the dise on each lin | e. C | AA | e mode of | , , | • | | | Approximate interval Between Onset and Death |
| If any, leading to immed cause. Enter UNDERLY!! CAUSE (Disesse or inju- that initiated events | Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events. | | | | | | | | | | |
| PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II Other significa | | | | | | | | | | | |
| Deth | DOUBLES HELLS HELLS OF DEATH? 1 YES 2 NO OF DEATH? 1 YES 2 NO | | | | | | | | | | |
| 25. WAS CASE REFERRED TO EXAMINER? | H | IOSPITAL: | 7 | | OTHER: | 26. PLACE O | DEATH (C | heck only one) | | | |
| 1 YES 2 NO | 1 | 28e. DATE OF | ER/Outpatient INJURY Day, Year) | 3 DOA 28b. TIME | OF 28 | C. INJURY AT | | 6 Other (Specify 28d, DE\$CRIBE I | | OCCURED | |
| | | | | | | | | Il Route Number, | | | |

29e. CERTIFIER (Check only one)

29c, LICENSE NUN

29d. DATE SIGNED (Month, Day, Year)

MAR 25 1991 32 REGISTRAR'S SIGNATURE
Julia Savidson-Rondall

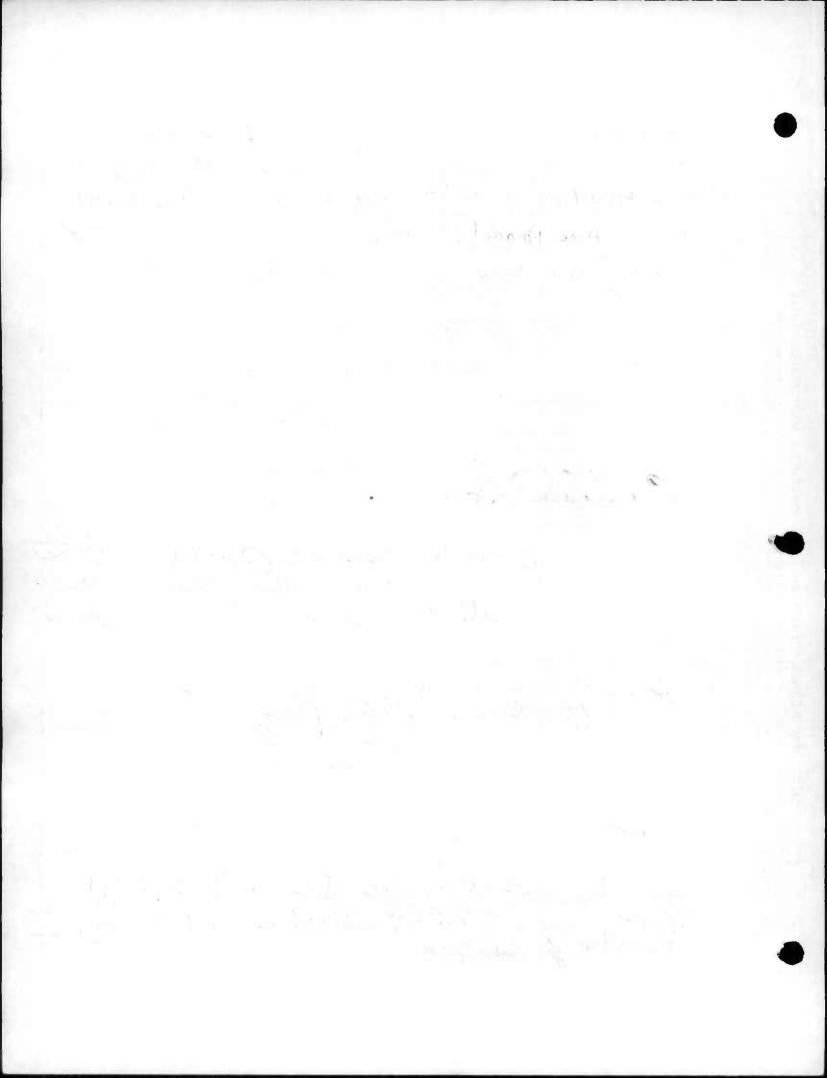
NYALLIOSCIERONIC MURRY MICHEE

Cerepides HEIII des

| DIRECTOR | |
|--------------|--|
| / FUNERAL | |
| COMPLETED BY | |
| TO BE C | |
| | |
| | |

| STATE | 0F | MARYLAND / | DEPARTMENT | 0F | HEALTH | AND | MENTAL | HYGIENE |
|-------|----|------------|------------|----|--------|-----|--------|----------|
| | | CE | ERTIFICATE | 0 | F DEAT | H | | REG. NO. |

| | 1 - FOR STATE OF MARYLAND / I CE | DEPARTMENT OF I | | MENTAL HYGIENE REG. NO. | | | | | | |
|-----------------------|--|---|--|--|-----------------------------------|--|--|--|--|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) Andrew R Kampe Andrew I | R. Kampe | | 2. DATE OF DEATH DAY | 1991 | 3. TIME OF DEATH | | | | |
| | 109 18 9403 A 1 2 m 2 □ F 87 | SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month Day Year) Country) | | | | | | | | |
| TOR | 80. FACILITY NAME (If not Institution, give street and number) NOTTH AFUNCIAL NUTSING (CONV. CT G. LEA BUTTO) E RESIDENCE OF DECEMENT | | | | | | | | | |
| FUNERAL DIRECTOR | MD ANNE ARUNDE | -A location | | | | | | | | |
| VERAL | 8536 Jenkins Road | 10 | 2112 | 2 | USA | VHAT COUNTRY? | | | | |
| BY FUN | 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES | If yes, sp | CENDENT OF HISPAN Becify Cuben, Mexical 3 2 NO Specify | | or No— 14. RACE Black Speci | American Indian, k, White, etc. | | | | |
| COMPLETED | (Specify only highest grade completed) [Giv Elementary/Secondary (0-12) College (1-4 or 5 +) | EDENT'S USUAL OCCUPATI Is kind of work done during mo ONOT use retired.) | ON pet of working | 16b. KIND OF BUSI | | | | | | |
| DMP | 9th Grade Po | arts Expert | 18 MOTHER'S NA | GOVT. ME (First, Middle, Maiden S | | rmaster Gen | | | | |
| | John Louis Kampe | | And the second second | | ruck | | | | | |
|) BE | | MAILING ADDRESS (Street | | | | | | | | |
| 2 | Mary Kampe 8 | 536 Jenkins | Road I | Pasadena, M | aryland | 21122 | | | | |
| | 1 X Burial 2 Cremation 3 Removal from State other place | F DISPOSITION (Name of ce le) Haven Memor | | | ation – city or to 1 Burnie | wn, State , Maryland | | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LIGHTING | Geor | | | . Home P | .A. | | | | |
| CERTIFICATION | 23. PART I. Enter the diseases, or complications that caused the dee shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditione, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST | JENCE OF: | biac ar | Les de | hatti | Approximate Interval Between Onset and Dasth | | | | |
| PHYSICIAN: MEDICAL CI | PART II. Other algnificant conditions contributing to death but not re | eulting in the underlying | eg cause given in | Pert i. 24e. WAS AN A PERFORM | | WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? | | | | |
| CIA | 25. WAS CASE REFERED TO MEDICAL EXAMINERY HOSEPITAL: | GTHER! | LACE OF DEATH (Ch | and and and | | | | | | |
| YSI | 1 NES 2 NO 1 Inpetient 2 EN/Outpetient 3 | DOA 4 Mursing Hor | ne 5 🗆 Nesidence | | | | | | | |
| | 27, MANNER OF DEATH 1 Manual 5 Pending 28s. DATE OF (NJURY (Month, Day, Year) | INJURY W | JURY AT DRK7 | 28d. DESCRIBE HOW IN. | JURY OCCURED | | | | | |
| ED BY | 2 Accident Investigation 3 Suicide 6 Could not be determined Suicide, stc. (Specify) | | YES 2 NO | 26f. LOCATION (Street an Oily or Rwin, State) | d Number or Runel I | Toute Numbec | | | | |
| COMPLETED | (Check only one) CERTIFYING PHYBICIAN: To the heat of my knowledge, deal one) MEDICAL EXAMINER: On the heat of examination and/or in | | | | | | | | | |
| TO BE CO | MENSIONATURE AND TITLE OF DESTIFIER & Drubeh | im | 29c. LICENSE NUM | | 29d, DATE SIDNED | | | | | |
| - | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM | 3th | 3418 | BHA | Blud | Parada | | | | |
| | MAR 2 5 1991 4.6. New Andrew Andrew | M. | | | | 2112 | | | | |



| BALTIMORE, MARYLAND 21215-0020 | nours after death. Page 6 may be retained by the hospital or attending physician. | d in by the funeral director, page 5 should be detached for use as III burnellings permit, Pages 1, 2, 3 should or removal. | medical examiner must be notified at once. |
|--|---|--|--|
| DIVISION OF VITAL RECORDS, P.O. BOX 68760, | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending paysician. | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as III was a region permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremetion, or removal. | IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

| FOR 1 - STATE REGISTRAR | STATE OF MARYL | AND / DEPARTI | | | MENTAL | HYGIENE REG. NO. | | | |
|--|--|---|-----------------------|---------------------------------------|------------------|-------------------------------------|----------------|-------------------------------|------------------------------|
| 1. DECEDENT'S NAME (First, Middle, Last) | | | | | | OF OEATN | | 3. TIME O | F OEATH |
| Kuy Rea Kim | | | | | MONTH 3 | 23 | 9 | 2 | :00 A |
| 4. SOCIAL SECURITY NUMBER | | | F UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE (| OF BIRTN Day, Year) | 8.6 | IRTHPLACE (Sta | ite or Foreign |
| 219-82-6330 | 1 □ M 2 📈 F 35 | YRS. | ONTHS DAYS | HOURS MIN. | 10 | -25-55 | | outh Ko | orea |
| 9e. FACILITY NAME (If not institution, give s | treet end number) | 9 | b. CITY, TOWN | OR LOCATION OF D | EATN | | 9c. COUNTY | OF DEATH | |
| University of MD | Hospital | | Bal | timore | | | | | |
| RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY | Υ | 10c. CITY. | TOWN OR LOCA | ATION | | | | 10d. INSIC | OF CITY |
| Maryland Bal | timore | | sex | | | | | LIMIT | 2 X NO |
| 10e. STREET AND NUMBER | .cimore | ES | | Of, ZIP CODE | | | 10a. CITIZEN | OF WHAT COUN | |
| 6 Woodsmans Ct. | | | | 21221 | | | U.S | | |
| 11. MARITAL STATUS | 12. WAS DECEDENT EVER II | U.S. ARMED | 13. WAS OF | CENDENT OF NISPA | NIC ORIGIN | 7 (Specify Yea o | | RACE - Americ | en Indien, |
| 1 Never Married 2 Married | FORCES? 1 YES | 2 NO | | pecify Cuban, Mexica S 2 NO Specif | | lican, etc.) | | Black, White, etc Specify: | C. |
| 3 Wildowed 4 Divorced | | | | A | | | | Korea | an |
| t5. DECEDENT'S EDU- (Specify only highest grade | CATION completed) | 16a. DECEDENT'S US (Give kind of wor | | | 16b. | KINO OF BUSI | NESS/INDUST | RY | |
| Elementary/Secondary (0-12) | College (1-4 or 5+) | ilfe. Do NOT use | retired.) | | | | | | |
| 12 | | Co-Pr | opriet | | | Groce | _ | | |
| 17. FATHER'S NAME (First, Middle, Last) | | | | 16. MOTNER'S NA | all all a second | fiddie, Maiden Si | urname) | | |
| Chang Mun | | | | Yeon S | | | | | |
| 19a. INFORMANT'S NAME (Type/Print) | | | | and Number or Rural | | | | e) | |
| Song Kyu Kim | | | | Ct. Bal | | | | | |
| 20a. METHOD OF DISPOSITION 1 XBuriel 2 Cremation 3 Rem 4 Donation 6 Other (Specify) | | cemetary, crematory of Loudon Pa | | | 3-2 | 5 Bal | | or Town, State | |
| 21. SIGNATURE OF FUNERAL SERVICE LIC | | zouden 14 | 22. NAME | AND ADDRESS OF FA | ACILITY | | | , 12 | |
| > M. Teat | 000 | | | ard Funer | | - | | | |
| | | the death Service | | Wilkens | | | | | |
| 23. PART i. Enter the disesses/or a shock, or heart failure. | Complications that cause List only one cause on a | | t enter the m | lode of dying, suc | ch ss cerd | liec or respire | itory srrest | | roximete rval Bstween |
| IMMEDIATE CAUSE (Finel disease or condition | | | | | | | | One | et and Death |
| resulting in death) | S. INTRACENCE. DUE TO (OR AS | WAL HOM | MRHAGO | 5 | | | | | |
| | | | | | | | | | |
| Sequentially list conditions, | b. THROMBOCY | CONSEQUENCE OF: | | | | | | | |
| if sny, leading to immediate ceuse. Enter UNDERLYING | 001 | CONSEQUENCE OF J. | | | | | | | |
| CAUSE (Disease or injury that initiated events | DUE TO (OR AS | CONSEQUENCE OF): | | | | | _ | | |
| reaulting in death) LAST | | | | | | | | | |
| | d | | | | | | | . / . / | |
| PART II. Other significant condition | ns contributing to death b | ut not resulting in | the underlyi | ng cause given in | Part I. | 24a. WAS AN A PERFORM | | | TOPSY FINDINGS E PRIOR TO |
| | | | | | _ | 1 TES 2 | | | ION OF CAUSE |
| | | | | | 1 | | 157 | | 2 NO |
| | | | | | | | | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOODE | | | PLACE OF DEATH (C | heck only on | e) | | | |
| 1 VES 2 NO | HOSPITAL: | patient 3 DOA | OTHER: I - Nursing No | ome 5 - Realdence | 6 🗆 Othe | r (Specify) | | | |
| 27, MANNER OF DEATH | 28a. DATE OF INJURY (Month, Day, Year) | 28b. TIME | OF 28c. II | NJURY AT | 26d. DES | CRIBE NOW IN | JURY OCCUR | ED | |
| 1 Natural 5 Pending 2 Accident Investigation | | | | YES 2 NO | | | | | |
| 3 Suicide 6 Could not be 4 Nomicide determined | 28e. PLACE OF INJURY building, etc. (Spe | — At home, farm, str offy) | eet, factory, of | lice | | ATION (Street ar or Town, State) | nd Number or I | lural Route Numb | 967, |
| no centrer | | | | | | | | 0.00 | _ |
| (Check only | ICIAN: To the best of my know ER: On the basis of examination | | | | | | | use(a) and man | ner as stated. |
| 29b. SIGNATURE AND TITLE OF CERTIFIE | | | | 29c. LICENSE NU | | | | GNED (Month, De | 100 |
| M.i | 00111 | | | D405 | | | | 23/91 | iy, rour) |
| 30. NAME AND ADDRESS OF PERSON WI | O COMPLETED CAUSE OF DE | ATN (ITEM 97) (See - 1 | Print) | 10703 | 1/ | | - 31 | -3/7/ | |
| Owner and Applicas of Fenson Wi | | | rnR) | | | | | | |
| Minister A /A | | | Parish and 1 | - 1- | | | 400 - | | |
| MICHAEL D. PL. 31. DATE FILED (Month, Day, Year) | | 22 So. Ga | cove ! | T. BACTI | MORE | mo z | 101 | j) | |

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

After t

L DIRECTOR: Aft 2 hours after dea 7 Item 28 Is n

TO THE FUNERAL DIRECT be filed within 72 hours at IMPORTANT: If Item 2

223

HOSPITAL

Pages 1, 2, 3 should

7 notified 2 must examiner medical the traumatic event, other 0 injury,

91 07957 91-1592-510 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY LaVoie Jr. 03 Andrew 991 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (S e or Foreig June 2, 31 DAYS HOURS 218-70-9620 1 🗶 M 2 🗌 F 1959 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWH OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 6116 Everall Avenue Baltimore City RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore City Maryland 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 6116 Everall Avenue 21206 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indien, Black, White, atc. FDRCES? 1 YES 2 1 Never Married 2 X Married 1 YES 2 X ND Specify: BY 3 Widowed 4 Divorced White 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Carpenter 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Andrew La Voie Sr. Anna BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Kathleen A. La Voie 443 Old Home Road Baltimore, Maryland 21206 20a. METHOD OF DISPOSITION
1 № Burlal 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE Dulaney Valley Memorial 3/26/91 4 ☐ Donation 5 ☐ Other (Specify) Timonium Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Milton_ Knight Jr Leonard J. Ruck, Inc. 5305 Harford Road 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heert failure. List only one cause on each line. **Approximate Onset and Death IMMEDIATE CAUSE (Final** Multiple Cutting Wounds disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEDUENCE OF): resulting in death) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PHYSICIAN: MEDICAL 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) HOSPITAL: OTHER: 1 X YES 2 ND nt 2 ER/Outpetient 3 DOA ing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a, DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT 284. DESCRIBE HOW INJURY OCCURED 1 Netural M 1 YES 2 T NO 20 1991 Unk BY Subject cut and stabbed 2 Accident 3 Suicide
4 Homicide 2at. LOCATION (Street and Number or Fural Route Number, City or Town, State) 6116 Everall Avenu 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 8 Could not be determined COMPLETED At home Baltimore, Md 29a CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner se stated. 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE O.C.M.E 03 22 1991 2

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) III, mo

32. REGISTRAR'S SIGNATURE hie Davidson-Randall

VERE

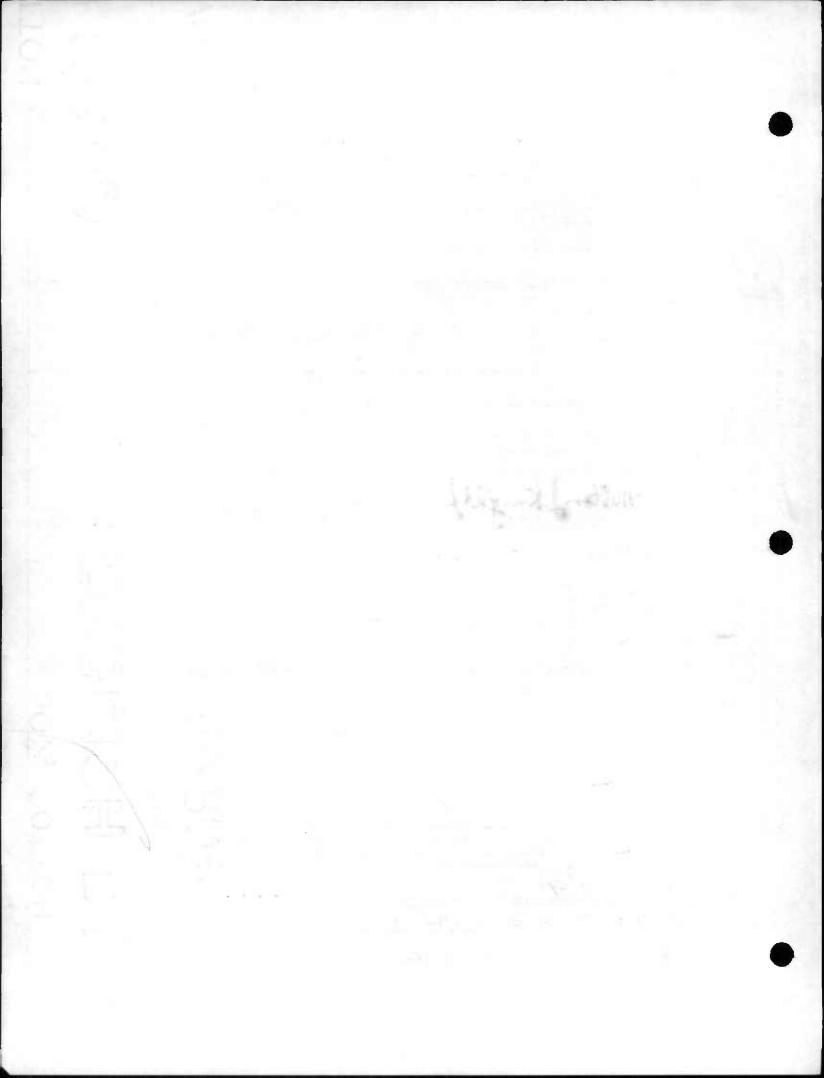
n. DATE FILED (Month, Dey, Year)

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1991

DHMH-16 Rev 1/89

111 Penn Street, Baltimore Maryland 21201



FOR STATE REGISTRAR

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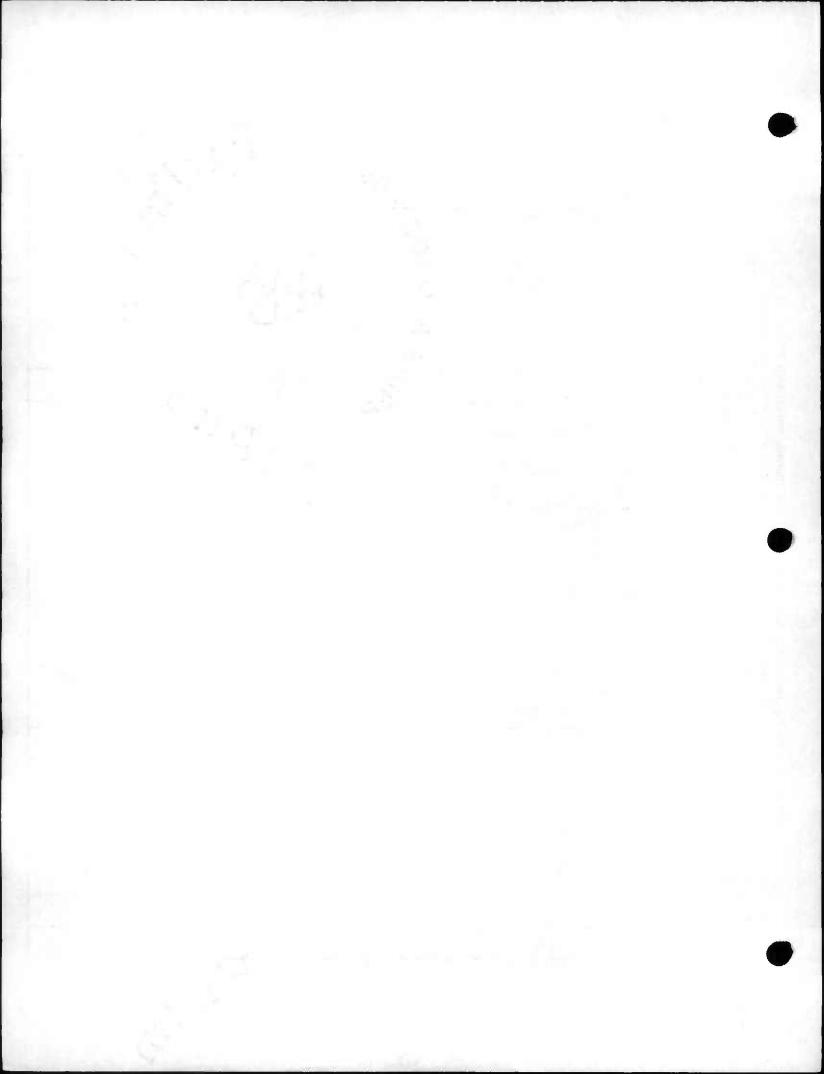
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| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | with a security within the security and secu |
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YEAR 91 3. TIME OF DEATH 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH NSE 11 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 04-5045 MONTHS DAYS HOURS 1 M 2 D F YRS the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should removal. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH 9a. FACILITY NAME (If got ins DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN, OR LOCATION 10d. INSIDE CITY LIMITS? 10a. STATE 10b. COUNTY 40 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 100. STREET AND NUMBER 101. ZIP CODE S.A 2 17 death. Page 6 may be retained by the hospital or attending physician. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yee, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE Black 11, MARITAL STATUS 2 Married 1 Never Merried Black IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: BY 3 Widowed 4 Olvorced COMPLETED 16e. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EOUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co-Elamentary/Secondary (0-12) College (1-4 or 5+) once. 18. MOTHER'S NAME (First, Middle, Maide 17. FATNER'S NAME (First, Middle, Last) 펂 BE notified 19b. MAILING ADDRESS (Street and Nu NFORMANT'S NAME (Type/Print) 2 21207 2 204 METHOD OF DISPOSITION must ! 1 Burial 2 Creg 3 Removal from State Donation # 17 6tt 22 NAME AND ADDRESS OF FACILITY examiner L SERVICE LICENSEE Jug event, the medical Approximata 23, PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by shock, or heart fallure. List only one cause on each ilne. interval Batween 6 **Onset and Death** IMMEDIATE CAUSE (Final DIRECTOR: After this certificate has been signed by the attending physician and completely fille hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, disease or condition bleswup resulting in death) DUE TO (OR AS A CONSEQUENCE OF) popeal Varices 20 or other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING ver Corrosts CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST item 23 shows any injury, 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? PHYSICIAN: MEDICAL PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 1 YES 2 NO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 🗆 Nu ne 5 🗆 Residence 8 🗀 Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 28b, TIME OF marked, Natural
2 Accident 5 Pending 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 00 6 Could not be determined COMPLETED 4 Homicide 28 item 3 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL I IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE HE BE ► 3/23/q 2 23 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) S. A. H. BALTIMORE MD GRIPPO 900 CATON AVE VINCENTO 32: REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)
MAR 25 199 OHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

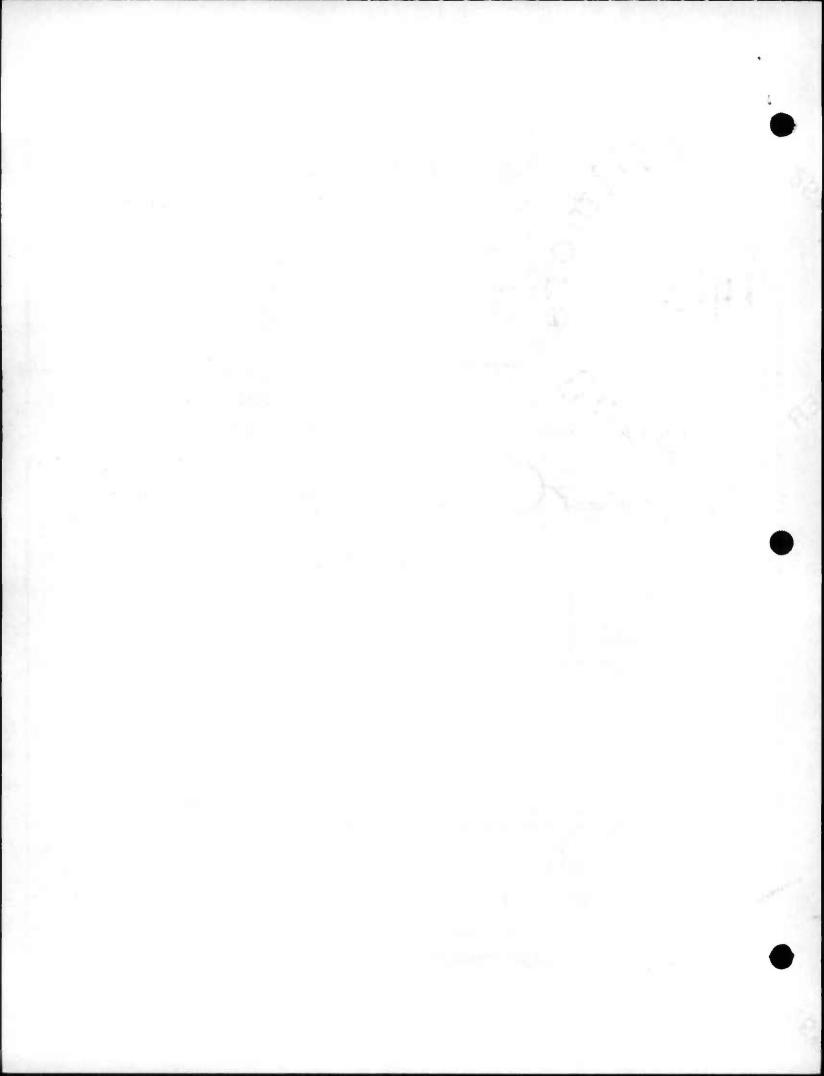




DHMH-18 Rev 1/89

| | 1. DECEDENT'S NAME (FI | | L. Lackowit | -07 | | | 2. DATE OF MONTH | DAY | 991 YEAR | 3. TIME OF DEATH |
|-------------------------------|---|--|--|--|---|--|-------------------------------|---|--|--|
| | 4. SOCIAL SECURITY NU | | | GE (In yrs. last birthday) | IF UNDER 1 YE | All IF UNDER 24 HRS. | 7. DATE OF | | | THPLACE (State or Foreig |
| - 0 | 215-05-9 | 9745 | 1 - M 2 X F | 79 YRS. | | YS HOURS MIN. | (Month, I | /04/12 | Cour | talv |
| | 9a. FACILITY NAME (# no | | street and number) | | 9b. CITY, TO | WN OR LOCATION OF D | | | COUNTY OF | |
| H | 4602 Rel | hbaum A | venue | | Hal | ethorpe | | | Baltir | nore |
| 5 | RESIDENCE OF D | | | 100 00 | TY, TOWN OR L | | | | | 10d. INSIDE CITY |
| DIRECTOR | Md | | ltimore | 100.0 | | ethorpe | | | | LIMITS? |
| AL | 10e. STREET AND NUMB | | + | | | 10f. ZIP CODE | | 100 | . CITIZEN OF | WHAT COUNTRY? |
| EH | 4602 Rel | hbaum A | venue | | | 21227 | 7 | | U.S. | .A. |
| FUNER | 11. MARITAL STATUS | | 12. WAS DECEDENT EV | | | DECENDENT OF HISPA s, specify Cuben, Mexic | | | 14. RA | CE — American Indian, ick, White, atc. |
| BY | 1 Never Married 2 3 Wildowed 4 D | | IF YES, GIVE WAR O | | | YES 2 ND Speci | | ,, | | white |
| ED | | ECEDENT'S EDU | CATION | 16a. DECEDENT | | PATION | 7 | IND OF BUSINES | | viiice |
| E | (Specify Elementary/Secondary | only highest grade y (0-12) | College (1-4 or 5+) | (Give kind of life, Do NOT i | work done durii use retired.) | ng most of working | | | | |
| COMPL | 11th | | | - Homen | aker | | | self | | |
| 00 | 17. FATHER'S NAME (First | t, Middle, Last) | | | | 18. MOTHER'S N | AME (First, Mic | ldle, Maiden Sumi | ame) | |
| BE (| Guytano | | ino | | | | | Nicol | | |
| 0 | 19a. INFORMANT'S NAME | | | | | reet and Number or Rural | | | | |
| - I | John L. | | У | | | ar Avenue | Hale | thorpe | | <u>1d 21227</u> |
| | 20a. METHOD OF DISPOS 1 Buriel 2 Creme | ation 3 🗆 Ren | noval from State | other place) | niero e | | | | ON — City or | |
| | 4 Donation 5 Ott | | СЕНИЕЕ | Loudon | | emetery ME AND ADDRESS OF F | ACILITY 3 | | | ore, Maryl |
| | () | | 1 | - 0 | 1 | 328 Sulphu | - | nbrose | _ | |
| - 11 | test | 527 | complications that ca | - th. | | | | | | Approximate |
| CERTIFICATION | resulting in death) Sequentially list con if any, leading to imposure. Enter UNDER CAUSE (Disease or it that initiated events resulting in death) L. | mediate iLYING injury | b | AS A CONSEQUENCE | бғ): оғ): | oma, | | | | |
| | | - | d | ith but not resulting | In the unde | rlying cause given is | n Part I. | te. WAS AN AUT | | <u> </u> |
| | Train in outer eigen | | | | | | | | | 4b. WERE AUTOPSY FIND |
| ICAL | TAIL III GUIST SIGNI | | | | | | | PERFORMED | 0? | AVAILABLE PRIOR TO COMPLETION OF CAU |
| | - Jan 11 July | | | | | | | PERFORMED | 0? | AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? |
| N: MEDICAL | | | | | | | | PERFORMED | 0? | AVAILABLE PRIOR TO COMPLETION OF CAU |
| Ξ | 25. WAS CASE REFERRE EXAMINER? | ED TO MEDICAL | HOSPITAL: | | | 26. PLACE OF OEATH (C | | PERFORMED | 0? | AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? |
| Σ | 25. WAS CASE REFERRE EXAMINER? 1 YES 2 AN | | HOSPITAL: | | OTHER: | Home 5 Presidence | Check only one | PERFORMED 1 YES 2 (Specify) | NO | AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? |
| | 25. WAS CASE REFERRE EXAMINER? 1 YES 2 AO 27. MANNER OF OEATH | | | URY 28b. T | OTHER: 4 Nursin | Home 5 A Residence c. INJURY AT WORK? | Check only one | PERFORMED | NO | AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? |
| BY PHYSICIAN: MI | 25. WAS CASE REFERRE EXAMINER? 1 YES 2 OO 27. MANNER OF OEATH 1 Netural 5 2 Accident | Pending Investigation | 1 Inpetient 2 ER 28a. OATE DF INJ (Month, Day, Y) 28a. PLACE OF IN | URY 28b. Ti | OTHER: 4 Numin | Home 5 #Healdence c. INJURY AT WORK? I YES 2 NO | 28d. DESC | PERFORMED 1 YES 2 | NO NO RY OCCURED | ANAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO |
| ED BY PHYSICIAN: MI | 25. WAS CASE REFERRE EXAMINER? 1 YES 2 OO 27. MANNER OF OEATH 1 Netural 5 2 Accident | ☐ Pending | 1 Inpetient 2 ER 28a. OATE DF INJ (Month, Day, Y) 28a. PLACE OF IN | URY 28b. Tr. 6ar) 28b. Tr. 18b. JURY — At home, farm | OTHER: 4 Numin | Home 5 #Healdence c. INJURY AT WORK? I YES 2 NO | 28d. DCA | PERFORMED 1 YES 2 (Specify) | NO NO RY OCCURED | ANAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO |
| ED BY PHYSICIAN: MI | 25. WAS CASE REFERRE EXAMINER? 1 YES 2 PRO 27. MANNER OF CEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER | Pending Investigation Could not be determined | 1 Inpetient 2 ER 28a. OATE DF INJ (Month, Day, 1) 28a. PLACE OF IN building, etc. | URY 28b. Ti lear) 28b. Ti ll JURY — At home, ferm (Specify) | OTHER: 4 Nursing | J Home 5 Presidence C. INJURY AT WORK? I YES 2 NO | 28d. DESC | PERFORMED 1 YES 2 (Specify) RIBE HOW INJUI TION (Street and I fown, State) | NO NO Number or Rur | ANAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO |
| ED BY PHYSICIAN: MI | 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only | Pending Investigation Could not be determined | 1 Inpetient 2 ER 28s. OATE OF INJ (Month, Day, Y) 28s. PLACE OF IN | URY 28b. Till JURY — At home, farm (Specify) | OTHER: 4 Numbry ME OF NJURY M o, street, factory | g Home 5 Presidence C. INJURY AT WORK? I YES 2 NO office | 28d. DESC 281. LOCAL City or | PERFORMED Specify) RIBE HOW INJUI FION (Street and I Rown, State) | NO NO Number or Rur as stated. | ANAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO |
| COMPLETED BY PHYSICIAN: MI | 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only | Pending Investigation Could not be determined | 28a. OATE DF INJ (Month, Day, Y 28a. PLACE OF IN building, etc. SICIAN: To the best of my HER: On the basis of exami | URY 28b. Till JURY — At home, farm (Specify) | OTHER: 4 Numbry ME OF NJURY M o, street, factory | Home 5 Presidence c. INJURY AT WORK? I YES 2 NO , office | 28d. DESC 28d. LOCAl City or | PERFORMED Specify) RIBE HOW INJUI Flow, State) (a) and manner ind place, and di | NO NO Number or Rur as stated. | ANAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO |
| BE COMPLETED BY PHYSICIAN: MI | 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER OF CEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only one) 2 M | Pending Investigation Could not be determined ERTIFYING PHY: | 28a. OATE DF INJ 28a. OATE DF INJ (Month, Day, Y 28a. PLACE OF IN building, etc. SICIAN: To the best of my HER: On the basis of axami | URY 28b. T. II JURY — At home, farm (Specify) knowledge, death occulination and/or investigation | OTHER: 4 Nursin | y Home 5 Presidence c. INJURY AT WORK? I YES 2 NO office o, deta and place, and de plon, death occured at If | 28d. DESC 28d. LOCAL City of | PERFORMED Tyes 2 Specify RIBE HOW INJUI TION (Street and in Town, State) e(a) and manner and place, and did | Number or Run as stated. us to the caused, DATE SIGN | AAALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 VES 2 NO 86 Route Number, 86(a) and manner as state 180 (Month, Day, Year) |
| ED BY PHYSICIAN: MI | 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER OF CEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only one) 2 M | Pending Investigation Could not be determined ERTIFYING PHY: | 28a. OATE DF INJ 28a. OATE DF INJ (Month, Day, Y 28a. PLACE OF IN building, etc. SICIAN: To the best of my HER: On the basis of axami | URY 28b. T. II JURY — At home, farm (Specify) knowledge, death occulination and/or investigation | OTHER: 4 Nursin | y Home 5 Presidence c. INJURY AT WORK? I YES 2 NO office o, deta and place, and de plon, death occured at If | 28d. DESC 28d. LOCAL City of | PERFORMED Tyes 2 Specify RIBE HOW INJUI TION (Street and in Town, State) e(a) and manner and place, and did | Number or Run as stated. us to the caused, DATE SIGN | AAALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 VES 2 NO 86 Route Number, 86(a) and manner as statistic (Month, Day, Year) |
| BE COMPLETED BY PHYSICIAN: MI | 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER OF CEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only one) 2 M | Pending Investigation Could not be determined ERTIFYING PHY: | 28a. OATE DF INJ (Month, Day, Y 28a. PLACE OF IN building, etc. SICIAN: To the best of my HER: On the basis of exami | URY 28b. T. II JURY — At home, farm (Specify) knowledge, death occulination and/or investigation | OTHER: 4 Nursin | y Home 5 Presidence c. INJURY AT WORK? I YES 2 NO office o, deta and place, and de plon, death occured at If | 28d. DESC 28d. LOCAL City of | PERFORMED Tyes 2 Specify RIBE HOW INJUI TION (Street and in Town, State) e(a) and manner and place, and did | Number or Run as stated. us to the caused, DATE SIGN | AAALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 VES 2 NO 86 Route Number, 86(a) and manner as statistic (Month, Day, Year) |
| BE COMPLETED BY PHYSICIAN: MI | 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER OF CEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only one) 2 M | Pending Investigation Could not be determined SERTIFYING PHY: MEDICAL EXAMINITIE OF CERTIFI S OF PERSON W. R. Gall | 28a. QATE DF INJ 28a. QATE DF INJ (Month, Day,) 28a. PLACE OF IN building, etc. SICIAN: To the best of my VER: On the basis of axami | URY 28b. T. II JURY — At home, farm (Specify) knowledge, death occulination and/or investig | OTHER: 4 Nursin | y Home 5 Presidence c. INJURY AT WORK? I YES 2 NO office o, deta and place, and de plon, death occured at If | 28d. DESC 28d. LOCAL City of | PERFORMED Tyes 2 Specify RIBE HOW INJUI TION (Street and in Town, State) e(a) and manner and place, and did | Number or Run as stated. us to the caused, DATE SIGN | AAALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 VES 2 NO 86 Route Number, 86(a) and manner as statistic (Month, Day, Year) |

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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| DIVISION OF VITAL RECORDS, P.O. BOX 68760, | ENDI | R. A | - |
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| | TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital control of the control of the hospital control of the control of th | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
| | | | |

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | REGISTRAR | | CERTIFICA | TE OF DEATI | Н | REG. NO. | | | |
|--|--|--|--|--|---------------------------------|--|---------------------------------------|--|--|
| | | | JCCI, SR. | | 03 | 20 | 1991 | 3. TIME OF DEATH | |
| | | (M 2 F | 72 YRS. MONT | | MIN. (Mont. 05~ | OF BIRTH h, Day, Year) 04 → 1918 | Mar | uland | |
| TOR | 9e. FACILITY NAME (If not institution, give street an 1952 Holborn Road RESIDENCE OF DECEDENT | d number) | 9b. | Dundalk | OF DEATH | | Baltin | | |
| FUNERAL DIRECTOR | Maryland Baltin | ore | 10c. CITY, TOWN OR LOCATION Dundalk | | | | 10d. INSIDE CITY LIMITS? 1 YES 2 X NO | | |
| VERAL | 1952 Holborn Road | | | 101. ZIP CODE 27.22 | | | USA | WHAT COUNTRY? | |
| BY FUI | | AS DECEDENT EVER IN U. ORCES? 1 X YES YES, GIVE WAR OR DATE ATMY - WW] | S | 13. WAS DECENDENT OF If yes, specify Cuban, 1 YES 2 NO | Mexicen, Puerto | | - 14. RAC Blac Spec | E — American Indien, kk, White, stc. bity: White | |
| COMPLETED | | 1 10 | e. DECEDENT'S USU/ | lone during most of working ed.) | 100 | U.S. POS | | | |
| COMP | 12th Grade 17. FATHER'S NAME (First, Michie, Last) Michael A. Marucci | | Leaver Co | 18. MOTHE | Middle, Melden Surner Iamonica | | ce | | |
| TO BE | 190. INFORMANT'S NAME (Typo/Print) Vera D. Marucci | | 195. MAILING ADD | RESS (Street and Number of | r Rural Route Num | ber, City or Town, State | 2122 | 2 | |
| | 20a, METHOD OF DISPOSITION ACT Burlal 2 Cremetton 3 Removal for 4 Donatton 6 Other (Specify) | om State 20b. P | LACE AND DATE OF or other starts of the start of the star | DISPOSITION (Name ber place) 3/23 | | E 200. LOCATION | | own, State , Maryland | |
| | 21. SIGNATURE OF PURERAL SETUICE AICENSES | Lish | | 22. NAME AND ADDRESS Duda-Ruc 7022 W. | | al Home of | of Dun | dalk, Inc. MD 21222 | |
| TION | shock, or heart failure. List only one cause Different line. Interest line in the line in | | | | | | | | |
| CERTIFICATION | CAUSE (Disease or Injury that initiated events resulting In death) LAST | | | | | | | | |
| MEDICAL CE | PART II. Other significent conditions cor | tributing to death but | not resulting in th | a underlying couse gi | ven in Part i. | 24a. WAS AN AUTO PERFORMED? 1 TYES 2 N | | b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE | |
| N: MED | | | | | | 70.13 | | OF DEATH? 1 YES 2 NO | |
| PHYSICIAN: | | SPITAL: | | 26. PLACE OF DE HER: Nursing Home 5 Res | ATH (Check only o | | | | |
| BY PHY | 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation | 26a. DATE OF INJURY (Month, Day, Year) | 26b. TIME OF INJURY | 28c. INJURY AT WORK? M 1 YES 2 | | SCRIBE HOW INJURY | OCCURED | | |
| 3 Suicide 6 Could not be detarmined detarmined 289. PLACE OF INJURY — At nome, term, street, factory, office 289. PLACE OF INJURY — At nome, term, street, factory, office City or Town, Ste | | | | | | CATION (Street and Nu or Town, State) | mber or Rural | Route Number, | |
| COMPLET | and and | To the best of my knowled the basic of examination of | | | | | | (e) end manner ee stated. | |
| TO BE | 296. SIGNATURE AND TITLE OF CENTURY | et MD | | Da | 21 906 | 29d. | DATE SIGNE | O (Morth, Day, Year) | |
| | Henry A. Pitt MI | Baloch | 658 Jal | us Hoplan | is Ho | spital | Bal | Fimore MD | |
| | MAR DE 1001 | 32. REGISTRAR'S SIGNAT | anda 00 | • | | | | | |

DHMH-16 Rev 1/89

the part of the same of the sa

TO THE HOSP TO THE FUNE be filed within

| ding physician. | FEAD DIRECTOR. After this certificate has been signed by the manning physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1 . 2, 3 should | 6. | |
|---|--|------------------|----------------|
| SPITAL DR ATTENDING PHYSICIAN: The law require that the contraction of the precuted within L- nours after death. Page 6 may be retained by the hospital or aftend | tached for use a | | ICE. |
| retained by the | 2 should be de | | notified at or |
| Раде 6 тау b | al director, page | | lner must be |
| ours after death. | In by the funer | H removal. | nedical exam |
| ed within 2~ 10 | completely filled | al, cremation, o | event, the n |
| ficate be execut | physician and o | ne prior to buri | her traumatic |
| the death pent | the Manding | d Mental Hygier | Inlury or oth |
| w requires than | been signed th | of Health an | S shows any |
| SICIAN: The la | certificate has | h the State Deg | d or Harn 2 |
| TENDING PHY | TOR: After this | after death with | 20 to market |
| SPITAL DR AT | VERAL DIREC | nin 72 hours | IT. 16 learn |

| | | | | | | | | | | | | 9 | 1 | 0796 | 51 |
|--------------------|--|--------------------------|---------------------|---|-----------------------------|----------------------------|-------------|---------------|-----------------|--|----------------|---------------|---------------------|---|------------|
| | FOR STATE REGISTRAR | | STATE OF 1 | | DEPAI ERTIF | | | | | MENTAL HYG | NO. | | | | |
| | 1. DECEDENT'S NAME (First, M | | | | | | | | | MONTH | MONTH DAY YEAR | | | 3. TIME OF DE | ATH |
| | AXEL MADSEN | | | | | | | | | 03-2 | 1-9 | 1 | | 9:00 | AM |
| | 4. SOCIAL SECURITY NUMBER | | 5. SEX | 6. AGE (In yrs. le | st birthday) | IF UNDER | | IF UNDER | 24 HRS. MIN. | 7. DATE OF BIRT (Month, Day, Yo | | | 8. BIRTH Country | PLACE (State or | Foreign |
| | 107-07-55 | X□ M 2 □ F | 79 | YRS. | WONTHS | DATE | HOURS | mante. | 3-11- | | | | York | | |
| | Se. FACILITY NAME (If not instit | tution, give s | treet and number) | | | 9b. CITY | , TOWN C | R LOCATI | ON OF DE | ATH | | 9c. COU | NTY OF D | EATH | |
| 8 | CHURCH HO | PORATIO | NC | B | ALTI | MOR | E C | ITY | | _ | - | | | | |
| 5 | RESIDENCE OF DECE | | T 40 . 00 | | | | | | | | | 10d. INSIDE C | TV | | |
| FUNERAL DIRECTOR | 10a. STATE | 0b. COUNTY | | | Baltimore | | | | 1 | | | | LIMITS? | | |
| A | 100. STREET AND NUMBER | | | | | | 101 | ZIP COD | | | | 10g. CITI | ZEN OF V | WHAT COUNTRY | 7 |
| ER | 3 N. Linw | ood | Ave. | | | | | 212 | 224 | | | U.S | .A. | | |
| BY FUN | 11. MARITAL STATUS 1 Never Merried 2 Mills | | | NT EVER IN U.S. A I YES 2 MAR OR DATES | RMED NO | | If yes, sp | | n, Mexice | IIC ORIGIN? (Spec n, Puerto Ricen, et /: | | or No— | | E — American in k, White, etc. # <u>/v</u> : 1te | odlen, |
| 0 | 15. DECED | ENT'S EDU | CATION | 18e. D | ECEDENT" | S USUAL C | CCUPATION | ON | 2.1 | 16b. KIND (| OF BUS | INESS/INC | DUSTRY | | |
| COMPLETED | (Specify only h Elementary/Secondary (0-12 | | College (1-4 or 5 | | Give kind of a. Do NOT i | work done use retired.) | during mo | et of working | ng | | | | | | |
| 립 | Unkn | | | | leal: | th S | erv | ice | Ins | tructo | r | Y | .м. | C.A. | |
| 8 | 17. FATHER'S NAME (First, Midd | de, Last) | | | | | | | | ME (First, Middle, A | | | | | |
| | August M | adse | n | | | | | Fr | ede | ricka | Ha | anse | en | | |
| B | 19s. INFORMANT'S NAME (Type | e/Print) | | 1 | 9b. MAILIN | G ADDRES | S (Street i | and Numbe | r or Rural | Route Number, City | or Town | , State, Zip | Code) | | |
| 2 | Edith E. Madsen 3 N. Linwood Ave., Balto. MD. 21224 | | | | | | | | | | | | | | |
| | 20s. METHOD OF DISPOSITION 1 Disposition 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State | | | | | | | | | | | | | | |
| | 1 Donation 8 Other (S | | oval from State | Gr Car | olace) COONT | noun | t C | rema | tor | у | B: | alto | | БМ | |
| | 21. SIGNATURE OF FUNERAL | | CENSEE | - 01 | | 22 | NAME A | NO ADDRE | SS OF FA | CILITY | | | | 1127 - 111 | |
| | 1/1 | 11 | 16/- | | | | | | | n Fune | | | | | |
| | a/M | 12 | /// | | | | | | | timore | | | | | |
| | 23. PART I. Enter the disc shock, or has | | List only one ca | use on each lir | 10. | | | | | | | | rest, | | Between |
| | IMMEDIATE CAUSE (Final | | | | | | | | | | | Onset | and Death | | |
| | disease or condition resulting in death) | | a | Cand | isge | nic | 3 | FOCK | < | | | | | | |
| | | | DUE TO | OR AS A CONS | EQUENCE | OF): | 1-0 | - | | | | | | | |
| N | Sequentially list condition | | b | Coron | any | - | Tru | m_ | 2 | rocase | _ | | | - | |
| Ĕ | if any, leading to immedi | ata | DUE TO | O (OR AS A CONS | EQUENCE | OF): | | (1- | 0 | 1 | | | | 1 | |
| 2 | cause. Enter UNDERLYIN CAUSE (Disease or injury | | c | Alhho | sete | 1000 C | | 1400 | no- | Dise | ac | e_ | | | |
| ERTIFICATION | that initiated events resulting in death) LAST | | DUE TO | OR AS A CONS | EOUENCE | OF): | | | | | | | | i | |
| | Tooking in death, Exo. | | d | | | | | | | | | | | | |
| LC | PART II. Other algnificant | t condition | na contributing t | o death but not | resuiting | in the u | nderlyln | g cause | given in | | | AUTOPSY | 240 | b. WERE AUTOPS | |
| PHYSICIAN: MEDICAL | | | | | | | | | | | ERFOR | MED7 | | AWAILABLE PR | |
| ED | | | | | | | | | | ''' | 163 2 | | | OF DEATH? | □ NO |
| Σ | | | | | | | | | | _ | | | | 1 1143 2 | _ no |
| AN | 25. WAS CASE REFERRED TO | MEDICAL | | | | | 28 F | LACE OF I | DEATH (C) | heck only one) | | | | | |
| 2 | EXAMINER? | MEDICAL | HOSPITAL: | | | OTHE | R: | | | | | | | | |
| IYS | 1 TYES 2 NO | | 28a. DATE C | ER/Outpetient | _ | ME OF | 4 | JURY AT | lesidence | 8 Other (Spec | | N.IURY OF | CUBED | | |
| | 1 Natural 8 P | ending | | Day, Year) | | NJURY | W | ORK? | - NO | Zed. DESCRIBE | now i | NOONI O | JOONED | | |
| В | 2 Percindin | restigation | 200 BLACE | OF INJURY — At I | home form | atment do | | | _ NO | 28f. LOCATION | (Steam) | and Alumba | w or Prival | South Alumbar | |
| 유 | | ould not be etermined | building | g, etc. (Specify) | notire, terri | , street, te | ctory, orn | | | City or Town | | | or repres | node ramos, | |
| ET | | | | | | | | | | | | | | | _ |
| IPL | (Crieck only | | SICIAN: To the best | | | | | | | | | | | | |
| COMPLETED | one) 2 MEDIC | AL EXAMIN | ER; On the beele of | examination and/o | or investige | tion, in my | opinion, | death occi | ared at the | e time, date end p | lace, er | nd due to | the couss | (s) end menner | se stated. |
| | 29b. SIGNATURE AND TITLE | OF CERTIFIE | R | 2 | | | | 29c. LIC | ENSE NU | | | 29d. DA | TE SIGNE | D (Month, Day, Y | bar) |
|) BE | | | XX | DORK | are | , m | D | | D- | 2659 | 4 | • | 3/: | 21/91 | |
| 2 | 30, NAME AND ADDRESS OF | PERSON W | HO COMPLETED CA | USE OF DEATH (I) | TEM 27) (% | ne Print) | | | | | | | 7 | | |

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

100 N.

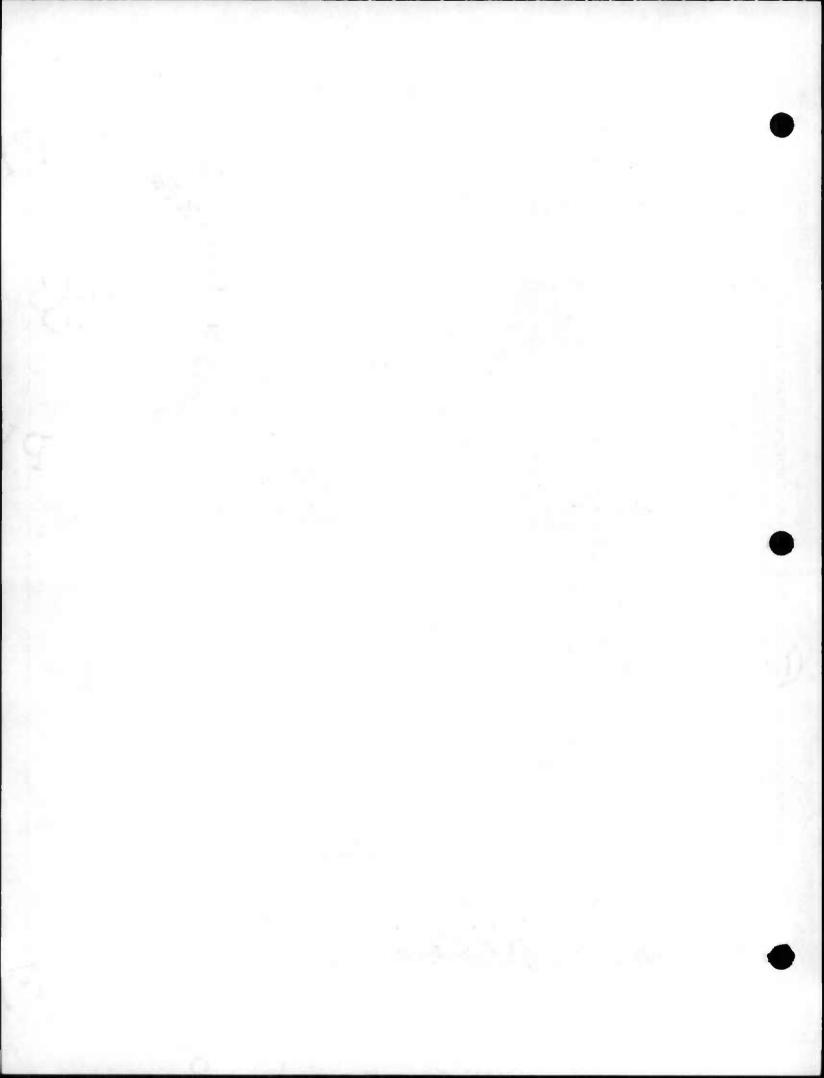
32 REGISTRAR'S SIGNATURE
Julia Savidson-Randall

BROADWAY BALTIMORE, MD

DR RIAZ BOKHARI, M.D.

31. DATE FILED (Month, Day, Year) 32, REGISTRAR'S

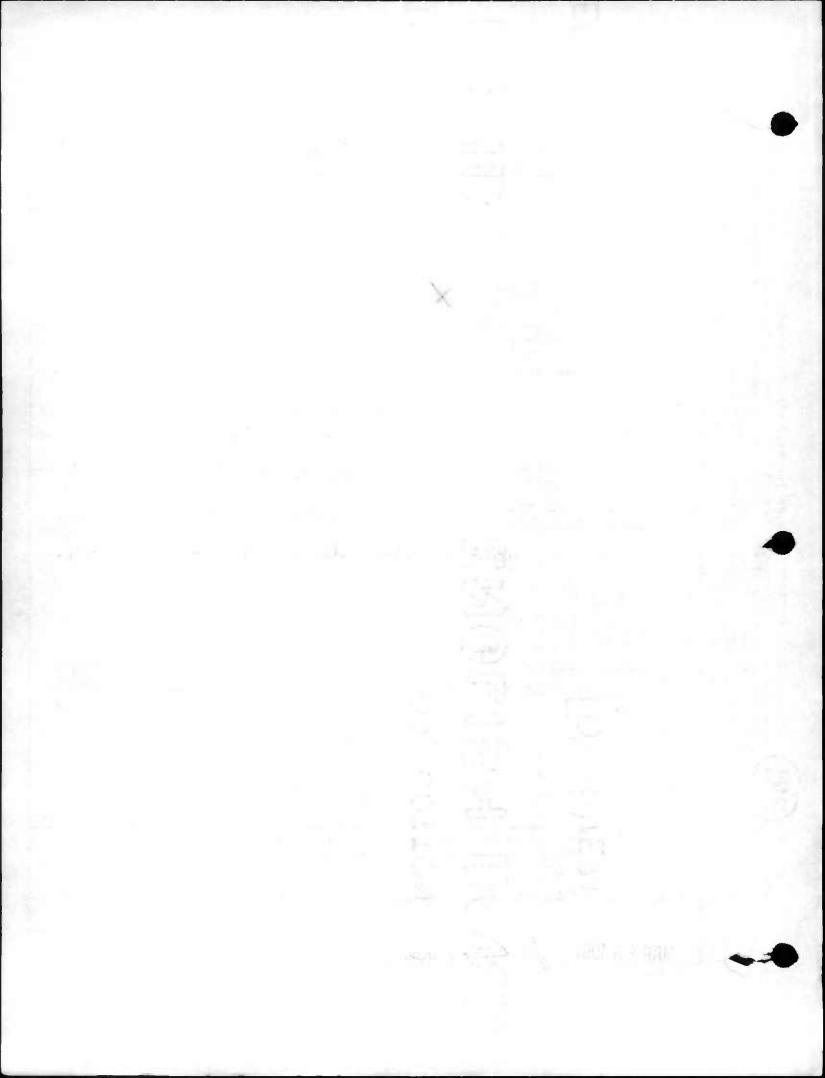
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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | REGISTRAR | | | ICALE | | | REG. NO. | | | |
|---|--|---|--|---|--|--------------------------------|---|---------------|---|---|
| - 4 | 1. DECEDENT'S NAME (First, Middle, Last) | | 7 | | | | 2. DATE OF DEATH | Υ. | GYEAR 3. | TIME OF DEATH |
| | | lajoros | | | | | MONTH 2 | 1/ | 7.7 | /UTPM |
| | - HATAMAN COLUMN | | E (In yrs. lest birthday) | IF UNDER 1 Y | - | INDER 24 HRS. | 7. DATE OF BIRTH (Month, Day, Year) | | 8. BIRTHPLA Country) | NCE (State or Foreign |
| | 101-03-3300 | | 82 YRS. | | . 63 | | 8-5-190 | 3 | Penns | ylvania |
| | 9a. FACILITY NAME (If not institution, give str | | | 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH | | | | | н | |
| 5 | Francis Scott K | Key Med. | Ctr. | Baltimore City | | | | | | |
| EG | 10a. STATE 10b. COUNTY | | 10c. CIT | TY, TOWN OR I | OCATION | | | | 10 | d, INSIDE CITY |
| E I | Md. Balt | imore | Ed | dgemen | ce | | | | 1 | LIMITS? |
| 7 | 10e. STREET AND NUMBER | | | 10f, ZIP CODE | | | 10g. CITIZEN OF WHA | | | T COUNTRY? |
| FUNERAL DIRECTOR | 6710 River Dri | ve | | 21219 | | | U.S.A. | | | |
| S | 11. MARITAL STATUS | 12. WAS DECEDENT EVE | | | | | IIC ORIGIN? (Specify Yes | or No— | 14. RACE — | Amarican Indian, hits, etc. |
| BY F | 1 Never Married 2 Married 3 Wildowed 4 Divorced | FORCES? 1 YE | | | | NO Specify | n, Puerto Ricen, etc.) | | Specify: | |
| | | | 1 | | | | | | Whi | te |
| IEI | 15. DECEDENT'S EDUC. (Specify only highest grade of | | 16a. DECEDENT'S | S USUAL OCCL work done duri ise retired.) | JPATION ng most of | working | 16b. KIND OF BU | SINESS/IND | USTRY | |
| 7 | Elementary/Secondary (0-12) | College (1-4 or 5+) | | | | | Dothi | a h a m | Chas | . 1 |
| COMPLETED | Unknown 17. FATHER'S NAME (First, Middle, Lest) | | 1 Ober | Hear | | MOTHER'S NA | Bethle ME (First, Middle, Meiden | | Stee | ; I |
| Ö | Michael Major | cos | | | - 1 | | Pilot | | | |
| BE | 19a. INFORMANT'S NAME (Type/Print) | | 19b. MAILIN | G ADDRESS (S | treet and N | | Route Number, City or Tow | n, State, Zip | Code) | |
| 2 | Mary Jape Mach | nen | 6710 | Rive | er D | rive : | Rd. | | | |
| | 20a. METHOD OF DISPOSITION 2 Burlal 2 Cremetton 3 Remo | | 20b. PLACE AND DAT | E OF DISPOSI | ITION (Nar | ne | DATE 20c. LO | CATION — | City or Town, | State |
| | 4 Donation 5 Other (Specify) | vat from Stata | of cemetary cremator Oaklawr | or other place Ceme | etar | У | 3-26-91 | Ва | lto. | MD. |
| | 21. SIGNATURE OF FUNERAL SERVICE LICE | INSER | | 22. NAI | ME AND A | DORESS OF FA | ton Fune: | ral | Home | Tnc |
| - 8 | 1/1/6/1 | | | | | | | | | ,Md.2122 |
| | 23. PART 1. Enter the diseases, pr cr | | | | | | | | | Approximate |
| | shock, or heart fellure. L | lat only one cause or | each line. | | | | | | | Interval Between Onset and Death |
| | disease or condition | | | | | | | | | 24 hr. |
| | resulting in death) | DUE TO (OR A | S A CONSEQUENCE | OF): | | | | | | |
| 7 | C . | seps | 15 | | | | | | | one wk. |
| Sequentially list conditions, DUE TO (DRI AS A CONSEQUENCE OF): | | | | | | 4 | | | | |
| TIO | If any, leading to immediate | H any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury | | | | | | | | ! |
| -ICATIO | cause. Enter UNDERLYING CAUSE (Disease or Injury | | that initiated events Due 10 104 AS A CONSEQUENCE OF): | | | | | | | |
| TIFICATION | cause. Enter UNDERLYING CAUSE (Disease or Injury | | S A CONSEQUENCE | 16 | | | | | | |
| CERTIFICATION | cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | C.d. Hice | le coliq | is | | | | | | |
| AL CERTIFICATION | cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificant conditions | C.d. Hice | le coliq | IS In the unde | | 1 | Part I. 24a. WAS AN PERFOI | | | ERE AUTOPSY FINDINGS AILABLE PRIOR TO |
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| EDICAL | cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificant conditions | C.d. Hice | le coliq | IS In the unde | | 1 | PERFO | RMED? | CC | MILABLE PRIOR TO IMPLETION OF CAUSE |
| MEDICAL | cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant conditions Characteristics ASERSE. | C.d. Hice | le coliq | IS In the unde | | 1 | PERFO | RMED? | CC | AILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? |
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| BE COMPLETED BY PHYSICIAN: MEDICAL | Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant conditions CWWWWWW. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 THO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be 4 Homicide dearmined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER | HOSPITAL: 1 Dipetient 2 EPI/C 28a, DATE OF INJUI (Month, Dey, Vec 26a, PLACE OF INJUI Duilding, etc. (c) CIAN: To the best of my king: On the basis of axamin | but not resulting COPO hutpatient 3 DOA TY 28b. Ti IN JRY — At home, farm, poscify) DEATH (ITEM 27) (Typ. IGNATURE | OTHER: 4 Nursing ME OF JURY M , street, factory | 26. PLACE g Home 5 Sc. INJURY WORK? 1 U YES , office e, date end | OF DEATH (Ch. | PERFOI 1 YES : 1 YES : 1 YES : 1 Other (Specify) 26d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Stete | INJURY OC | CURED CURED Cured Round Round ted. | ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 PMO |
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BALTIMORE, MARYLAND 21215-0020

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| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2+ hours after death. Page 6 may be retained by the hy | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact | | IMPORTANT: II liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once |
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| 6 may | tor, p | | Just |
| Page | direc | | ner n |
| death. | funera | | examir |
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| 2× h | filled | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | he T |
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Robert E. Stoner 120 Sister Pierre Dr.

19972. REGISTIAN & SIGNAN

07963 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Jr. ROBERT 91 MAYES 5. SEX Dey, 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. DAYS HOURS MIN. 1 X M 2 - F 236-14-5750 81 Feb. 1910 West Virginia 9a. FACILITY NAME (If not institution, give street and number 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 4331 Belair Road Baltimore City RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore City 1 X YES 2 NO 10e. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4331 Belair Road 21206 United States 11, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rice
1 ☐ YES 2 🔯 NO Specify: FORCES? 1 YES 2 X NO 1 Never Married 2 Married YES, GIVE WAR OR DATES 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION
173 kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete) Elementary/Secondary (0-12) College (1-4 or 5+) Tax Consultant 9 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Robert Mayes Sr. Grace Simmons 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Cleva R. Maves 4331 Belair Road 21206 Baltimore, Maryland 20a. METHOD OF DISPOSITION
1 X Buriel 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, Stata DATE Dulaney Valley Timonium Maryland Mem. 3/25/91 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Milton Knight Jr 5305 Harrford Road 23. PART I. Enter the diseases, or complications that coursed the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, **Approximate** shock, or heart failure. List only one ceus Interval Between IMMEDIATE CAUSE (Final Onset and Death Wellifus disease or condition)is higher resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions, OUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in deeth) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 TYES 1 | Inpetient 2 | ER/Outpetient 3 | DOA ng Home 5 Residence 6 - Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Wetural 5 Pending Investigation М 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and menner as stated. investigation, in my opinion, death ed at the time, data and piece, and due to the cause(a) and menner as stated. 29b. SIGNATURE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Morith, Day, Year)

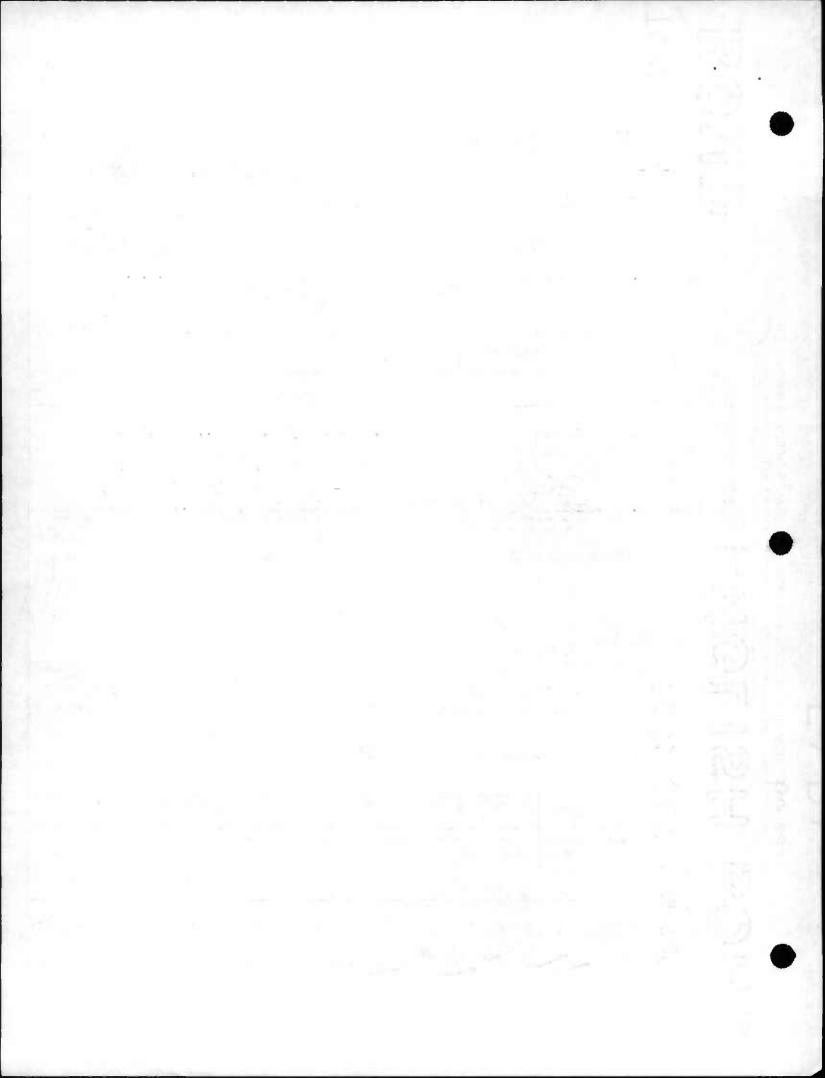
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

| d by the horant or are dre physician. | id be detacled forms as the buffal-transit permit. Pages 1, 2, 3 should | d at once. | TO BE COMPLETED BY FUNERAL DIRECTOR |
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| TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the househalf and properties and properties. | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacled from the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. | O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION |

| · | FOR 1 STATE | STATE OF MARYLAN | | | | MENTAL HYGIEN | E 9 | 1 0/964 |
|---------------|--|--|--------------------|--|----------------------|---|----------------------|---|
| | REGISTRAR | | CERTIFI | CATE OF | DEATH | REG. NO. | | |
| | 1. DECEDENT'S NAME (First, Middle, Last) | TOT UTUTOU | | | | 2. DATE DE DEATH | | AR / ZO |
| | MILDRED LOU 4. SOCIAL SECURITY NUMBER | | rs. lest birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF BIRTH | L | HRTHPLACE (State or Foreign |
| | | 4 🗆 H A 🗇 E | YRS. | MONTHS DAYS | HOURS MIN. | (Month, Day, Year) | C | Alabama |
| | 424→14→7277 9a. FACILITY NAME (If not institution, give stre | 7 | | 9b. CITY, TOWN | OR LOCATION OF DE | August 29. | 9c. COUNTY | |
| Æ | | | , | 3altimor | | | | |
| 5 | University Hospita | <i>z</i> | | | | | | |
| DIRECTOR | 10a. STATE 10b. COUNTY | | | , TOWN OR LOCA | TION | | | 10d. INSIDE CITY LIMITS? |
| | Maryland Baltim | ore | Dunc | | | | | 1 - YES 2 NO |
| RA | | ino | | | 1. ZIP CODE | | | OF WNAT COUNTRY? |
| FUNERAL | 4013 St. Monica Dr | 12. WAS DECEDENT EVER IN U. | S ADMED | | | NC ORIGIN? (Specify Yes | U.S. | RACE — American Indian. |
| | 1 Never Married 2 Married | FORCES? 1 YES 2 | NO | if yes, sp | | n, Puerto Rican, etc.) | | Black, White, etc. Specify: |
| m | 3 Widowed 4 Divorced | | | | - 1.0. 110 0,000, | | | White |
| COMPLETED BY | 15. DECEDENT'S EDUCA (Specify only highest grade of | ITION 16 ompleted) | Give kind of w | USUAL OCCUPATI rork done during me e retired.) | ON ost of working | 16b. KIND OF BUS | SINESS/INDUST | RY |
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| M | 11 years 17. FATHER'S NAME (First, Middle, Last) | | water | 3.3 | 40 MOTHERIC MA | ME (First, Middle, Maiden | | |
| S | Clyde Gifford | | | | Maude | ME (FIRST, MIDDIE, MEIDEN | Surname) | |
| BE | 19a. INFORMANT'S NAME (Type/Print) | | 19b, MAILING | ADDRESS (Street | | Route Number, City or Tow | n, Stata, Zip Cod | le) |
| 5 | Ralph Denver Minto | и | 4013 | St. Mona | ca Drive | . Balto., | MD 21 | 222 |
| | 20a, METHOD OF DISPOSITION | 20b. P | LACE AND DATE | OF DISPOSITIO | I (Name | DATE 20c LO | CATION - City | or Town, State |
| | VIV Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify) | Dal | Lawn (| or other place) Cemeteri | March 2 | 5, 1991 B | saltimo. | re, MD |
| | 21. SIGNATURE OF FUNERAL SERVICE U.C. | | | 22. NAME A | ND ADDRESS OF FA | eral Home | 15.1 | 16.4 |
| | Brian T. Chiston | tall | | | | nue. Balto | | |
| ON | IMMEDIATE CAUSE (Finel disease or condition resulting in death) | DUE TO (OR AS A CO | ONSEQUENCE OF | el 1 | arcfu | h aa cerdiac or reep | iratory arrest, | Approximate Interval Between Onset and Death I day 17 days |
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| MEDICAL | PART II. Other significant conditions SPM SPC Angine PVD | 100 | not resulting i | In the underlyle VTach 2UA | g cause given in | Part I. 24a. WAS AN PERFOI | RMED? | 24b. WERE AUTOPSY FINDINGS AMPLIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| SIA | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | | | | LACE OF DEATH (Ch | eck only one) | | |
| PHYSICIAN: | 1 TES 2 NO | HOSPITAL: | ent 3 🗆 DOA | OTHER: 4 Nursing Ho | ne 5 🗆 Residence | 8 Other (Specify) | | |
| PH | 27. MANNER OF DEATH | 28a. DATE DF INJURY (Month, Day, Year) | 28b. TIM | E OF 26c. IN | JURY AT DRK? | 28d. DESCRIBE HOW | NJURY OCCUR | ED |
| ВУ | 1 fistural 5 Pending Investigation | | | | YES 2 NO | | | |
| 6 | 3 Suicide 6 Could not be 4 Homicide detarmined | 28e. PLACE DF INJURY — building, etc. (Specify) | | street, factory, offi | ce | 28t. LOCATION (Street City or Town, State) | and Number or F) | Burel Route Number, |
| COMPLET | (Oriota Urily | IAN: To the best of my knowled: On the basis of examination a | | | | | | suse(s) and manner as stated. |
| BE | 20. SIGNATURE AND TITLE OF CERTIFIER | Am un | | | 29c. LICENSE NUI | MBER | 29d. DATE SI | GNED (Monin, Day, Year) |
| 10 | 30 NAME AND ADDRESS OF PERSON WHO | TUBALL M. T | >, UN | | 104,22. | S. Germ | est 3 | ALT MD 21201 |
| | MAR 25 1991 | 32. REGISTRAR'S SIGNATI | | | | | 1 2 2 2 | |



ORIAN ST. MARTIN M.D.
31. DATE FILEO (MORIE). Day, Voer)
MAR 2 5 1991

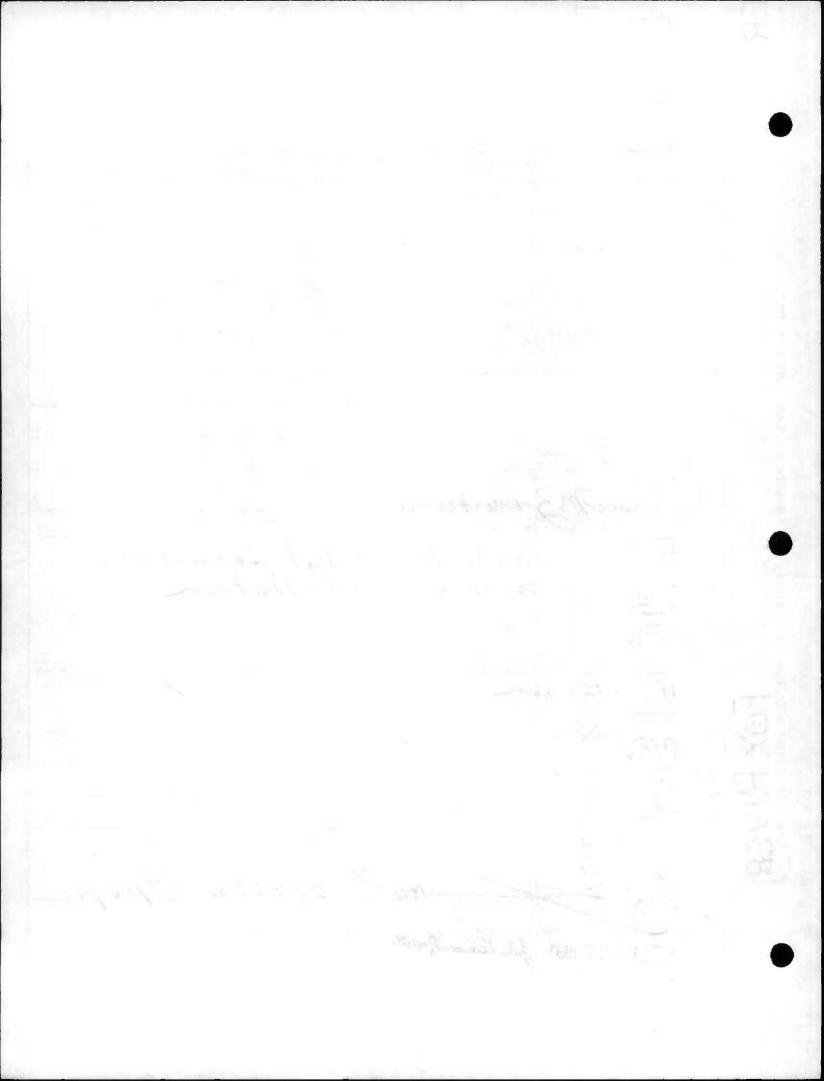
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| | 1020 observious | burial-transit permit. Pages 1, 2, 3 should | |
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| | BALTIMORE, MARYLAND 21215-0020 | director, page 5 should be detached for use as the | er must be notified at once. |
| | | Solution in the last regions that are detailed by the confidence of control entering a last details in the confidence of | d, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
| | VIVISION OF VITAL RECORDS, P.O. BOX 68760, | THE CONTROLL OF ALTRICONARY THE BAT DEGREE OF A STANDARD WITH THE STANDARD AND A STANDARD OF A STAND | MPORTANT: If Item 28 is marked, or Item 23 shows any injury, |
| Money | | TO THE FULL FIAL DIRECTOR: After this he | IMPORTANT: If Ite |

| | FOR 1 - STATE | STATE OF MA | | | TMENT (| | | | MENTAL HYGI | | | 0/905 | |
|----------------------|--|--|-----------------------------------|------------------------|-------------------------------|-------------|------------|------------|---|------------------------|-------------------------|---|----|
| | REGISTRAR 1. OECEOENT'S NAME (First, Middle, Last) | Tano | et Alber | | | | EAI | <u> </u> | REG. | | _ | 3. TIME OF DEATH | _ |
| | JANET A MEISTER | Uane | st MIDEI | . ca i | reiste | :T | | | 03 | 20 | 91 | 9:10 a | М |
| ì | 4. SOCIAL SECURITY NUMBER | | 6. AGE (in yrs. last | | IF UNDER 1 Y | | FUNDER 2 | 4 HRS. | 7. DATE OF BIRTH (Month, Day, Year |) | S. BIRT | HPLACE (State or Foreign | |
| | 214 03 0185 9e. FACILITY NAME (If not institution, give str | 1 □ M 2 🔯 F | 80 | YRS. | 9b. CITY, TO | | | | 1-21-19 | | | nessee | _ |
| DIRECTOR | NORTH ARUNDEL HOSPIT | | TION | | | N BUR | | N OF OE | ATH | | ANNE A | RUNDEL | |
| REC | 10e. STATE 10b. COUNTY | | | 10c. CIT | Y, TOWN OR | LOCATION | ٧ | | | | | 10d. INSIDE CITY LIMITS? | |
| | | Arundel | | Pas | sadena | | | | | | | 1 TYES 2 X NO | |
| FUNERAL | 100. STREET AND NUMBER 7810 Bodkin Vie | w Drive | | | | 10f. Zi | 211 | 122 | | 7.1 | U.S.A | WHAT COUNTRY? | |
| BY FUN | 11. MARITAL STATUS 1 Never Married 2 Merried 3 M Widowed 4 Divorced | 12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA | YES 2 N | | If y | | y Cuben, | | IC ORIGIN? (Specify n, Puerto Rican, etc. : | | 14. RAC Blac Spec | | |
| | 15. DECEDENT'S EDUC | ATION | 16a DEC | PEDENT'S | USUAL OCC | UPATION | | | 16b. KIND OF | ALISINESS/ | INCUSTRY | White | |
| COMPLETED | (Specify only highest grade (Elementary/Secondary (0-12) | | (Gh | ve kind of Do NOT u | work done dur se retired.) | ring most o | of working | | and subjected | Make | | | |
| | 17. FATHER'S NAME (First, Middle, Last) | | | rest | | 1 | 6. МОТН | ER'S NAI | ME (First, Middle, Me Jenny | den Sumame Mae | Andr | ews | |
|) BE | 19e. INFORMANT'S NAME (Type/Print) | | 196 | MAILING | ADDRESS (S | Street end | Number o | or Rural F | Soute Number, City or | Town, State, | Zip Code) | | _ |
| 7 | Joan McCracken | | | Har | npton | Road | 1 : | Lint | chicum, M | aryla | and 2 | 1090 | |
| | 20e. METHOD OF DISPOSITION 1 X Burlat 2 Cremation 3 Remo 4 Donetion 5 Other (Specify) | val from State | al comoteni | cromaton | or other place | col | | ark | 1 | | - cmy or T urnie | own, State , Maryland | 1 |
| Top-one | 21. SIGNATURE OF FUNERAL SERVICE LICE | ENSEE 2 | . 2000 | 1: | | Orge | ADDRES | S OF FA | nce Fune: | cal H | ome P | | |
| | 23. PART I. Entar the diseases, or c | inplications that | caused tha da | eth. Do | not anter th | he moda | of dyir | ng, sucl | h se cerdiac or n | epiratory | arrest, | Approximate | |
| | shock, or heert felture. I | ALU | on each line | | oca | vd. | la. | 1 | Infa | iv C7 | +10 | interval Betwe Onset and De | |
| CERTIFICATION | Sequentially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST | | OR AS A CONSEC | DUENCE O | PF): | G 6 | rı | | atio | h | | | |
| PHYSICIAN: MEDICAL C | PART II. Other significant condition. Hyper ten S | contributing to | desth but not r | esulting | in tha und | arlying o | cause g | iven in | PEI | S AN AUTOPH FORMED? | | b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? | |
| Ä | | | | | | | | | | | | | |
| 5 | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | Service Control | 1 | OTHER: | | | | eck only one) | | | | _ |
| | 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending | 28e. DATE OF (Month, Da | INJURY | 28b. TII | _ | 86c, INJUR | TY AT | | 6 Other (Specify) 26d. OESCRIBE H | OW INJURY | OCCURED | | |
| TED BY | 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined | | FINJURY — At ho atc. (Specify) | me, farm, | | 1 YE | 3 2 [| , 100 | 28f. LOCATION (SI City or Town, S | | nber or Rura | Route Number, | 4 |
| COMPLET | coel com | CIAN: To the best of s | | | | | | | | | | (a) and manner as stated | s. |
| TO BE C | 296. SUGNATURE AND TITLE OF CERTIFIER | | | AV | _ | > | D Z | | 236 | 29d. | 3/2 | 0 (Month, Day, Year) | |

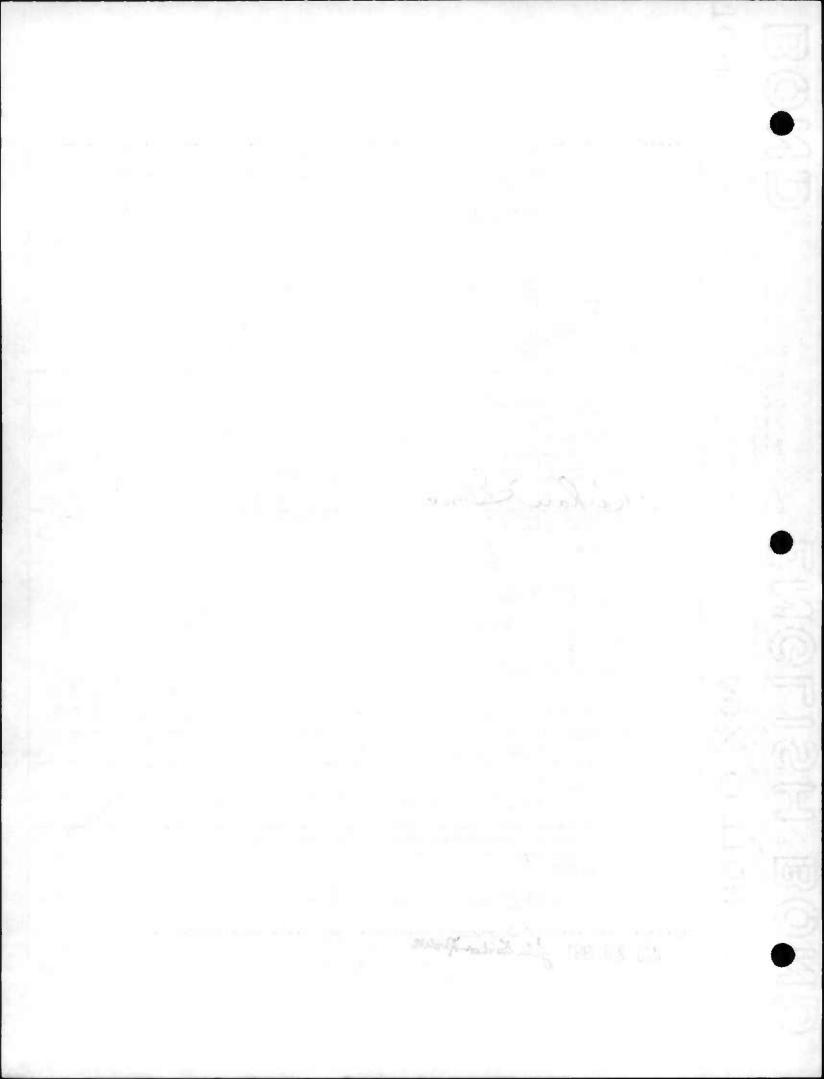
11 OLD FREDERICK ROAD BALTIMORE,

MARYLAND 21229



| | , 2, 3 should | | |
|---|---|-------------|----|
| | Pages 1 | | |
| nours after death. Page 6 may be retained by the hospital or attending physician. | After this certificate has been signed by the attending physician and completely filled in by the funeral direction, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should | or removal. | |
| Ithin 24 | letely fille | emation, | |
| xecuted w | and comp | burial, ci | |
| ate be e | hysician | prior to | |
| th certific | d guipuat | Il Hygien | ** |
| at the dea | by the at | and Ment | |
| equires th | en signed | of Health | |
| The law re | e has bee | te Dept. c | |
| YSICIAN: | s certificat | th the Sta | |
| DING PH | After this | death wi | |
| OR ATTEN | DIRECTOR | ours after | |
| ASPITAL | JNERAL L | ithin 72 h | |
| TO THE H | TO THE FL | be filed w | |
| | | | |

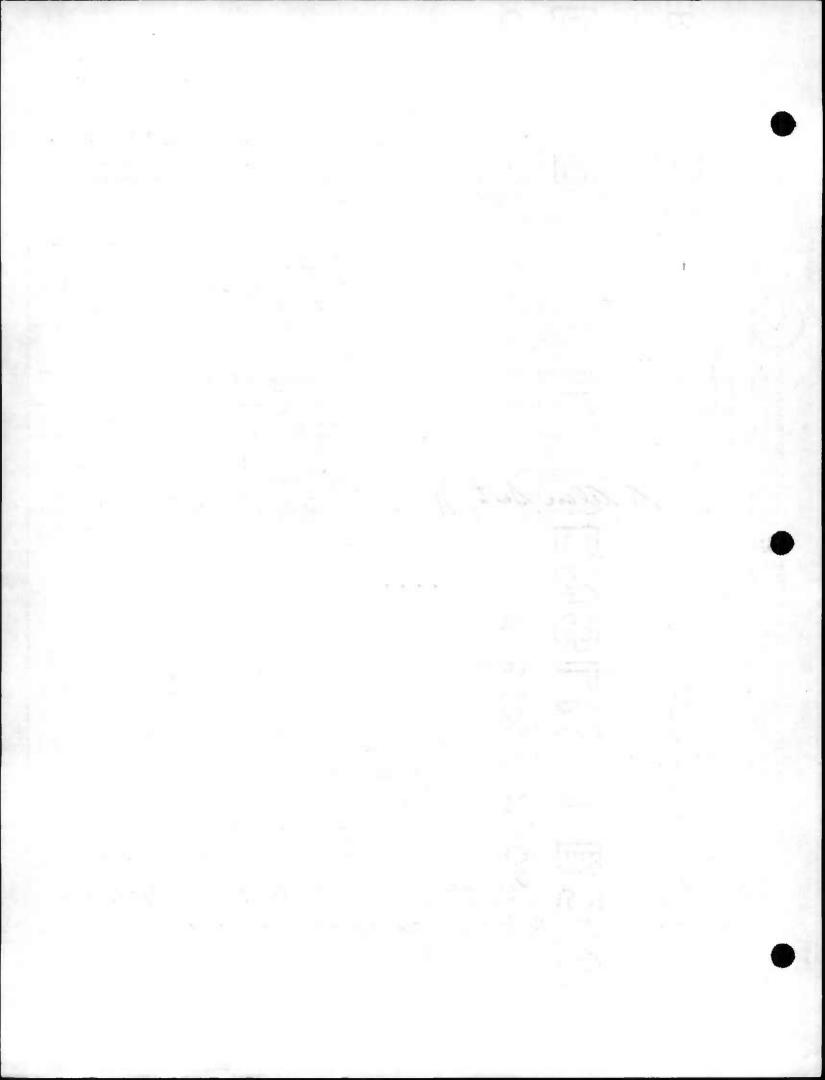
| | FOR STATE REGISTRAR | STATE OF MARYL | | MENT OF HEALTH AND CATE OF DEATH | MENTAL HYGIEI | | |
|-------------------|---|--|---|--|--|---------------------------|---|
| | 1. OECEDENT'S NAME (First, Middle, Last) | | | | | DAY YEA | |
| 1 1 | RONALD R | 5. SEX 6. AGE | | DDY IF UNDER 1 YEAR IF UNDER 24 HRS | . 7, DATE OF BIRTH | | 9:13 AM M |
| 1 | 236 38 8754 | 1 🔯 M 2 🗆 F | 63 YRS. | ONTHS DAYS HOURS MIN. | (Month, Day, Year) 8-18-192 | | est Virginia |
| ~ | 9e. FACILITY NAME (If not institution, give s | | | b. CITY, TOWN OR LOCATION OF | DEATH | 9c. COUNTY | |
| DIRECTOR | NORTH ARUNDEL HO | SPITAL ASSOC | CIATION | GLEN BURNIE | | <u>A</u> . | A. COUNTY |
| JE | Markel and Anno | e Arundel | | TOWN OR LOCATION adena | | | 10d. INSIDE CITY LIMITS? |
| | Maryland Anne | : Alunder | rase | 101. ZIP COOE | | 10g. CITIZEN | 1 YES 2 NO OF WHAT COUNTRY? |
| FUNERAL | 835 Swift Road | Contract | | 21122 | 2 | U.S | .A. |
| | 11. MARITAL STATUS 1 Never Merried 2 Merried | 12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D | 2 X NO | 13. WAS DECENDENT OF HISI If yes, specify Cuben, Mex 1 YES 27/2 NO Spe | ican, Puerto Rican, etc.) | | RACE — American Indian, Black, White, atc. Specify: |
|) BY | 3 Widowed 4 Divorced | | | | | | White |
| COMPLETED | 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) | | 16a. DECEDENT'S U (Give kind of wo life. Do NOT use | SUAL OCCUPATION rk done during most of working retired.) | 16b. KIND OF BI | JSINESS/INDUSTI | RY |
| MP. | 12th Grade | Conege (1-4 or 5 +) | Mechani | c | Self | Employe | đ |
| | 17. FATHER'S NAME (First, Middle, Last) | eonard Maddy | , | 16. MOTHER'S | NAME (First, Middle, Meide Clara Me | | |
| BE | 19e. INFORMANT'S NAME (Type/Print) | Soliara Maday | | DDRESS (Street and Number or Ru | | | 9) |
| ٤ | Betty Clark | | 13 Was | shburn Avenue | Baltimore, | Maryla | nd_21225 |
| | 204. METHOD OF DISPOSITION 1-X Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify) | novel from State of | cemetary, crematory of | of DISPOSITION (Name or other place) | 1 | OCATION — City | |
| | 21. SIGNATURE OF FUNERAL SERVICE | | Decil Pac | 22. NAME AND AODRESS OF | FACILITY | | est Virginia |
| CVE | + C. Kirka | w De | nce | George J. G 4001 Rit | | | re, Md. 21225 |
| | 23. PART I. Enter the diseases, or shock, or heart fellure. | complications that cause Liet only one cause on a | | t enter the mode of dying, a | such as cerdiec or res | piratory srrest, | Approximate Interval Between |
| | IMMEDIATE CAUSE (Final disease or condition | 1 | - | - / | | | Onset and Death |
| 1 | resulting in death) | DUE TO (OR AS | | 91/0-0 | | | 5 days |
| NO | Sequentially list conditions, | b. Chron | A CONSEQUENCE OF | 10C- D | 15895 | <u></u> | |
| CERTIFICATION | If any, leading to immediate cause. Enter UNDERLYING | e. | A CONSEQUENCE OF | | | | |
| TIE | CAUSE (Disease or Injury that Initiated events resulting in death) LAST | DUE TO (OR AS | A CONSEQUENCE OF | | | | |
| CER | | d | | | | | <u> </u> |
| ₹ I | PART II. Other significant condition | _ | | the underlying cause given | PERF | N AUTOPSY ORMED? | 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE |
| EDIC | Dia Grand | Faller | | - 7 | 1 TYES | 2 🗹 NO | OF DEATH? |
| AN: N | | | | | | | |
| PHYSICIAN: MEDICA | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | 26. PLACE OF DEATH OTHER: | The same and the | | |
| HYS | 1 YES 2 NO 27. MANNER OF DEATH | 1 Inpatient 2 ER/Out 26e. DATE OF INJURY (Month, Day, Year) | 26b. TIME | | 28d. DESCRIBE HOW | INJURY OCCUR | ED |
| BY PH | 1 Netural 5 Pending 2 Accident Investigation | | | M 1 YES 2 NO | | | |
| | 3 Suicide 6 Could not be 4 Homicide detarmined | 28s. PLACE OF INJUR building, atc. (Spe | Y — At home, farm, et eclfy) | reet, factory, office | 261. LOCATION (Street City or Town, Sta | et and Number of F le) | tural Route Number, |
| | 29e. CERTIFIER 1 CERTIFYING PHYS | SICIAN: To the best of my knor | wledge, death occurre | at the time, date end place, end | due to the cause(s) and m | enner as stated. | |
| OME | cont only | | | , in my opinion, death occured at | | | use(s) end manner as stated. |
| BE COMPLE | 29b. SIGNATURE AND TITLE OF CERTIFIE | | | 29c. LICENSE | | 1 | GNED (Month, Day, Year) |
| TO | 30. NAME AND ADDRESS OF PERSON W | HO COMPLETED CAUSE OF DI | | | 5330 | 3/ | 21/91 |
| | DAVID M FISHBEIN | N. M.D./7575 | RITCHIE H | IIGHWAY, SE/GL | EN BURNIE. | MD 210 | 61 |
| | MAR 2 5 1991 | Julia Davidson | Mandelle. | | | | |
| | MAK & J 1991 | A Property land | | | | | |



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

| 1. DECEDENT'S NAME (First, | | | | <u> </u> | 1071 | | DEA | | 2. DATE O | F OEATH DA | | YEAR | 3. TIME OF DEATH |
|--|--------------------------|------------------------|--------------------|-------------------------------|------------|---------------|--------------------------|-----------------|------------------------------|------------------------------|---------------|-------------------|--|
| М | ARGARE | T E. MAC | Y | | | | | | 3 | 24 | | 191 | 6:17 P. M |
| 4. SOCIAL SECURITY NUMB | ER | 5. SEX | 6. AGE (In yrs | . last birthday) | IF UNI | DER 1 YEAR | IF UNDER | 24 HRS. MIN. | 7. DATE Of | F BIRTH Day, Year) | | 8. BIRTH Count | IPLACE (State or Foreign |
| 219-03-396 | | 1 M 2 F | 71 | YRS. | - | DATE: | HOURS | mirt. | 11 | | .9 | | RYLAND |
| 9a. FACILITY NAME (If not in | | | | Ton VII VA | 9b. C | | OR LOCATIO | N OF OE | ATH | | | NTY OF D | |
| GREATER B | | RE MEDIC | AL CEN | TER | | TOWS | UN | | | | BAT | TIMO | DRE |
| 10n. STATE | 10b. COUNTY | , | | 10c, CI1 | ry, TOW | N OR LOCA | TION | | | | | | 10d. INSIDE CITY |
| MARYLAND | | | | | BA | LTIMO | | | | | | | 1 X YES 2 NO |
| 10e. STREET AND NUMBER | _ | | | | | 10 | f. ZIP CODE | | | | 10g. CIT | | WNAT COUNTRY? |
| | 2 WEST | 33RD ST | | | | | 21 | 211 | | | | US | A |
| 11. MARITAL STATUS 1 Never Married 2 | Mandad | 12. WAS DECEDEN | T EVER IN U.S | | 1 | | | | IIC ORIGIN? n, Puerto Ric | (Specify Yes | or No— | 14. RACI Blac | E — American Indian, k, White, etc. |
| 3 Wildowed 4 Divo | | | MAR OR DATES | | | | 2 📉 NO | | | | | Spec | #y: WHITE |
| | EOENT'S EDU | | 16a | . OECEDENT'S (Give kind of | Work do | OCCUPATI | ON ost of workin | a | 16b. f | KIND OF BUS | INESS/IN | OUSTRY | |
| Elementary/Secondary (0 | -12) | College (1-4 or 5 | +) | Ille. Do NOT u | ise retire | ewife | | | | | | | |
| 17. FATHER'S NAME (First, M | iddle, Lest) | | | | | | 18, MOTH | IER'S NAI | ME (First, Mi | ddle, Maiden | Sumame) | | |
| WILLIAM M | CCLELL | AND | | | | | | IS | ABELI | RYAN | J | | |
| 19a. INFORMANT'S NAME (7 | | | | 19b. MAILING | G ADDR | ESS (Street | and Number | or Rural F | Route Numbe | r, City or Town | n, State, Zij | p Code) | |
| ALBERT MA | CY | | | 602 | 2 WE | EST 3 | 3RD S | TREE | ET, BA | ALTO., | , MD. | 212 | 211 |
| 20a. METHOO OF OISPOSIT | n 3 🗆 Rem | oval from State | | ACE AND DAT | | | (Name | | DATE | | CATION — | | |
| 4 Donation 5 Other 21. SIGNATURE OF FUNERA | | FNEEE | <u>- L G</u> | REEN N | | | METER ND ADDRES | | | 7 BAI | TIMO | RE. | MARYLAND |
| ★ / | | r Sei | £ 0 | 1 | | A. A. | LAN S | EITZ | , JR | . FUNE | | | |
| 23. PART I. Enter the d | 200 | complications the | $\rightarrow \vee$ | death Do | | | | | | | | | MD. 21211 |
| ahock, or h | eart fallure. | List only one ca | use on each | line. | not en | nor are in | oda or dyr | ng, suci | n aa caru | ac or reap | ratory ar | reat, | Approximate Interval Between Onset and Death |
| disease or condition resulting in death) | → | ACUT | TE RESI | IRATO | RY 1 | FAILU | RE | | | | | | |
| resulting in coatri) | i , i | | (OR AS A CO | | , | | | | | | | | |
| Sequentially list condit | | ENDS | TAGE C | .o.P. | D. | | | | | | | | |
| If any, leading to Imme | diete | | (OR AS A CO | | | | | | | | | | |
| CAUSE (Disease or Inju | | G | OF AS A CO | | | EMA | | | | | | | |
| that initiated eventa reaulting in deeth) LAS | т | 4 | (ON AS A CO | NOEGUENCE (| ж): | | | | | | | | į |
| | | d | | | | | | | | | | | |
| PART II. Other algoritics | int condition | e contributing to | death but r | ot reaulting | In the | underlyin | g cause g | liven in | Part I. | 24a. WAS AN PERFOR | | 241 | AMAILABLE PRIOR TO |
| | | | | | | | | | - | 1 TYES 2 | □ NO | | OF DEATH? |
| | | | | | | | | | _ | | | | 1 TYES 2 NO |
| | F-15 | | | | | | | | | | | | |
| 25. WAS CASE REFERRED T EXAMINER? | O MEDICAL | HOSPITAL: | | | OTH | 26. P | LACE OF D | EATH (Ch | eck only one |) | | | |
| 1 TYES 2 NO | | 1 S Inpetient 2 | | | _ | | | eldence | 6 Other | 1.7. 27 | | | |
| 1 Natural 6 | Pending Investigation | 28a. OATE O (Month, | Day, Year) | 28b. TII | JURY N | W | JURY AT ORK? YES 2 | NO | 288. DESC | CRIBE HOW I | NJURY OC | CURED | |
| a Da ista | Could not be determined | 28e. PLACE building | OF INJURY — I | At home, farm, | street, | factory, offi | ce | | | TION (Street in Town, State) | | or or Rural | Route Number, |
| | TIFYING PHYS | ICIAN: To the best of | f my knowledg | e, death occur | red at ti | he time, dat | e and place | and due | to the caus | e(a) and mar | nner aa sta | rted. | |
| | | | examination an | d/or investigat | ion, in n | my opinion, | death occur | ed at the | time, date a | and place, an | d due to t | he cause(| a) and manner as stated. |
| Ray mond | A | · Mye | m.D | | | | 29c. LICI | 4L | S4 | | 29d. DA | 3/2 | (Month, Day, Year) |
| RAYMUND A | · M ZE | MD 780 | 1401 | 4c RD | | Tow | Son | M | 021 | 204 | | | |
| 31. DATE FILED (Month, Day, | Year) | 32. REGISTR | AR'S SIGNATU | ne mde Pa | | | | | | | | | |



| BALTIMORE, MARYLAND 21215-0020 | nours after death. Page 6 may be retained by the house attending physician. | ed in by the funeral director, page 5 should be described as as its burial-transit permit, or removal. |
|--|---|---|
| DIVISION OF VITAL RECORDS, P.O. BOX 68760, | L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the most artifician physician. | . DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be described as the burial-transit permit. hours after death with the State Dept. of Health and Mental Hyplene prior to burial, cremation, or removal. |

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the new TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be death be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

| REGISTRAR DECEDENT'S NAME (First, Middle, Last, | | | | | | | | OF DEATH | | | 3. TIME OF DEATH |
|--|--|---|---|--|--|------------|--|--|---|--|--|
| AARON | C | | | 10 | HILLIF | 00 | MONTH ()3 | | DAY 2 | YEAR Q 1 | 11.14 A |
| SOCIAL SECURITY NUMBER | 5. SEX | 6. AGE (In yrs. In | est birthday) | IF UNDER 1 YE | - | R 24 HRS. | 7. DATE | OF BIRTH | 3 | 8. BIRT | HPLACE (State or Foreign |
| 215 12 3046 | 1 NM 2 F | 72 | YRS. | MONTHS DA | HOURS | MIN. | (Month | /28/: | 1918 | Coun | Ψγ) Va. |
| a. FACILITY NAME (If not institution, give | | | | 9b. CITY, TO | WN OR LOCAT | ION OF DE | | / | | NTY OF | |
| 5622 CACDA | DOAD | | | | | | | | | | |
| 5633 SAGRA | ROAD | | | BALTI | MORE | | | | | | |
| De. STATE 10b. COUN | TY | | 11.11 | Y, TOWN OR L | | | | | | | 10d. INSIDE CITY LIMITS? |
| Md. | | | Bal | Ltimor | ce | | | | | | 1 YES 2 NO |
| De. STREET AND NUMBER | | | | | 10f. ZIP COD | | _ | | 10g. CIT | IZEN OF | WHAT COUNTRY? |
| 5633 Sag | gra Ro | ad | | | 212 | 239 | | | J | J.S. | .A. |
| I. MARITAL STATUS Never Merried 2 Married Widowed & Novered | | TEVER IN U.S. A YES 2 X WAR OR DATES | | If ye | DECENDENT (s, specify Cubic YES 2 NO | en, Mexica | in, Puerto 1 | | fee or No— | | CE — American Indian, ck, White, atc. CACK |
| 15. OECEDENT'S ED | | 16a. D | ECEDENT'S | USUAL OCCU | PATION | | 16b | . KIND OF B | USINESS/IN | DUSTRY | |
| (Specify only highest grade Elementary/Secondary (0-12) | le completed) College (1-4 or 5 | | Give kind of the Do NOT up | work done durin se retired.) | ng most of work | ing | | | | | |
| | | " | TAT i ~ | ceman | | | | Be+1 | h. St | -001 | |
| 7. FATHER'S NAME (First, Middle, Last) | | | YYII | GIIIGIT | 16. MOT | HER'S NA | ME (First, I | Middle, Maide | | LEE. | |
| M.C. Phillips | | | | | | | | llawa | | | |
| Da. INFORMANT'S NAME (Type/Print) | | 1 | 9b. MAILING | ADDRESS (St | | | | | _ | io Codel | |
| Stephenie A. | Dh:11:- | | | | | | | | | | 220 |
| a. METHOD OF DISPOSITION | | | | 533 Sa | | KU. | Bali | - | LOCATION - | 212 | |
| Buriel 2 Cremation 3 Re | movat from State | | | Souther place | | | DATI | | alto | | |
| | | | | | | | 1 | | | | |
| - Control of the Cont | ICENSEE | | | | AF AND ADDRE | FSS OF FA | ICH ITY | | | • | |
| 23. PART I. Enter the diseases, o shock, or heert fallure MMEDIATE CAUSE (Final disease or condition equiting in death) | complications the | at caused the d | daeth. Do | 22. NAM Jan 17 (not anter the | | . Mourer | rtol | t Ba | alto | rrest, | Approximate Interval Batw |
| 1. BIONATURE OF FUNERAL SERVICE I | complications the List only one ce Due To Due To d | et caused tha duse on each lin | daeth. Do lee. | 22. NAM Jan Jan 17 (not antar the | nes A)1 Lat a mode of dy | . Mourer | erton s St th se care | t. Badlac or ree | alto | Ber Seul | Approximate Interval Batw |
| 23. PART II. Enter the diseases, or shock, or heert failure MMEDIATE CAUSE (Final disease or condition equiting in death) Sequentially list conditions, f any, leading to immediate expected by the condition of | complications the List only one ce Due To Due To d | et caused tha duse on each lin | daeth. Do lee. | 22. NAM Jan Jan 17 (not antar the | nes A)1 Lat a mode of dy | . Mourer | erton s St th se care | t. Badlac or ree | AN AUTOPSY ORMED? | Ber Seul | Approximate Interval Batwonset and De Conset |
| 23. PART II. Enter the diseases, or shock, or heert failure MMEDIATE CAUSE (Final disease or condition equiting in death) Sequentially list conditions, f any, leading to immediate expected by the condition of | complications the List only one ce Due To Due To d | et caused tha duse on each lin | daeth. Do lee. | 22. NAM Jan Jan 17 (not antar the | nes A)1 Lat a mode of dy | . Mourer | erton s St th se care | t. Badlac or ree | AN AUTOPSY ORMED? | Ber Seul | Approximate Interval Batw Onset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De |
| 3. PART I. Enter the diseases, or shock, or heert failure MMEDIATE CAUSE (Final disease or condition equiting in death) Sequentially list conditions, f any, leading to immediate suse. Enter UNDERLYING CAUSE (Disease or injury hat inhisted events equiting in death) LAST | complications the List only ona ce Due To Due To d. Due To d. | et caused tha duse on each lin | daeth. Do lee. | 22. NAM Jan 17 (not antar the PF): OF): | nes A)1 Lat a mode of dy | . Mourer | Part I. | t. Bidlac or ree | AN AUTOPSY ORMED? | Ber Seul | Approximate Interval Batw Onset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De Conset and De |
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the state of the s

BY FUNERAL DIRECTOR

TO BE COMPLETED

shows any injury, or other traumatic event, the medical examiner must be notified at once.

COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BE

2

IMPORTANT: If Item 28 is marked, or Item 23

0

PEPER JOHN F. 090043021065 212-07-2678

FHC# 17838

| FOR STATE REGISTRAR | STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL AYGIENE 910796 | | | | | | | | | | (| |
|---|--|--------------------------------|----------|--------|----------|---------|---------------------------|--------|-------|------------|---------------|---|
| 1. DECEDENT'S NAME (First, Middle, Last) JOHN FREDE | RICK PI | EPER | 7.0 | | | | 2. DATE OF DEATH MONTH DO | 21 | 9 % I | 3. TIME OF | | 1 |
| 4. SOCIAL SECURITY NUMBER | 6. SEX | 6. AGE (In yrs. last birthday) | IF UNDER | 1 YEAR | IF UNDER | 24 HRS. | 7. DATE OF BIRTH | | | | te or Foreign | , |
| 212-09-2678 | 1 12 M 2 1 F | 81 YRS. | MONTHS | DAYS | HOURS | MIN. | Oct 29,19 | 109 | BAL | To C | 50 | |
| 9a. FACILITY NAME (If not institution, give s 6704 Golden Ring | 96. CITY, TOWN OR LOCATION OF DEATH ROSedale | | | | | 9c. CO | ALTC | EATH C | 0 | | | |

| 7040 L | KEULI | KICK FR | FLEL | | 7.0 | | 111 | | MAR | ReH 21 1991 | | | 5:25 A |
|---|--|--|---|--|-------|---------------|-------------------|-------------------|--------------------------------------|------------------------|-------------------------------------|------------------|--|
| 4. SOCIAL SECURITY NUMI | | 6. SEX 6. AGE (In yrs. leet birthday 7 8 1 1 1 2 F 81 YRS. | | | | DAYS | IF UNDER | MIN. | 7. DATE OF | (Month, Day, Year) Cou | | | PLACE (State or Foreign |
| 6704 Golder | 9a. FACILITY NAME (If not institution, give street and number) 6704 Golden Ring Rd. RESIDENCE OF DECEDENT | | | | | | on Locati dale | | EATH | | | LTO | EATH CO |
| 10a. STATE Maryland | 10b. COUNT | 10c, CI | TY, TOWN OR LOCATION Rosedale | | | | | | | | 10d. INSIDE CITY LIMITS? 1 YES 2 NO | | |
| 6704 Golde | 6704 Golden Ring Rd. | | | | | | | E | | | 10g. CIT | USA | HAT COUNTRY? |
| 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES | | | | | | WAS DE | | an, Mexica | NIC ORIGIN? an, Puarto Ric fy: | | or No— | | , White, etc. |
| (Specify on | 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Light Carried of the carri | | | | | | | _ | | IND OF BUS | | | gineers |
| 12th grade Home Improvements Insulation Engineers 17. FATHER'S NAME (First, Middle, Lost) 16. MOTHER'S NAME (First, Middle, Maldon Surname) Margaret R. Kesselring | | | | | | | | 51110011 | | | | | |
| 19a. INFORMANT'S NAME (| | r | | 7.1 | | | | | Route Number Balt | | | (p Code) 2123 | 7 |
| 20a. METHOD OF DISPOSIT 1 The Burlat 2 Toremati 4 Donation 5 Other | on 3 🗆 Ram | noval from Stata | 20b. P | ther place) Me Morela | ind M | Crei lemo: | Mator rial | pelory or Park | inc./ | | | City or Ton | wn, State Maryland |
| 21. SIGNATURE OF FUNERA | | CENSEE R | 22- | for R | | . NAME / | NO ADDRE | SS OF F | HL. | 74 | -01 T. | Bela | in Rol |
| 23. PART I. Enter the cahock, or i immediate Cause (Fi disease or condition resulting in death) Sequentially list conditions, it is any, leading to immediate. Enter UNDERLY CAUSE (Disease or injust inkited events resulting in death) LAS | neart failure. | a. Pancre Due to b. Renal Due to c. Renal Due to | afic OR AS A C Cell OR AS A C Fai | ONSEQUENCE ONSEQUENCE ONSEQUENCE ONSEQUENCE ONSEQUENCE ONSEQUENCE ONSEQUENCE ONSEQUENCE ONSEQUENCE ONSEQUENCE ONSEQUENCE ONSEQUENCE ONSEQUENCE ONSEQUENCE ONSEQUENCE ONSEQUENCE ONSEQUENCE ONSEQUENCE ON OTHER PROPERTY OF THE PROPERTY ON OTHER PROPE | OF): | r the m | oda of dy | ring, auc | ch aa cardi | c or reap | iratory a | rrest, | Approximata interval Betwee Onset and Dea |
| PART II. Other algoritic | ant condition | | | not resulting | | andarlyi | - | givan ir | | PERFOI | RMED? | 24b. | . WERE AUTOPSY FINDING MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| 25. WAS CASE REFERRED | TO MEDICAL | T | | | | 26 1 | PLACE OF | OFATH /C | heck only one | | | | |

EXAMINER? OTHER:
4 | Nursing Home HOSPITAL:
1 ☐ Inpetient 2 ☐ ER/Quitpetient 3 ☐ DOA 1 YES 2 NO 6 Residence 8 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT N//-28d. OESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO М

At home, farm, street, factory, office

6 Could not be determined 4 Homlelde 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge,

2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death

29b. SIGNATURE AND TITLE OF CERTIFIED

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

Stephen G. Smaldorepo Medica

31. DATE FILEO (Month, Day, Year)
MAR 2 5 1991 32. REGISTRAR'S SIGNATURE

28a. PLACE OF INJURY — building, etc. (Specify)

2 Accident

3 Suicide

DHMH-18 Rev 1/89

261, LOCATION (Street and Number or Rural Route Number,



2

3. TIME OF OEATH 13:02

10d. INSIDE CITY

14. RACE — American Indian, Black, Whita, atc.

WHITE

21211

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

OF DEATH? 1 TES 2 NO

COMPLETION OF CAUSE

Interval Between Onset and Death

1 X YES 2 NO

6. BIRTHPLACE (State or Foreign Country)

MARYLAND

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

Specify:

USA

permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020

ours after death. Page 6 may be retained by the hospital or atter

examiner medical the event, other traumatic shows any the State Dept. of, or Item 23 sl with t marked, DIRECTOR: After the hours after death w 69 28

27. MANNER OF DEATH

5 Pending

6 Could not be

Meredith R. Rantenbach

1 Natural

3 Suicide

4 Homicide

Accident

BY

COMPLETED

BE

2

Item

TO THE HOSPITAL OF THE FUNERAL CORP. TO THE FUNERAL CORP. THE FIRM TO THE FIRM TO THE FIRM THE FIRM TO

DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within

RECORDS, P.O. BOX 68760,

VITAL

OF

DIVISION

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH John Robinson, 2 Sr. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 N 2 F 217-24-1216 60 07 9a. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF CEATH DIRECTOR Union Memorial Hospital Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c, CITY, TOWN OR LOCATION BALTIMORE MARYT.AND FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 21211 2610 HUNTINGDON AVENUE 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-If yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Wildowed 4 Divorced UNKNOWN ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15, OECEDENT'S EQUICATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only high Elementary/Secondary (0-12) COMPL SELF-EMPLOYED 6TH ROOFER 17 FATHER'S NAME (First Middle Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) WILDA SMITH HENRY OWEN ROBINSON BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 2610 HUNTINGDON AVE., BALTO., MD. 21211 THOMASENA ROBINSON 20b. PLACE ANO OATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State 3/26 LORRATNE PARK CEMETERY BAT.TTMORE 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY A. ALAN SEITZ, JR. FUNERAL HOME lan 3818 ROLAND AVENUE, BALTO., MD. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory errest, shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) SUPSIS OUE TO (OR AS A CONSEQUENCE OF): Cardioresp.

DUE TO (OR AS A CONSEQUENCE OF): arres CERTIFICATION Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING carcinoma metastatic billary **CAUSE (Diseese or Injury** DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 24a. WAS AN AUTOPSY PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. MEDICAL 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 N Inpatient 2 - ER/Outpatient 3 - DOA OTHER:
4 Nursing Home 5 Raaldence 6 Other (Specify) **EXAMINER?** 1 TYES 2 NO

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 🛅 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(a) and manner as stated. 29d. DATE SIGNEO (Month, Day, Year) > 3/23/91 Baltimore, md 21218

28d, OESCRIBE HOW INJURY OCCURED

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE relia Davidson-Randalle 1991

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

296. SIGNATURE AND TITLE OF SERTIFIER Raynbachun

28a. DATE OF INJURY (Month, Day, Year)

N A

28b. TIME OF INJURY

28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Spec/ly)

UMH

м

28c. INJURY AT WORK?

1 YES 2 NO

after death. Page 6 may be retained by the hospital or attending physician.

permit. Pages 1, 2, 3 should

burial-transit

use as the

jog

detached

director, page 5 should be

funeral

朝

this certificate has been signed by the attending physician and completely filled in by 1 with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or remo

requires that

MP

The

ATTENDING PHYSICIAN:

8

HOSPITAL FUNERAL Within 72 h

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223

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

AS RESIDENT DESCRIPTION OF THE PARTY OF THE

Carl Alexander

death

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| BOX 13146 | executed |
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| P.O. | death |
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| 2 | that |
| RECORDS | The law requires that |
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| N | OING |
| DIVISION | ATTEND |
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 11:12 PMM Faulkner 3-11-1991 Lois Reynolds 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH (Morith, Day, Year) 8. BIRTHPLACE (State or Foreign 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. DAYE HOURS 1 M 2 F 216 32 4172 West VA 3-7-1905 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St Joseph Hospital Towson Baltimore County RESIDENCE OF DECEDENT 10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY 10a. STATE 10b. COUNTY MD Baltimore Co Towson 1 YES 2 ND 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 2300 Dulaney Valley Road 21204 USA 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE - American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yes or No-11. MARITAL STATUS FORCES? 1 YES yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify Specify. BY 3 Widowed 4 Divorced NO White COMPLETED 16b. KIND OF BUSINESS/INDUSTRY 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION during most of working (Specify only highe ive kind of work done
Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Retired Book Buyer/Dept Store once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) Ħ JOSEPH CHAUNCEY REESE PHOEBE JENNINGS notified 19a. INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs Marian Faulkner family 204 Belvidere Road, Centreville, MD 21617 must be 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 20a, METHOD OF DISPOSITION 2 Cremation 3 Ramoval from State 4 Donation 5 - Other (Specify) 21. SIGNATURE OF FUNE AL SERVICE LICENSEE RONald Wade, Dir 22. NAME AND ADDRESS OF FACILITY examiner State Anatomy Board /16/37 15/91 655 W. Baltimore St, Balto, MD 21201 mall the medical 23. PART J. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each fine. Approximata Interval Between Onset and Death IMMEDIATE CAUSE (Final ectro Mechanical Dissociation disease or condition resulting in death) event, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION DF CAUSE 9my 1 YES 2 NO OF DEATH? Shows 1 YES 2 ND PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26, PLACE OF DEATH (Check only one) Item OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) **EXAMINER?** HOSPITAL: 1 YES 2 ND ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 10 28a. DATE DF INJURY (Month, Day, Year) 26b. TIME OF 27, MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 ND BY DIRECTOR: After thours after death item 28 is mark 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide determined 29a. CERTIFIER
(Check only one)

A MEDICAL EXAMINED: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(a) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER A COLEXANDER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 027087 191 3/19

2300 Dulaney Valley Road, Towson,

A A HOR

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TO THE FUNERAL OF BE filed within 72 h

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31. OATE FILED (Month, Day, MAR 2

THE HOSPITAL OR ATTENDING P THE FUNERAL DIRECTOR: After t filed within 72 hours after death

07972 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH 11:1ZAM EG MARCH OSEMAR FAI 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH (Month, Day, 1947) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 216-32-54 Maryland 9e. FACILITY NAME (If not institution. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH KERNAN Baltimore City DIRECTOR RESIDENCE OF DECEDEN 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10e. STATE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, atc. If yes, specify Cuban, Mexicen, Puerto Ri FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried Specify BY 3 Wildowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 18h. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Trust Officer 1st National Bank 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) St. Leger Elizabeth O'Hara Emmitt R. BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 2935 Guilford Avenue Baltimore, Md. 21218 David D. Schlee 20e, METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20e, METHOD OF DISPOSITION

1 Burial 2 Commetter 3 Removal from State
4 Donetten 5 Other (Specify) Baltimore Maryland Green Mount Cem. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE MILTON 22. NAME AND ADDRESS OF FACILITY Knight Jr 21214 to Leonard J. Ruck, Inc. 5305 Harford Road 23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallura. List only one cause on each line. Intarval Between Onset and Death IMMEDIATE CAUSE (Final disesse or condition moram resulting in death) DUE TO (OR AS A CONSEQUENCE OF): /2 /ms ous MEDICAL CERTIFICATION Sequantially list conditions, A CONSEQUENCE OF): DUE TO (OR AS if any, leading to immediate cause. Enter UNDERLYING atal Knee CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN:

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNEB OF DEATH 28e. DATE OF INJURY 28c. INJURY AT WORK? 26d DESCRIBE HOW INJURY OCCURED 26h TIME OF INJURY 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide determined

1 M CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(a) and menner ea stated. (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end menner ee stated.

| 29b. SIGNATURE AND TITLE OF CERTIFIER | 29c. LICENSE NUMBER | 29d. DATE SIONED (Month, Day, Year) |
|---------------------------------------|---------------------|-------------------------------------|
| Rafael allow some | 200050 | ► March 21-91 |

to Não Ma 30. NAME AND ACORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Baltimore 21229 ave 32. REGISTRAR'S SIGNATURE whe Landson-Gandallo

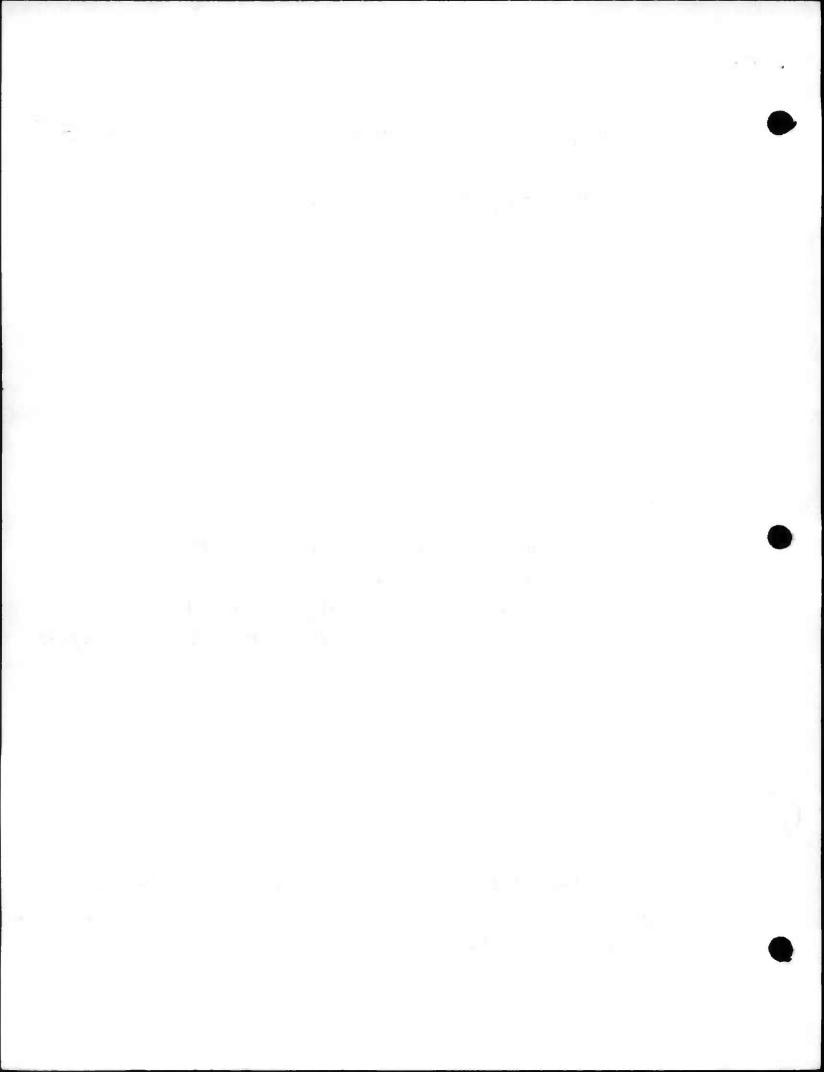
DHMH-16 Rev 1/89



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| TO THE HOSPITAL COMPETITIONS PHYSICIAN. The line requires that the death certificate be e | TO THE RINERAL OFFICIAL PART THE CONTINUE THE DOOR Signed by the attending physician | € | IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traum |
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| | 1 - STATE REGISTRAR | STATE OF MARY | | | | HEALTH / | | MENTAL HYGIEN REG. NO. | E | | | |
|----------------|--|---------------------------------------|---|-----------------------|--------------------|----------------------------|----------|--|-------------|-------------|--------------------------------|----------|
| | 1. DECEDENT'S NAME (First, Middle, Last) | 527 | - | CIII | LIN | 110 | / | 2. DATE OF DEATH | NY | XEAR : | 3. TIME OF DEATH | A |
| | 4. SOCIAL SECURITY NUMBER | H. | E (In yrs. lest birt | hday) IF U | NDER 1 YEAR | IF UNDER 2 | 24 HRS. | 7. DATE OF BIRTH | 3 9 | BIRTHP | LACE (State or Forek | M |
| | 216-05-0238 | 1 🖾 🛎 2 🗆 🖭 | | 'RS. MONT | - | HOURE | MIN. | (Month, Day, Year) 2-25-16 | | Country) | Md. | |
| OR | ST. SOSEPH | HUSPI | tal. | 9b. (| TOU | OR LOCATIO | N OF DE | ATH | Sc. COUNT | | MORE | |
| DIRECTOR | 10a. STATE 10b. COUNT | Y | 10 | c. CITY, TOV | VN OR LOC | ATION | | | | | 10d. INSIDE CITY | |
| | Md. | Balto. | | | | | | | | , | LIMITS? | , |
| FUNERAL | 10e. STREET AND NUMBER | | | | 1 | of. ZIP CODE | | | 10g. CITIZE | EN OF WH | HAT COUNTRY? | |
| NE I | 4220 Overton Ave. 21236 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No.— 14. RACE — American Indian, | | | | | | | | | | | |
| B | | | | | | | | | | | | |
| COMPLETED | 15. DECEDENT'S EDU (Specify only highest grade | | (Give k | ENT'S USUA | one during n | TON nost of working | 7 | 16b, KIND OF BUS | SINESS/INDU | STRY | | |
| | Elementary/Secondary (0-12) | College (1-4 or 5+) | | NOT use retir | | | _ | M.1 D | J 1- | | | |
| OM | 12 17. FATHER'S NAME (First, Middle, Last) | | Ship | Supe | rint | endent | | Md. Dry ME (First, Middle, Malden | | | | \dashv |
| BE C | John E. Schauman | | | | | Ros | sa S | chaub | | | | |
| 10 | 19a. INFORMANT'S NAME (Type/Print) | | | | | | | Route Number, City or Tow | | , | | П |
| | Margaret A. Scha | | 20b. PLACE OF I | | | | | Balto., Md | . 212 | | o State | |
| | 1 Donation 5 Other (Specify) | novel from State | other place) Garder | | | | alory or | | to., | | m, otete | |
| | 21. SIGNATURE OF FUNERAL SERVICE LI | CENSEE | 1 | | 22. NAME | AND ADDRES | | CILITY | , | | | \neg |
| | Man 1 | 10 | 42 | | | | | r Inc. d. Balto., | Md. | 2120 | 16 | |
| CERTIFICATION | IMMEDIATE CAUSE (Final disasse or condition resulting in death) Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | . ACUT | S A CONSEQUE S A CONSEQUE A CONSEQUE A CONSEQUE | NCE OF): | AR! A Min | DÍAL | | INFAI BLEE AOUTIC | | | Onset and E | Douth |
| CAL CE | PART II. Other significent condition | na contributing to daat | h but not resu | ilting in th | a undarlyl | ng cause g | lven in | Part I. 24a. WAS AN | | | WERE AUTOPSY FINE | |
| | | | | | | | | 1 _ YES : | | | COMPLETION OF CAL OF DEATH? | |
| PHYSICIAN: MED | | | | | | | | _ | | | 1 TYES 2 NO | ì |
| AN | 25, WAS CASE REFERRED TO MEDICAL | | | - | 28. | PLACE OF DE | EATN (Ch | eck only one) | | | | \dashv |
| SIC | EXAMINER? 1 YES 2 NO | HOSPITAL: 1 Inpatient 2 ER/0 | Outpatient 3 🗆 | | HER: Nursing No | ome 5 🗆 Ra | sidenca | 6 Other (Specify) | | | | |
| BY PH | 27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation | 26s. DATE OF INJU (Month, Day, Yes | | 8b. TIME OF INJURY | , | NJURY AT VORK? YES 2 |] NO | 28d. DEŞCRIBE HOW | INJURY OCC | URED | | |
| | 3 Suicide 6 Could not be 4 Homicide determined | 28s. PLACE OF INJ building, atc. (| URY — At home, Specify) | form, street | , fectory, of | fice | | 281. LOCATION (Street City or Town, State | | or Rural Re | oute Number, | |
| COMPLETED | ene) | SICIAN: To the best of my k | | | | | | | | | and manner as sta | ted. |
| TO BE C | 296. SIONATURE AND TITLE OF CERTIFIE | z. my | | | | 29c, LICE | A. | 5886 | 29d. DATE | SIGNED | (Month, Day, Year) | |
| | 30. NAME AND ADDRESS OF PERSON W | D ST. | 2025 | PH | | Jasp | iTH | 1-C-T | o WS | NG | MD ZI | 120 |
| | 31. DATE FILED (Month, Day, Year) MAR 2 5 1991 | Julia Dav | doon-Ran | dell | | | | | | | | |
| - | AMERICA IN THE | 4 | Tagge and | | | | | | | | DHMH-16 | Rev 1/89 |

MAR 2 5 1991 MAA REA .



DHMH-16 Rav 1/89

| BALTIMORE, MARYLAND 21203-3146 | recommendations that the death certificate be executed within Youvers after death. Page 6 may be retained by the hospital or attending physician. | problems from against the me attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be set to the sine whental Hygiene prior to burial, cremation, or removal. | d, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. |
|--------------------------------|---|--|---|
| X 13146, | be executed within | commissions to see signed by the attending physician and completely filled in by the it is State Della of Health and Mental Hygiene prior to burial, cremation, or removal. | raumatic event, |
| P.O. B(| leath certificate | attending phys | y, or other |
| FATAL RECORDS, P.O. BOX 13146, | requires that the 6 | been signed by the cot Health and Me. | shows any Inju |
| M | Carried of | e State Dep | or Nem 23 |
| N OF | G PHYSIC | er this on th with th | sarked, |
| ISION | WITENDAY | STOR AT | 28 Is m |
| DIV | CAL CH | ML DIRE | If hem |
| | TO THE HOSP | TO THE FUNE be filled within | MPORTANT |

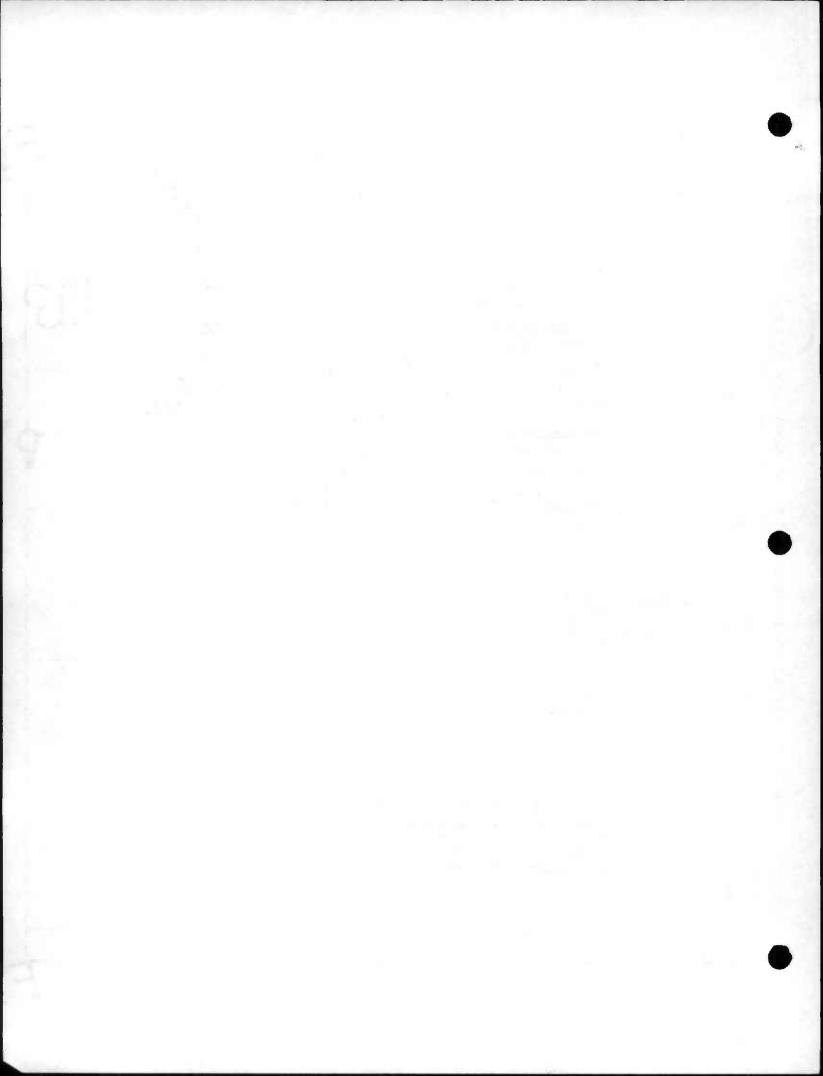
| - | FOR STATE REGISTRAR | STATE OF MARYLA | | TMENT OF HE | | GIENE G. NO. | J |
|-----|---------------------------------------|-----------------|----------|-------------|---------------------|-----------------|---|
| . [| DECEDENT'S NAME (First, Middle, Last) | chultz Fran | k Thomas | Schultz | 2. DATE OF DE MONTH | DAY 22 | |
| | | | | | | | |

| | 1. DECEDENT'S NAME (First, | Middle, Last) | | | | | | | | 2. DATE OF D | | | 3. TIME OF DEATH |
|------------|--|-------------------------|---------------------|---------------------|----------------------------|--------------|-------------|--------------------|------------|-------------------------------------|--------------|-------------------|---|
| 1 | FRAN | k Sc | hultz | Frank 7 | homa | o Sc | rult | Z | | MONTH O3 | 2 Z | Q / | 0855 AM |
| | 4. SOCIAL SECURITY NUMB | | 5. SEX | 6. AGE (In yrs. las | | IF UNDER | | IF UNDER | 24 HRS. | 7. DATE OF BI | RTH | | THPLACE (State or Foreign |
| | 213-05-8374 | 4 | 1 MM 2 F | 83 | YRS. | MONTHS | DAYS | HOURS | MIN. | 04 /6 | | Cou | Md. |
| | 9a. FACILITY NAME (If not in | stitution, give stre | et and number) | | | 9b. CITY | r, TOWN (| OR LOCATI | ON OF DE | | | 9c. COUNTY OF | |
| œ | | Medica | 0 00 6 | | | | 2 | 21 | - | C: + | | | • |
| DIRECTOR | RESIDENCE OF DEC | | - Gine | L. | | | 136 | CH | noyu | Cety | | pit | |
| Ĕ I | 10e. STATE | 10b. COUNTY | | | | Y, TOWN | | | | | | | 10d. INSIDE CITY LIMITS? |
| | Md. | | | | B | altu | none | | | | | | 1 X YES 2 NO |
| 4 | 10e. BTREET AND NUMBER | | | | | | 10 | . ZIP COD | | | | 10g. CITIZEN OI | WHAT COUNTRY? |
| E | 3504 O'Don | rell St | reet | | | | | | 2122 | 4 | | U.S. | A. |
| FUNERAL | 11. MARITAL STATUS | | 12. WAS DECEDEN | T EVER IN U.S. AF | RMED | 13. | WAS DEC | ENDENT C | F HISPAN | IIC ORIGIN? (Sp | ecify Yea o | r No 14. RA | CE - American Indian, |
| | 1 Never Married 2 | | FORCES? 1 | YES 2 | NO | | | ecify Cuba 2 NO | | n, Puerto Ricen, | atc.) | 81 | ick, White, atc. |
| B | 3 Widowed 4 Divo | rced | | | | | | ~ | оросия | | | | White |
| | 15. DEC | EDENT'S EDUCA | ATION completed) | | CEDENT'S | | | | | 16b. KINI | OF BUSIN | NESS/INDUSTRY | |
| | Elementary/Secondary (0 | | College (1-4 or 5 | His | live kind of a Do NOT u | se retired.) | aunng mo | ist of works | ng | C. | | | |
| 립 | 6 | | | Sa | latio | nary | Eng | inee | R | (ii | ty of | Balto | |
| COMPL | 17. FATHER'S NAME (First, M | liddle, Last) | | | | | | | | ME (First, Middle | | | |
| S I | Frank B. | . Schul | tz | | | | | M | aru i | A. Win | iecki | | |
| 00 | 19a. INFORMANT'S NAME (7 | | - 0 | 19 | b. MAILING | ADDRES | S (Street a | | | Route Number, Ci | | | |
| 임 | Agnes F. He | ennel | | | 3504 | | | | | alto | | | |
| | 20a, METHOD OF DISPOSIT | ION | | 20b. PLACE | OF DISPO | SITION (N | ame of co | melany oran | natory or | 1 | | TION — City or | Town, State |
| | 1 Buriel 2 Crematic | | al from State | other p | St. | Cton | inle | MA C | omo t | ORII | - | ltimon | |
| | 21. SIGNATURE OF FUNERA | | NSEE 1 | | 344 . | 22. | NAME A | ND ADDRE | SS OF FA | CILITY | | | 6 |
| | 1 1. | 0 | 1 A | - | | | 1 | | 7 | 1 0 | C C | 90 | 15. |
| | Chow | u Z |). Jes | - | | | rari | es s | . Lei | ler 8. | son s | nc. (o | nkling St. |
| | immediate cause (Final disease or condition reaulting in deeth) a. Chronic liene disease (Dry hy Serva and Years) Due to (or as a consequence of): | | | | | | | | | Interval Between Onset and Death | | | |
| CATION | Sequentially list condit | | DUE TO | (OR AS A CONSE | OUENCE O | F): | | | | asbest | 2862 |) | |
| F | If any, leading to imme cause. Enter UNDERLY | | | , | | .,. | | | | | | | |
| 윤 | CAUSE (Disease or Injuthat Initiated events | iry C. | DUE TO | (OR AS A CONSE | OUENCE O | F): | | | | | | | |
| CERTIFI | reaulting in death) LAS | T I | | | | | | | | | | | |
| 빙 | | 0. | | | | | | | | | | | |
| ₹ S | PART ii. Other algnifica | int conditiona | contributing to | deeth but not | resulting | in the u | nderlyin | g cause | given in | Part I. 24a. | WAS AN A | | 4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO |
| 2 | Carel | mel & | emonka | se. | | | | | | _ 10 | YES 2 | | COMPLETION OF CAUSE OF DEATH? |
| | Seis | me de | orales | 0 | | | | | | | | ` | 1 YES 2 NO |
| - | 40 | rentenni | | | | | | | | _ | | | |
| ₹ | 25. WAS CASE REFERRED | O MEDICAL | 775 | | | | 26. P | LACE OF D | EATH (Ch | eck only one) | | | |
| PHYSICIAN: | EXAMINER? | | HOSPITAL: | ER/Outpatient | 3 🗆 DOA | OTHE A D No | | no 6 🗆 B | esidence | 6 Other (Spi | noths) | | |
| Ξ | 27. MANNER OF DEATH | , | 28a. DATE OF | INJURY | 26b. TIN | AE OF | 28c. IN. | JURY AT | | | | JURY OCCURED | |
| | | Pending | (Month, E | Ney, Year) | IN. | JURY M | 1 W | YES 2 |] NO | | | | |
| B⊀ | a C a tit | Investigation | 28e. PLACE C | F INJURY — At h | ome, farm. | street, for | | | | 26f LOCATIO | V (Street an | d Number or Bur | al Route Number, |
| | 3 Suicide 6 1 | Could not be datermined | | etc. (Specify) | | | , oile | | | City or Tox | | o married or rior | ar riodie riodioes, |
| COMPLETED | | | | | | | | | | | | | |
| 릴 | | | IAN: To the best of | | | | | | | | | | |
| ő | (2 MED | ICAL EXAMINER | On the besia of a | xamination and/or | Investigation | on, in my | opinion, | death occu | red at the | time, data end | place, and | dua to the ceut | e(a) and manner as stated. |
| | 296. BIGNATURE AND TITLE | OF CERTIFIER | | | | | | 29c. LIC | ENSE NUI | MBER | | 29d. DATE BIGN | ED (Month, Day, Year) |
| BE | mis 3 | eines | mos | | | | | 1 | 035 | 740 | | > 3/ | 22/91 |
| 임 | 30. NAME AND ADDRESS O | | COMPLETED CAU | SE OF DEATH (ITE | EM 27) (Type | e, Print) | | | | | | | |
| | Wellba | . Bei | ne hul | 7 | 335 | *. P | 200 | 57 | R | elfun, | ne | mi | |
| | 31. DATE FILED (Month, Day, | Year) | 32. REGISTRA | AR'S SIGNATURE | | | - | ~ | | | | V | |
| | MAR 25 | 1991 | Julia Dar | idson-Ran | dell | | | | | | | | |
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| | notified |
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| | narked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified |
| ath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal | edical |
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| | FOR | STATE OF MA | DVI AND / | DEDAD | TRACKIT (| ne u | EALTH AND N | JENTA I | UVCIEN | 91 | U | 1915 |
|--------------------|--|--------------------------------|-------------------|---------------|---------------------------------------|--------------|--------------------------------|-------------------------|---------------------------------|--------------|---------------|--|
| | 1 - STATE REGISTRAR | SIAIE UF MA | CE | RTIF | CATE | OF | DEATH | MENTAL | REG. NO. | | | |
| | 1. DECEDENT'S NAME (First, Middle, Lest) JESSEE SEBIRD SM | ITH | | | | | | 2. DATE O MONTH | F DEATH DA | | YEAR | A: 10 A M |
| 4 | 4. SOCIAL SECURITY NUMBER 233-30-8385 | 5. SEX 8. 1 X M 2 F | AGE (In yrs. less | YRS. | IF UNDER 1 Y | YEAR DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE Of (Month, NOV. | F BIRTH Day, Year) 1,192 | 2 | Country) | IRGINIA |
| H | 9a. FACILITY NAME (If not institution, give st ST. AGNES HOSPITA | | | | 96. CITY, TO BAL | | RE | ATH | | 9c. COUN | TY OF DE | АТН |
| 5 | RESIDENCE OF DECEDENT | | | 1 44 000 | , TOWN OR | | 011 | | | | | 10d. INSIDE CITY |
| DIRECTOR | | TIMORE | | 10c. CIT | | LTI | MORE | | | | | LIMITS? |
| FUNERAL | 10e. STREET AND NUMBER | r | | | | 101. | ZIP CODE | | | 10g. CITI | | AT COUNTRY? |
| 핗 | 933 CATAWBA COUR' | 12. WAS DECEDENT 8 | EVER IN ITS AR | MED | 42 340 | P DEC | 21227 | IC OBIGINS | /Snacity Vac | or No I | | - American Indian, |
| BY FU | 1 Never Married 2 Married 3 Widowed 4 Divorced | II | Hy | res, spe | city Cuban, Mexicar 2 X NO Specify | n, Puerto Ri | | | | White, etc. | | |
| | 15. DECEDENT'S EDU (Specify only highest grade | | 16a. DE | CEDENT'S | USUAL OCC | UPATIO | N et of working | 16b. | KIND OF BU | SINESS/IND | USTRY | |
| COMPLET | Elementary/Secondary (0-12) 12TH GRADE | College (1-4 or 5+) | - Ille. | Do NOT us | DRIVI | | | | | | | |
| BE CON | 17. FATHER'S NAME (First, Middle, Last) CHARLES OTA SMI' | ГН | | | | | | A LEE | ARTH | UR | | |
| TO B | 19a. INFORMANT'S NAME (Type/Print) | • | | | | | nd Number or Runal F | Ph. 1 | | | | |
| = | FRANCES K. SMITH | and well | - | | | - | OURT, BA | LTIMO | | | _ | |
| | 20e MEDIOD OF DISPOSITION 1 X Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify) | oval from Stata | other pl | ace) | | | ial Park | | | LTIM | | rn, State |
| | 21. SIGNATURE OF FUNERAL SERVICE LIG | CENSEE | / | 7 | HUI | BBA | D ADDRESS OF FA | AL HO | | | | MD. 21229 |
| CERTIFICATION | IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | b | | OUENCE O | F): | ate | . can | ur | | | | Interval Between Onset and Deeth |
| ERT | resulting in death) LAST | d | | | | | | | | | | 1 |
| PHYSICIAN: MEDICAL | PART II. Other eignificant condition | ne contributing to d | eath but not | resulting | In the und | lerlyin | g cause given in | Part I. | 24s. WAS AP PERFO 1 TYES | RMED? | 24b. | WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| AN | 25. WAS CASE REFERRED TO MEDICAL | | | | | 28. P | ACE OF DEATH (Ch | neck only on | 9) | | | |
| Sic | 1 YES 2 NO | HOSPITAL: | ER/Outpetient | 3 🗆 DOA | OTHER: | | e 5 🗆 Residence | 6 🗆 Other | (Specify) | } | | |
| PHY | 27. MANNER OF DEATH Natural 5 Pending | 28a. DATE OF II (Month, Day | | 26b, TIR | JURY | WC | URY AT | 28d. DES | CRIBE HOW | INJURY OC | CURED | |
| ВУ | Natural 5 Pending Accident Investigation Suicide 6 Could not be Homicide determined | | INJURY — At h | ome, farm, | street, fecto | | YES 2 NO | 26f. LOCA | ATION (Street or Town, State | and Numbe | or or Rural F | loute Number, |
| LET | AA- OFFICIER | CIAN: To the heat of a | ny knowledge, d | leath occur | red at the tin | ne, date | and place, and due | e to the cau | se(s) and m | enner as st | ated, | |
| DMP | (Check only | | | Investigati | on, in my op | inlon, | leath occured et the | e time, data | and place, a | ind due to t | the cause(s | a) and manner as stated. |
| BE COMPLETED | (Check only | ER: On the basia of axe | emination and/or | r Investigati | on, in my op | olnion, | 29c. LICENSE NU | MBER | | | TE SIGNED | (Month, Day, Year) |
| ш | (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIE M 14 M C 30. NAME AND ADDRESS OF PERSON W | ER: On the basia of axe | emination and/or | ЕМ 27) (Тур | | | St. A | MBER | | 29d. DA | 3 (| (Month, Day, Year) |



| 1 | - | FOR STATE REGISTR |
|----|------|-------------------------|
| 1 | 1. D | ECEDENT'S |
| и. | | |

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1 - STATE REGISTRAR | | CERTIFIC | ATE OF | DEATH | RE | G. NO. | | | |
|--|---|--|--|--|--|---|-----------------------------|--|--|
| 1. DECEDENT'S NAME (First, Middle, Last) | | | | | 2. DATE OF DE | ATH | | 3. TIME OF DEATH | |
| ALEXANDER J | . SADOWSKI | | | | м о нтн 03 | 23 g | YEAR | 4:00 A. M | |
| 4. SOCIAL SECURITY NUMBER | | (In yrs. last birthday) | F UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF BIS | | | HPLACE (State or Foreign | |
| 100 00 1666 | 1 g,M 2 🗆 F - | | SYAG SHTM | HOURS MIN. | (Month, Day, | | Count | | |
| 180-03-1666 90. FACILITY NAME (If not institution, give a | X | 74 745. | L CITY TOWN | OR LOCATION OF DE | 02 2 | | NTY OF D | ENNSYLVANIA | |
| | | | | | AITI | 90,000 | MIT OF L | ZEATH | |
| RESIDENCE OF DECEDENT | 35TH Street | | BAL: | TIMORE | | | | | |
| 10e. STATE 10b. COUNT | 1 | 10c, CITY, 1 | OWN OR LOCA | TION | | | | 10d. INSIDE CITY | |
| MARYLAND | | | BALTI | | | | | LIMITS? | |
| | | | | | | | | 1 X YES 2 NO | |
| 10e. BTREET AND NUMSER | | | 10 | , ZIP CODE | | 10g. CI1 | | WHAT COUNTRY? | |
| 809 W. 3 | 5TH STREET | | | 21211 | - | | USA | A . | |
| 11. MARITAL STATUS | 12. WAS DECEDENT EVER | N U.S. ARMED | | ENDENT OF HISPAN | | | 14. RAC | E — American Indian, k, White, atc. | |
| 1 Never Merried 2 A Merried IF YES, GIVE WAR OR DATES 1 □ YES 2 NO Specify: Specify: | | | | | | | | | |
| KOREAN WHITE | | | | | | | | | |
| 15. DECEDENT'S EDU (Specify only highest grade | CATION | 16a. DECEDENT'S US (Give kind of work | UAL OCCUPATI | ON set of weeking | 18b. KIND | OF SUSINESS/IN | DUSTRY | | |
| Elementary/Secondary (0-12) College (1-4 or 5+) | | | | | | | | | |
| 6TH CARPENTER | | | | | | | | | |
| 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) | | | | | | | | | |
| JOHN SADOWSKI LILLIAN MOSKOWSKI | | | | | | | | | |
| 19e. INFORMANT'B NAME (Type/Print) | | 19b. MAILING AT | ODRESS (Street | and Number or Rural I | | | in Code) | | |
| SOPHIE SADOWSKI | , | | | n STREET, | | | | 1 | |
| 20a. METHOD OF DISPOSITION | 7. | b. PLACE OF DISPOSIT | | | The state of the s | 20c. LOCATION | | | |
| NE Buriel 2 N Cremation 3 □ Rem | oval from State | other place) | | | | | | | |
| ↑ Donetion 8 □ Other (Specify) | | GREEN MOU | | | | BALTI | 10RE | , MARYLAND | |
| 21. SIGNATURE OF FUNERAL SERVICE LI | - P / | 7 | | ALAN SEIT | | EIIMED A | I LION | ИE | |
| 1 a alan | - Seit | K | | ROLAND | | | | | |
| 23. PART I. Enter the diseases, pr | | d the deeth. Do not | entar the me | ode of dving, auc | h as cerdiec r | or respiratory a | rrent. | Approximets | |
| ahock, Dr heart fallure. | Liet only one cause on | ech line. | | | | | , | Interval Between | |
| IMMEDIATE CAUSE (Final disease or condition | | 1/ | , 1 | - / | | | | Onset and Death | |
| resulting in death) | e. Unsesti | A CONSEQUENCE OF): | ut 1 | achive | | | | 190 | |
| 1 | OUE TO (OR AS | A CONSEQUENCE OF): | | | | | | | |
| A STATE OF THE STA | b | | | | | | | | |
| Sequentially list conditions, if any, leading to immediate | DUE TO (OR AS | A CONSEQUENCE OF): | | | | | | | |
| CAUSE (Disesse or Injury | c | | | | | | | | |
| that initiated events | DUE TO (OR AS | A CONSEQUENCE OF): | | | | | | | |
| resulting in death) LAST | d | | | | | | | | |
| PART II. Other significant condition | | h l | Ab d l l - | | Daniel Lau | | | | |
| | a contributing to death | but not resulting in | tha undariyir | g cause given in | | WAS AN AUTOPSY PERFORMED? | 24 | b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO | |
| Diabetes | | | | | 1 🗆 | YES 200 NO | | OF DEATH? | |
| Chrmic Le | ukemia | | | | | | | 1 YES 2 NO | |
| | | | | | | | | | |
| | | | | | | | | | |
| 25. WAS CASE REFERRED TO MEDICAL | | | 26. P | LACE OF DEATH (Ch | eck only one) | | | | |
| | HOSPITAL: | tpatient 3 DOA | THER: | 1 | | ichty) | | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: 1 Inpatient 2 ER/Ou 28e. DATE OF INJURY | tpetient 3 DOA 4 | OTHER: | ne SK Residence | 8 Other (Spe | city) E HOW INJURY O | CCURED | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO NO | HOSPITAL: 1 Inpatient 2 ER/Ou | tpetient 3 DOA 4 | OTHER: Nursing Horo | Ne SK Residence | 8 Other (Spe | | CCURED | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | HOSPITAL: 1 Inpetient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) | testient 3 DOA 4 | OTHER: Nursing Horo OF 28c. IN W 1 | ne SK Residence JURY AT ORK? YES 2 NO | 8 Other (Spa 28d, DESCRIB | E HOW INJURY O | | Sect Works | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | HOSPITAL: 1 Inpetient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) | 28b. TIME (INJURY At home, farm, str | OTHER: Nursing Horo OF 28c. IN W 1 | ne SK Residence JURY AT ORK? YES 2 NO | 8 Other (Spa 28d, DESCRIB | E HOW INJURY O | | Route Number, | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES Q NO 27. MANNER OF DEATH Selection Selection Noverlightion | HOSPITAL: 1 Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) | 28b. TIME (INJURY At home, farm, str | OTHER: Nursing Horo OF 28c. IN W 1 | ne SK Residence JURY AT ORK? YES 2 NO | 8 Other (Spe 28d, DESCRIB 28f, LOCATION | E HOW INJURY O | | Route Number, | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | HOSPITAL: 1 Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) | 28b. TIME (INJUE) Y — At home, farm, stresselly) | OTHER: Nursing Horo OF 28c. IN W 1 1 | Residence JURY AT ORK? YES 2 NO | 8 Other (Spe 28d, DESCRIB 28f, LOCATION City or Tow | E HOW INJURY O I (Street end Numb rn, State) | er or Rurel | Route Number, | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Naturel 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER Check only CERTIFYING PHYS | HOSPITAL: 1 Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR building, etc. (Sp | 28b. TIME (INJUST) Y — At home, farm, since/(y) wiedge, death occurred | OTHER: Nursing Hoto OF 28c. IN W 1 1 eet, factory, offi | Residence JURY AT ORK? YES 2 NO ce | 8 Other (Spa 28d, DESCRIB 28f, LOCATION City or Tow to the cause(e) | E HOW INJURY O | er or Rurel | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | HOSPITAL: 1 Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR building, etc. (Sp | 28b. TIME (INJUST) Y — At home, farm, since/(y) wiedge, death occurred | OTHER: Nursing Hoto OF 28c. IN W 1 1 eet, factory, offi | Presidence JURY AT ORK? YES 2 NO DRE Presidence Preside | 8 Other (Spa 28d, DESCRIB 28f, LOCATION City or You to the cause(e) time, date end | E HOW INJURY O I (Street end Numb rn, State) end manner as at place, end due to | er or Rurel ated. | (e) end manner ee stated. | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Naturel 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER Check only CERTIFYING PHYS | HOSPITAL: 1 Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR building, etc. (Sp | 28b. TIME (INJUST) Y — At home, farm, since/(y) wiedge, death occurred | OTHER: Nursing Hoto OF 28c. IN W 1 1 eet, factory, offi | Presidence JURY AT ORK? YES 2 NO DRE Presidence Preside | 8 Other (Spa 28d, DESCRIB 28f, LOCATION City or You to the cause(e) time, date end | E HOW INJURY O I (Street end Numb rn, State) end manner as at place, end due to | er or Rurel ated. | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Seture 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Chack only one) 2 MEDICAL EXAMIN 29b. SIMMATUNE AND TITLE OF CERTIFIE | HOSPITAL: 1 Inpetient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Sp HCIAN: To the beet of my kno ER: On the beet of examinati | Partient 3 DOA 4 28b. TIME INJUS TY — At home, farm, sine scity) wiedge, death occurred on end/or investigation, | OTHER: Nursing Hoto Nursing Hot | Presidence JURY AT ORK? YES 2 NO DRE Presidence Preside | 8 Other (Spa 28d, DESCRIB 28f, LOCATION City or You to the cause(e) time, date end | E HOW INJURY O I (Street end Numb rn, State) end manner as at place, end due to | er or Rural ated. the cause | (e) end menner ee stated. O (Month, Day, Year) 25-9/ | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | HOSPITAL: 1 Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Sp ICIAN: To the best of my kno ER: On the best of examination | Part (ITEM 27) (Type, P | OTHER: Nursing Hot Nursing Hot New Y M 1 aet, factory, offi at the time, dat in my opinion, | Residence JURY AT ORK? YES 2 NO DE Send place, end due death occured at the | 8 Other (Spa 28d, DESCRIB 28f, LOCATION City or You to the cause(e) time, date end | I (Street and Numb In, State) end manner as at place, and due to | er or Rural ated. the cause | (e) end menner ee stated. O (Month, Day, Year) 25-9/ | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | HOSPITAL: 1 Inpetient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR building, etc. (Sp HCIAN: To the best of my kno ER: On the best of examination R HO COMPLETEO CAUSE OF E | PATH (ITEM 27) (Type, P | OTHER: Nursing Hoto Nursing Hot | Residence JURY AT ORK? YES 2 NO DE Send place, end due death occured at the | 8 Other (Spa 28d, DESCRIB 28f, LOCATION City or You to the cause(e) time, date end | E HOW INJURY O I (Street end Numb rn, State) end manner as at place, end due to | er or Rural ated. the cause | (e) end manner ee stated. | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | HOSPITAL: 1 Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Sp ICIAN: To the best of my kno ER: On the best of examination | PATH (ITEM 27) (Type, P | OTHER: Nursing Hot Nursing Hot New Y M 1 aet, factory, offi at the time, dat in my opinion, | Residence JURY AT ORK? YES 2 NO DE Send place, end due death occured at the | 8 Other (Spa 28d, DESCRIB 28f, LOCATION City or You to the cause(e) time, date end | I (Street and Numb In, State) end manner as at place, and due to | er or Rural ated. the cause | (e) end menner ee stated. O (Month, Day, Year) 25-9/ | |

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 5 may be retained by the funeral director, page 5 should be detached focuse as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

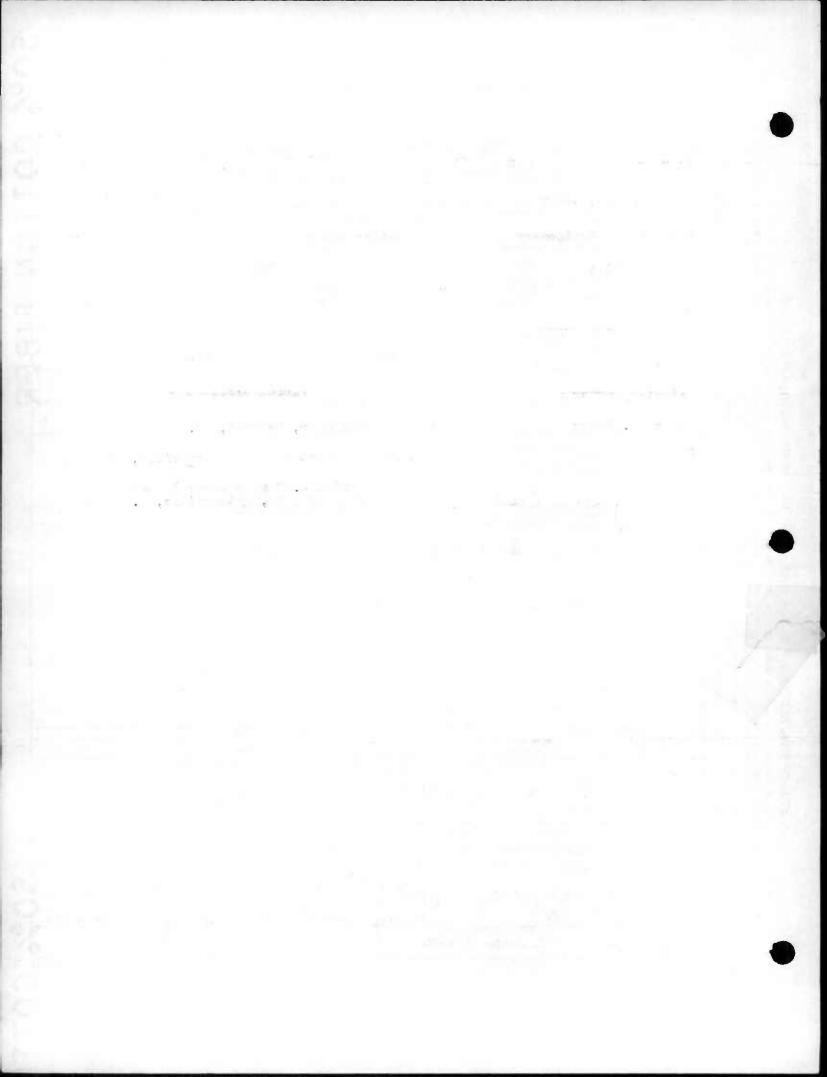
10

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | | CERTIFIC | 711 - 01 | | REG. NO. | | |
|---|--|---|--|---------------------------------------|--|-----------------|---|
| 1. DECEDENT'S NAME (First, Middle, Last) | | | | | 2. DATE OF DEATH MONTH DA | Y YEA | 3. TIME OF DEATH |
| Erma E. | Smith | | | | March 18 | , 199 | Î 8:36 a.m |
| 4. SOCIAL SECURITY NUMBER | 5. SEX 6. / | | UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF BIRTH | | IRTHPLACE (State or Foreign |
| 219-22-3360A | 1 M 2 XF | 81 YRS. | OAYS | HOURS MIN. | (Month, Day, Year) Sept. 16 | | 9 Marylan |
| 9a. FACILITY NAME (If not institution, give | street and number) | 9 | b. CITY, TOWN O | R LOCATION OF D | | 9c. COUNTY | |
| Montgomery G | eneral Ho | spital | Olne | 37 | | Mont | gomery |
| RESIDENCE OF DECEDENT | CHCLGI NO | opical | OTHE | 7 | | HOHE | gomery |
| 10a. STATE 10b. COUN | | 10c. CITY, 1 | OWN OR LOCAT | ON | | | 10d. INSIDE CITY LIMITS? |
| Maryland Mont | gomery | Ga | ithersh | urg | | | 1 YES 27 NO |
| 10e. STREET AND NUMBER | | | 101. | ZIP CODE | | 10g. CITIZEN | OF WNAT COUNTRY? |
| 7 Holly Drive | | | | | 20877 | USA | |
| 11. MARITAL STATUS | 12. WAS DECEDENT EV | ER IN U.S. ARMED | 13. WAS DEC | | VIC ORIGIN? (Specify Yes | | RACE — American Indian, Black, White, etc. |
| 1 Never Married 2 Married | FORCES? 1 [] | | | city Cuban, Mexica 2 [X] NO Specif | n, Puerto Rican, etc.) | | A |
| 3 Wildowed 4 Divorced | | | " " | a la tro topacii | , | | White |
| 15. DECEDENT'S ED | | 16a. DECEDENT'S US | UAL OCCUPATIO | N | 16b. KIND OF BUS | INESS/INDUST | RY |
| (Specify only highest gred Elementary/Secondery (0-12) | Coflege (1-4 or 5+) | Iffe. Do NOT use i | k done during mod etired.) | st or working | | | |
| 12 | 2 | Laund | ry | | NII | H | |
| 17. FATHER'S NAME (First, Middle, Last) | | | | 16. MOTHER'S NA | ME (First, Middle, Maiden | Surname) | |
| William Porter | | | | Mari | an Brown | MARIC | N BROWN |
| 19e. INFORMANT'S NAME (Type/Print) | | 195, MAJLING A | ODRESS (Street a | - | Route Number, City or Town | | |
| Nancy S. Vader | | | | | | | |
| 20a. METHOD OF DISPOSITION | | 20b. PLACE OF DISPOSIT | | | erwood, Md. | CATION — City | |
| ty Burial 2 Cremation 3 Re | moval from Stata | other placel | | | | | |
| 4 Donation 5 Other (Specify) | | rar | | emetery | | ckville | ,Maryland |
| 21. SIGNATURE OF FUNERAL SERVICE L | ICENSEE | | | D ADDRESS OF FA | | 2 77 | |
| Royali | Co. L. | | PO | er u b | arber Funer | ral Hom | le 20002 |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events | b. Bue to (or Due to (or | AS A CONSEQUENCE OF: | t c | anle | <·· | | |
| PART II. Other algnificant condition | one contributing to de | ith but not resulting in | the underlying | g cause given in | Part I. 24e. WAS AN PERFOF | MED? | 24b. WERE ALTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| | | | | | _ | | 1 YES 2 NO |
| 25. WAS CASE REFERRED TO MEDICAL | | | ne ne | ACE OF DEATH (C | neck only one) | | |
| EXAMINER? | HOSPITAL: | | THER: | | | | |
| 1 TYES 2 NO | 1 Nonpetient 2 EF | | | | 8 Other (Specify) | | |
| | 28e. DATE OF INJ (Month, Day, 1 | ber) 25b. TIME INJUI | TY WO | RK? | 28d. DEŞCRIBE HOW I | NJURY OCCUR | |
| | (| | M 1111 | ES 2 NO | | | ED |
| 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation | | | | | + | | ED |
| 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 5 Could not b | 25a, PLACE OF IN | JURY — At home, farm, str (Specify) | | | 251. LOCATION (Street City or Town, State) | | |
| 1 Netural 5 Pending 2 Accident Investigation | 25a. PLACE OF IN | JURY — At home, farm, str (Specify) | | | | | |
| 1 Neturel 5 Pending Investigation 3 Suicide 5 Could not b determined 29e. CERTIFIER Check only 1 CERTIFYING PHY | 25e. PLACE OF IN building, etc. | (Specify) knowledge, death occurred | st the time, date | and place, end du | City or Town, State) to the cause(e) and me | nner as stated. | lural Route Number, |
| 1 Netural 5 Pending Investigation 3 Suicide 4 Homicide 5 Could not b determined 29e. CERTIFIER (Check only 1 CERTIFYING PHY | 25a. PLACE OF IN building, etc. PSICIAN: To the best of my NER: On the bests of exam | (Specify) knowledge, death occurred | st the time, date | and place, end du | City or Town, State) to the cause(e) and mee time, date end place, an | nner as stated, | lural Route Number, |
| 1 Neturel 5 Pending Investigation 3 Suicide 5 Could not b determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI | 25a. PLACE OF IN building, etc. /SICIAN: To the best of my NER: On the basis of exam | (Specify) knowledge, death occurred | st the time, date | and place, end du | City or Town, State) to the cause(e) and mee time, date end place, an | nner as stated, | lural Route Number, |
| 1 Netural 5 Pending Investigation 3 Suicide 4 Homicide 5 Could not b determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI 29b. SIGNATURE AND TITLE OF CERTIFIER Neil L. Jul | 25a. PLACE OF IN building, etc. (SICIAN: To the best of my NER: On the basia of exam | (Specify) knowledge, death occurred ination and/or investigation, | et, fectory, office et the time, date in my opinion, d | and place, end du | City or Town, State) to the cause(e) and mee time, date end place, an | nner as stated, | lural Route Number, |
| 1 Netural 5 Pending Investigation 3 Suicide 4 Homicide 5 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI 29b. SIGNATURE AND TITLE OF CERTIFIER Neil L. Jul | 25a. PLACE OF IN building, etc. (SICIAN: To the best of my NER: On the basia of exam | (Specify) knowledge, death occurred institution and/or investigation, OF DEATH (ITEM ET) (Type, F | et, factory, office et the time, date in my opinion, d | and place, end du | City or Town, State) to the cause(e) and mee time, date end place, an | nner as stated, | lural Route Number, |

DHMH-15 Rev 1/89



21

16b. KIND OF BUSINESS/INDUSTRY

24a, WAS AN AUTOPSY PERFORMED?

1 TES 2 NO

05

FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH A DECEDENT'S NAME (First, Middle, Last) M. rancis 03 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 63 DAYS HOURS 1 M 2 - F 216-20-5364 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH DIRECTOR St. Agnes Hospital Baltimore 10c. CITY, TOWN OR LOCATION 10a, STATE 10b. COUNTY Arbutus Maryland Baltimore FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 1545 Lister Road 21227 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS BALTIMORE, MARYLAND 21203-3146 1 Never Married 2 X Married 1 YES 2 NO Specify. BY 3 Widowed 4 Divorced WW2 ours after death. Page 6 may be retained by the hospital or attends COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondery (0-12) College (1-4 or 5+) tuneral director, page 5 should be detached 0 - 12Data Processer 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname, Ti Margaret M. Gannon Albert E. Smith BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zio Code) 2 1545 Lister Road Arbutus, Maryland 21227 Dana S. Smith 2 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place) 20e. METHOD OF DISPOSITION
1 Description 2 Cremetion 3 Removal from State must 1 Buriel 2 Cremetion 3 4 Donation 5 Other (Specify) Loudon Park Cemetery
22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ambrose Funeral Home, Inc. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. Let only one cause on each line. in by the n medical inding physician and completely filled in by Hyglene prior to burial, cremation shock, or heart failure. List only one cause on each line. CARDIAC FAILURE

DUE TO (OR AS A CONSEQUENCE OF):

RESPIRATORY FAILURE IMMEDIATE CAUSE (Final the disease or condition resulting in death) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, BOX 13146, other traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING SUBDURAL
DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated events the attending p P.0. resulting in death) LAST 0 certificate has been signed by the attern the State Dept. of Health and Mental 1, or Item 23 shows any injury, DIVISION OF VITAL RECORDS, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL POOR CARDIAC FUNCTION PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED with t marked, 1 Netural 5 Pending Investigation 1 YES 2 NO DIRECTOR: After the hours after death w BY 2 Accident PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 49 3 Suicide 6 Could not be COMPLETED 4 Homicide 28 Hem 29a. CERTIFIER
(Check only one)

ARENCAL EXAMINED: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE filed within 72 h 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) end menner ee stated. 296, SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPRETED CAUSE OF DEATH (ITEM 27) (Type, Print) AGNES HOSP. ST HAYWARD

32 REGISTRAN'S SIGNATURE
Gruna Davidson-Mandall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3. TIME OF DEATH 0535AM

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, etc.

White

Approximate Interval Between

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 TYES 2 NO

29d. DATE SIGNED (Month, Day, Year)

MD

BALT

Onset and Death

1 YES 2 NO

6. BIRTHPLACE (State or Foreign

Maryland

9c. COUNTY OF DEATH

Baltimore

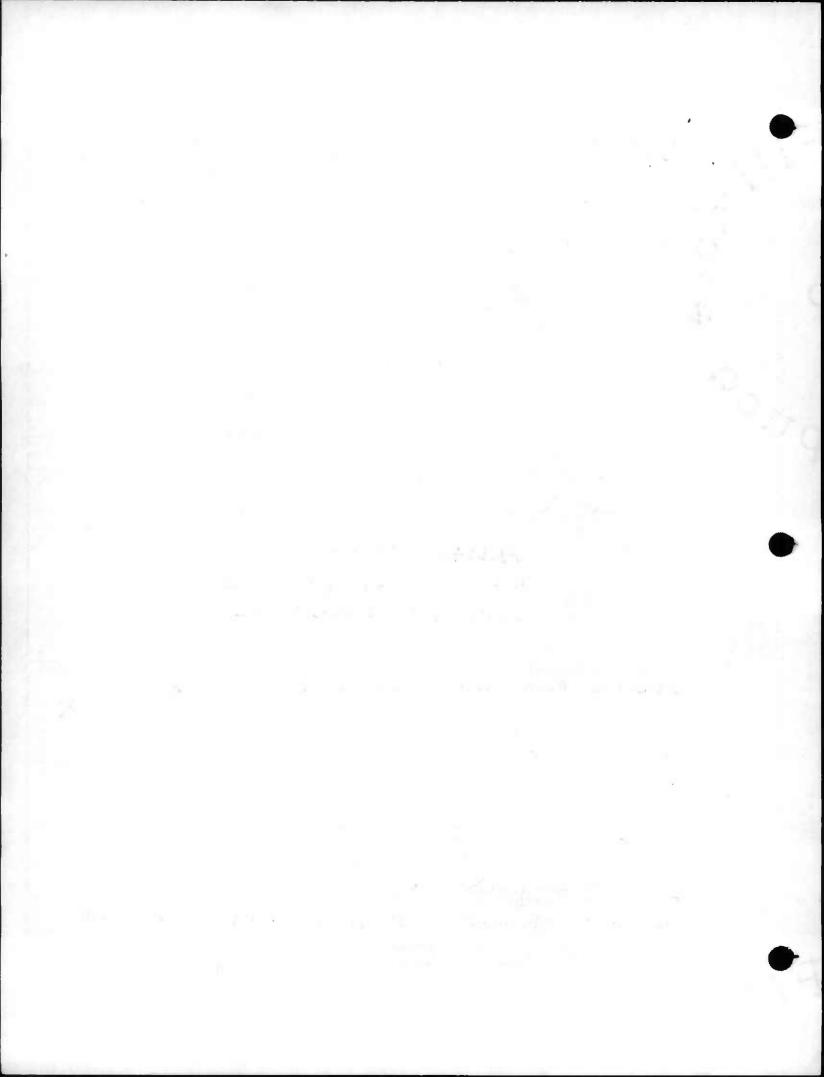
10g. CITIZEN OF WHAT COUNTRY? USA

Specify

Liquor distributor

20c. LOCATION — City or Town, State

Baltimore, Maryland

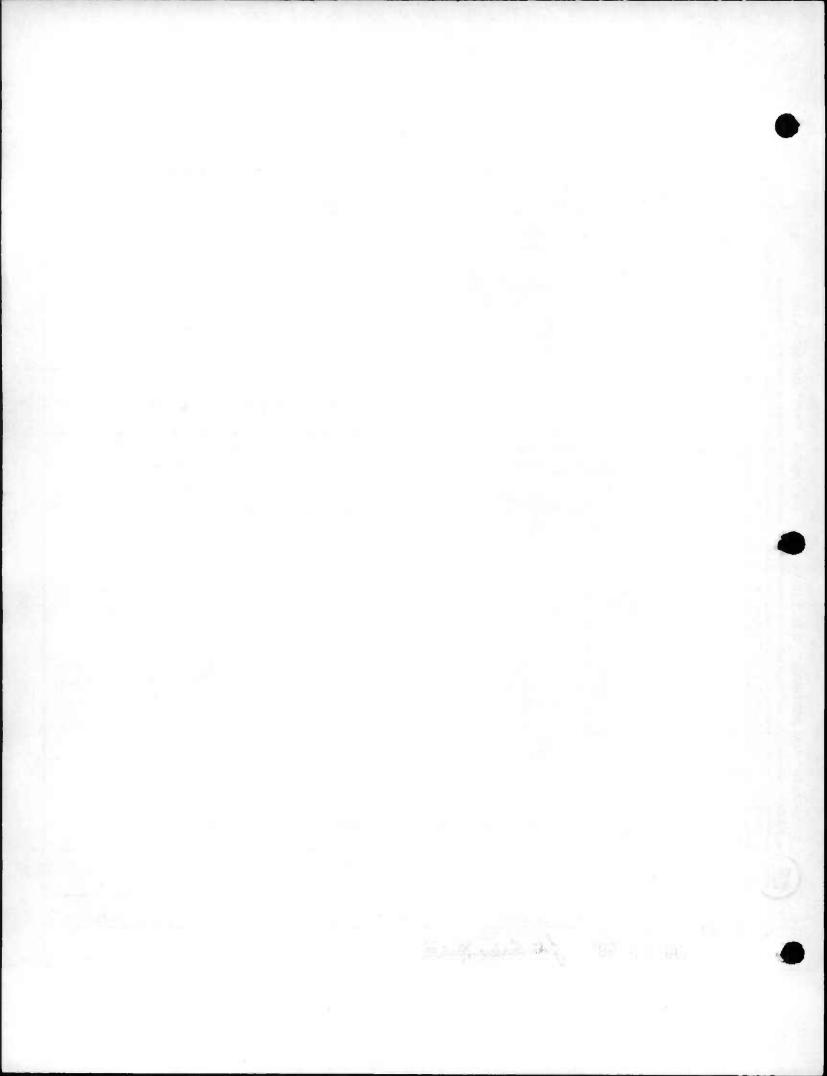


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| 7 | he la | has |
| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within your | RAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in |
| ō | PHY | this |
| Z | DING | After |
| VISIC | R ATTEN | RECTOR: |
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| CTOR. | after | 28 |
| PIRE | hours | item |
| 4 | 2 | - |

| | 1 - STATE REGISTRAR | STATE OF MARYLAND | | NT OF HEALTH ANI | MENTAL HYG | | 01313 |
|------------------|---|--|------------------------|---|-----------------------------------|--------------------|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | 2. DATE OF DEAT | TH | 3. TIME OF DEATH |
| | Joseph | | accent | e | 3 2 | 21 91 | 1.45 pM |
| | | SEX 6. AGE (In yrs. II | MONTH | DER 1 YEAR IF UNDER 24 HR | 49.4 | H 8. | BIRTHPLACE (State or Foreign Country) |
| | 004 10 1/13 | X M 2 D F 9 5 | YAS. | | 7-17- | | Italy |
| DIRECTOR | 9s. FACILITY NAME (# not institution, give street Frederick Villa RESIDENCE OF DECEDENT | | | ity, town on Location of Baltim o re | DEATH | | imore |
| EC | 10s. STATE 10b. COUNTY | | 10c. CITY, TOW | N OR LOCATION | | | 10d. INSIDE CITY LIMITS? |
| | Md Balt: | imore | | | - 2 | | 1 TES 2 NO |
| FUNERAL | 10e. STREET AND NUMBER | | | 101. ZIP CODE | | 10g. CITIZE | N OF WHAT COUNTRY? |
| Ë | 1004 Wooddale Ro | <u>1</u> | | 2122 | 8 | | IISA |
| 5 | 11. MARITAL STATUS 12 1 Never Married 2 Married | FORCES? 1 TYES 2 | NO | WAS OECENDENT OF HIS If yes, specify Cuban, Mar | | | 4. RACE — American Indian, Black, Whita, etc. |
| ВУ | 3Widowed 4 _ Divorced | IF YES, GIVE WAR OR DATES | ` | 1 TYES 2 NO Sp | | | Specify: White |
| | X X 15. DECEDENT'S EDUCATION | ON 18a, I | DECEDENT'S USUAI | OCCUPATION | 16b, KIND O | F BUSINESS/INDUS | |
| E | (Specify only highest grade con | npleted) (| | ne during most of working | 1.00.14.11.20 | Doomicoomicoo | |
| PL | Unknown | Silage (14 Si Sir) | Air | craft | | MEG | |
| COMPLETED | 17. FATHER'S NAME (First, Middle, Last) | | | | NAME (First, Middle, Mi | | |
| BE C | Dominick Saccer | nte | | Dam | aride / | Albergi | 0 |
| | 19a. INFORMANT'S NAME (Type/Print) | | 19b. MAILING ADDR | ESS (Street and Number or Ru | | | |
| 5 | Dora Mongelli | | 1004 W | ooddale Rd | | | |
| | 20a. METHOD OF DISPOSITION | from State 20b. PLAC | E OF DISPOSITION | (Name of cemetery, cremetory | or 20 | c. LOCATION CH | ly or Town, Stata |
| | 1 Duriat 2 Cremation 3 Removal | | avery | Cemetery | | Dueens | New York |
| | 21. SIGNATURE OF FUNERAL SERVICE UGENS | XHacks | 7 | Sterling A | shton I | 0 1 | • 7 7 1 1 7 |
| | 23. PART I. Enter the diseases, or com | plications that caused the | desth. Do not sn | for the mode of dying, | uch as cardiec or | respiratory arres | st, Approximate |
| | IMMEDIATE CAUSE (Final disease or condition | Congreta | | ert fac | lwe | | Interval Batween Onset and Death |
| | resulting in desth) a | DUE TO (OR AS A CONS | EOUENCE OF): | ^- | | | |
| 7 | - | Chroni . | atrial | Hutter | | | |
| 0 | Sequentially list conditions, If any, leading to immediate | DUE TO (OR AS A CONS | EOUENCE OF): | 1 | | | |
| 8 | CAUSE (Disease or injury | | | | | | |
| E | that initiated events resulting in desth) LAST | DUE TO (OR AS A CONS | EQUENCE OF): | | | | |
| CERTIFICATION | d | | | | | | |
| AL C | PART II. Other significant conditions of | ontributing to death but no | resulting in the | underlying ceuse given | | AS AN AUTOPSY | 24b. WERE AUTOPSY FINDINGS |
| S | Ventricular - | tady card | ca. | | | ERFORMED? | AVAILABLE PRIOR TO COMPLETION OF CAUSE |
| ED | Techemic So | risel | Dive | ticulos as | | 25 2 110 | OF DEATH? |
| 2 : | | | | | | | |
| PHYSICIAN: MEDIC | 25. WAS CASE REFERRED TO MEDICAL | | | 26. PLACE OF DEATH | (Check only one) | | |
| SIC | | OSPITAL: | 3 DOA 4 S | Nursing Home 8 🗆 Residen | ica S - Other (Specify | () | |
| Ή | 27. MANNER OF DEATH | 28a. DATE OF INJURY (Month, Day, Year) | 28b. TIME OF | 28c. INJURY AT WORK? | | IOW INJURY OCCU | RED |
| BY F | 1 Netural 8 Pending 2 Accident Investigation | | A A | 1 YES 2 NO | | | |
| COMPLETED E | 3 Suicide 8 Could not be 4 Homicide detarmined | 28e. PLACE OF INJURY — At building, etc. (Specify) | home, farm, street, | factory, offica | 281. LOCATION (S City or Town, | | r Rural Route Number, |
| PLE | 29a. CERTIFIER (Check only | N: To the best of my knowledge, | deeth occurred et t | ne time, data and place, and | dua to the cause(a) an | d manner as stated | 1. |
| MO | | On the basis of examination and/o | or investigation, in r | ny opinion, daeth occured at | the time, deta and pla- | ce, and dua to the | cause(s) and manner as stated. |
| C | 2015. SIGNATURE AND TITLE OF CERTIFIER | | | 29c. LICENSE | NUMBER | 29d. DATE | SIGNED (Month, Day, Year) |
| BE (| 1000 | | | | 639 | 1 3 | 18/55/5 |
| 5 | 30. NAME AND ADDRESS OF PERSON WHO C | COMPLETEO CAUSE OF DEATH (IT | | 411 000 | FREDE | RICK / | ES RALTO MA |
| | 31. DATE FILED (Month, Day, Year) | 22. REGISTRAR'S SKINATURE | | | | | |
| | MAR 2 5 1991 | Julia Devidson-Ran | della | | | | |



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 modus after death, Page 8 may be retained by the hospital or attending physician.

TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. or Health and Mental Hyglene prior to burfal, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

| FOR | STATE OF MARYL | AND / DEPART | MENT OF | HEAITH AND I | MENTAL HYCIEN | 91 | 07980 |
|--|---|---|---|--------------------------|-------------------------------------|-----------------|--|
| 1 - REGISTRAR | | CERTIFIC | CATE O | F DEATH | REG. NO. | | |
| 1. OECEDENT'S NAME (First, Middle, Last) TAMES R. | James, Ro | bert Waid | ther | | 2. DATE OF DEATH MONTH DA | | 3. TIME OF DEATH |
| | | | IF UNDER 1 YEA | | 7. DATE OF BIRTH (Month, Dey, Year) | | BIRTHPLACE (State or Foreign Country) |
| 9a. FACILITY NAME (If not institution, give street | | | 9b. CITY, TOW | N OR LOCATION OF DE | | 9c. COUNTY | - |
| FRANCIS SCOTT REY | MED CEN | MER | BAT | TIMORE | CITY | | |
| RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY | | 100 CITY | TOWN OR LO | CATION | | | 10d. INSIDE CITY |
| MO | | | M M | ORE | | | LIMITS? |
| 10e. STREET AND NUMBER | | n . | | 10f. ZIP CODE | | | OF WHAT COUNTRY? |
| 11. MARITAL STATUS 12. | | Vay | T 40 1100 | 21205 | | USA | |
| 1 Never Married 290 Married FORCES? 1 X YES 2 NO If yes, specify Cuban, Maxican, Puarto Rican, etc.) Black, White, etc. | | | | | | | Black, Whita, etc. |
| 3 Widowed 4 Divorced | W.W.2 | AIES |] ''' | res 2 NO Specify | <i>F</i> . | | Specify: White |
| 15. DECEDENT'S EOUCATIO (Specify only highest grade com | pleted) | 16a, DECEDENT'S U (Give kind of wo life. Do NOT usa | SUAL OCCUP rk done during retired.) | ATION most of working | 18b. KIND OF BUS | INESS/INDUST | RY |
| Elementery/Secondery (0-12) College (1-4 or 5+) Electrician Crown, Cork, Seal. | | | | | | eal. | |
| 17. FATHER'S NAME (First, Middle, Lest) | | | | | ME (First, Middle, Maiden | Sumame) | |
| Howard Waidner | | | | | Hayslup | | |
| 19a. INFORMANT'S NAME (Type/Print) Deborah Sue Waidre | r | | | | to.Md. 212 | | le) |
| 20a. METHOD OF DISPOSITION 1 Disposition 2 Cremetton 3 Remove 1 Position 2 Cremetton 3 Remove 1 Position 2 Cremetton 3 Remove 2 Cremetton 3 Remove 2 Cremetton 3 Remove 3 Remove 4 R | | | | | | | |
| 21, SIGNATURE OF FUNERAL SERVICE LICENS | BEE | noten Hen | 22. NAMI | E AND ADDRESS OF FA | CILITY | O | 015 |
| I Charles & |). Bula | | Cha | rles S.Zei | ler & Son | Inc. | 01 S. onkling St. |
| 23. PART I. Enter the diseases, or com ahock, or heart failure. List | | | t entar tha | mods of dying, suc | th as cardiac or respi | ratory arrest | Approximata interval Between |
| iMMEDIATE CAUSE (Final disease or condition | - 1 a > " | | | | | | Onset and Death |
| resulting in death) | CARDIC DUE TO (OR AS | 9ENIC | SHO | CK | | | |
| | MUDE | AP NA | 150 | HENIA | - | | 1/40 |
| Sequentially list conditions, if any, is ading to immediate | DUE TO (OR AS | A CONSEQUENCE OF | : | HEMIA | 1 | | |
| cause. Enter UNDERLYING | | | | | | | |
| CAUSE (Diseass or Injury that initiated events | OUE TO (OR AS | A CONSEQUENCE OF) | • | | | | |
| resulting in death) LAST | | | | | | | |
| PART il. Other aignificant conditione conditione | ontributing to death i | out not reauiting in | tha underi | ying cause givan in | | | 24b. WERE AUTOPSY FINDINGS |
| | | | | | PERFOR | | AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| | | | | | _ | | 1 YES 2 NO |
| | | | | | | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | OSPITAL: | | OTHER: | S. PLACE OF OEATH (CA | neck only one) | | |
| | Inpatient 2 DER/Out | patient 3 DOA | 4 - Nursing | Home 5 Residence | | | |
| 27. MANNER OF DEATH 1 1 2 Natural 6 Pending | 28a. DATE OF INJURY (Month, Day, Year) | 28b. TIME INJU | RY | WORK? | 26d. DESCRIBE HOW | NJURY OCCUR | ED |
| 2 Accident Investigation 3 Suicide & Could not be | 28e. PLACE OF INJUR | Y — At home, ferm, st | | | 28f. LOCATION (Street | and Number or i | Rural Route Number, |
| 4 Homicide 6 Could not be determined | building, etc. (Spe | icity) | - 11 | | City or Town, State, | | DIII DAGGE CO |
| 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: C | | | | | | | ouse(a) and manner as stated. |
| 296. SIGNATURE AND TITLE OF CERTIFIER | | 111 | 20 - | 29c. LICENSE NU | | 29d. DATE S | IGNED (Month, Day, Year) |
| CAROLINE POPPE | | eson! | IN | _ D34- | 280 | > 3 | 123/91 |
| 30. NAME AND ADDRESS OF PERSON WHO CO | MPLETEO CAUSE OF O | EATH (ITEM 27) (Nov) | 740 | EASTERN | AVE 3 MI | 7104 | 40 21224 |
| | | | | | | | / |

Julia Davidson- Andres

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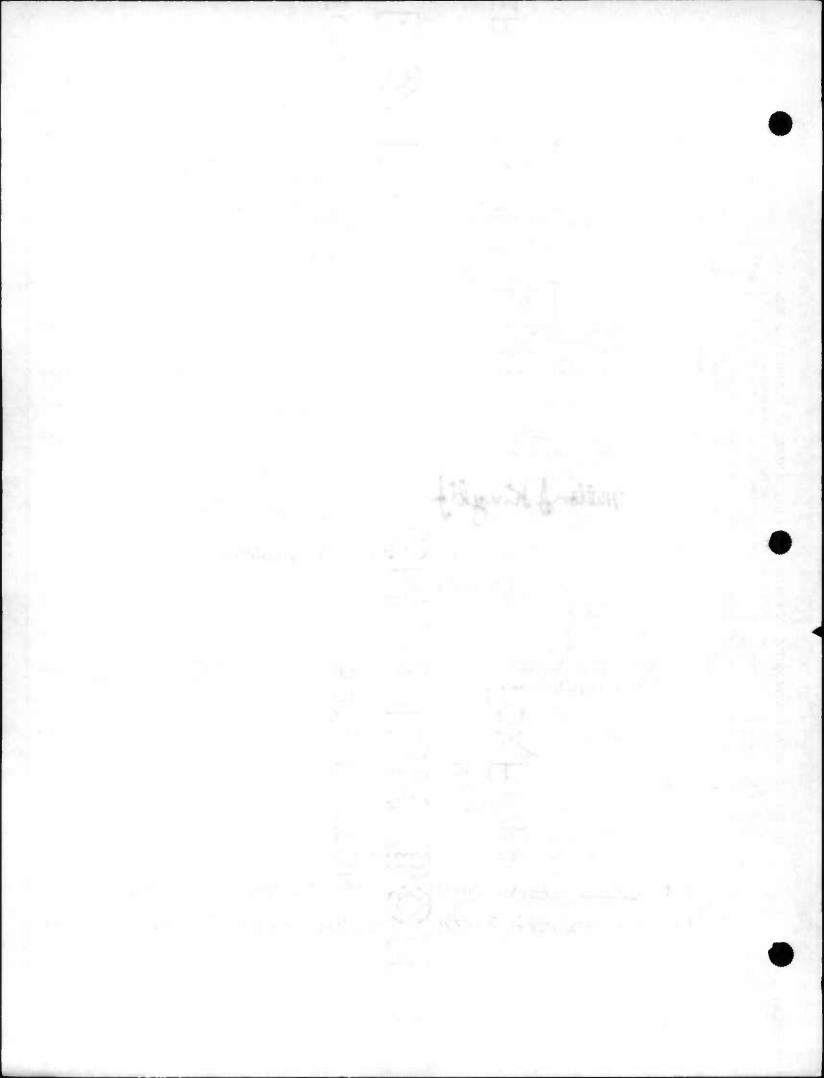
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31. DATE FILEO (Month, Day, Year)

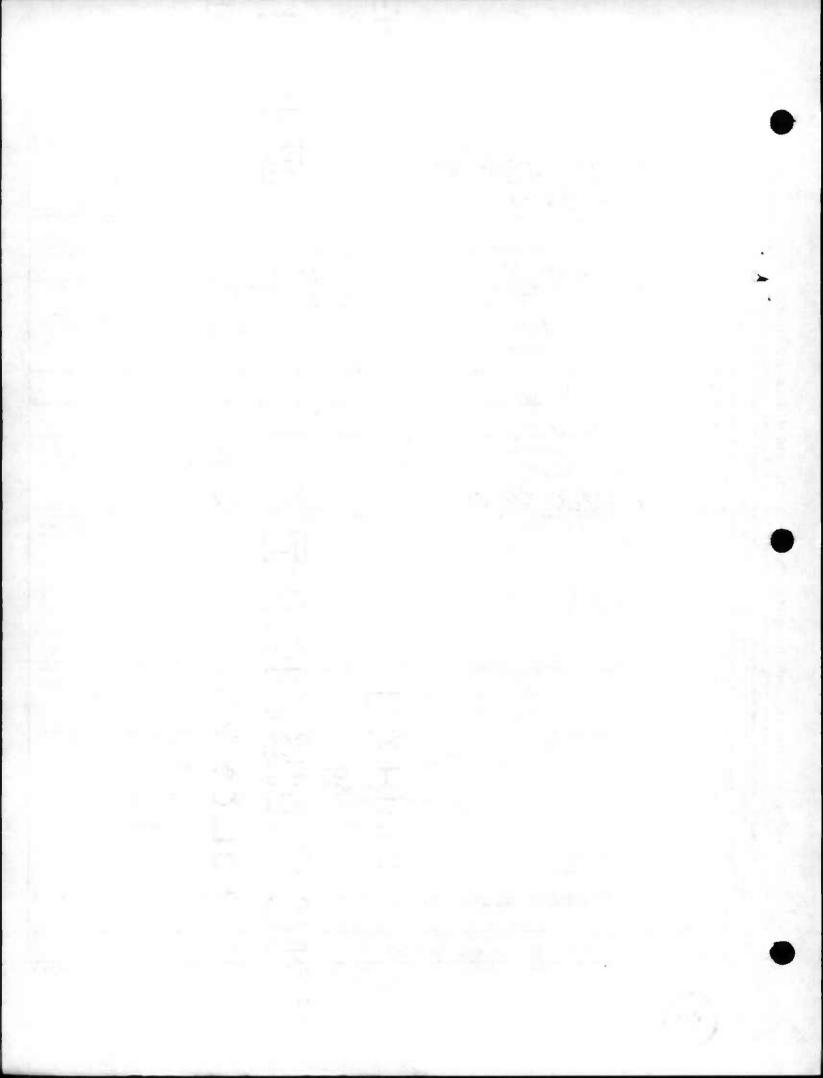
MAR 25

| | FOR 1 - STATE REGISTRAR | STATE OF MARY | | | TMENT (| | | | NTAL HYGIEN REG. NO. | E | V | 1001 |
|--------------------|--|--|------------------|---------------|---------------------------|--------------|--|------------|--|-------------------|------------|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | | | | DATE OF DEATN | | | 3. TIME OF DEATH |
| | . Ka | atherine - | Α | Wel | ler | | | M | larch 22, | 199 | YEAR | 0620 M |
| | 4. SOCIAL SECURITY NUMBER 215-10-6615 | 5. SEX 8. AC | GE (In vrs. les) | birthday) | IF UNDER 1 1 | YEAR DAYS | IF UNDER 24 | upe 7 | DATE OF BIRTN (Month, Day, Year) eD 27 | 1909 | Count | IPLACE (State or Foreign |
| | 9e. FACILITY NAME (If not institution, give st | reet and number) | | | 9b. CITY, T | OWN O | R LOCATION | | | 9c. COU | NTY OF C | |
| HOT: | St. Joseph Ho | spital - | | | | | Towsor | 1 | | [| Balt | imore |
| DIRECTOR | Maryland Ba | altimore | | 10c. CIT | Y, TOWN OR | | on Parkvi | lle | | | | 10d. INSIDE CITY LIMITS? 1 YES 2 X NO |
| 7 | 10e. STREET AND NUMBER | | | | | 101 | ZIP CODE | | | 10g. CIT | ZEN OF | WHAT COUNTRY? |
| E. | 1826 Loch Shiel | Road | | | | | | | 21234 | Uni | ted | States |
| BY FUNERAL | 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced | 12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF | ES 2 X N | | If y | res, spe | | Mexican, P | ORIDIN? (Specify Yes tuerto Rican, etc.) | | 14. BAC | E — American Indien, k, White, etc. |
| COMPLETED | 15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary [0-12) | CATION completed) College [1-4 or 5+) | (Gi | | TATE OF | | | | 16b, KIND OF BUS | BINESS/ING | DUSTRY | |
| M | 17. FATHER'S NAME (First, Middle, Last) | | | ionen. | aker | | 18 MOTHE | D'S NAME | (First, Middle, Maiden | Suma ma' | _ | |
| | William | J. | | | Scot | + | IS. MOTHE | Nor | | _ |) wadi | , |
| BE | 19e. INFORMANT'S NAME (Type/Print) | <u> </u> | 101 | MAILING | | | nd Number or | | Number, City or Tow | | rady | у |
| 2 | Catherine W. Hop | | | 160 | 2 Glen | Ke | eith E | | Baltim | ore, | Md. | |
| | 20a, METHOD OF DISPOSITION 1 🔀 Burlal 2 🗆 Cremation 3 🗆 Remo 4 🗆 Donation 5 🗀 Other (Specify) | | of cemetary. | rematoral Rid | or other place Ge Cell | | 3/25/ | 91 | | cation — altin | | Maryland |
| | 21. SIGNATURE OF FUNERAL SERVICE LIC | Milton J | Knigh | nt Jr | | | and J. | | | 21214 5305 | | rford Road |
| | 23. PART I. Enter the diseases, or o shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) | e. CARDI DUE TO (OR A | n eech line | | | | | | | ratory ar | reet, | Approximate Interval Between Onset and Death |
| CERTIFICATION | Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury | OUE TO (OR) | | 1 | F): | | | | | | | |
| RTIF | that initiated eventa resulting in death) LAST | DUE TO JOR A | AS A CONSE | DUENCE D | F): | | | | | | | |
| | PART II. Other algorificant condition | a anatelbustan sa dant | 15 but | | | -4-1- | | - 1 0 | | | 1 | and the summer |
| PHYSICIAN: MEDICAL | HYPOTITYED | | an out not i | eaditing | m ne und | erryiriq | J cause giv | en in Pai | rt I. 24a. WAS AN PERFOI | RMED? | 24 | b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| ÿ | | | | | | | | | | | | |
| ठे | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | | OTHER: | 26. Pt | ACE OF DEA | TN (Check | only one) | _ | | |
| YS! | 1 TES 2 NO | 1 Nopetient 2 - ERA | | _ | 4 🗆 Nursir | ng Hom | e 5 🗆 Resi | dence 8 | Other (Specify) | | | |
| ВУ РН | 27. MANNER OF DEATN 1 Natural 5 Pending Investigation | 28a. DATE OF INJU (Month, Day, Ye | | 28b. TIA | ME OF 2 JURY M | WO | URY AT PRICE 2 TO THE PRICE PR | | Bd. DEŞCRIBE HOW | NJURY OC | CURED | |
| | 2 Accident Investigation 3 Suicide 8 Could not be determined | 26s. PLACE OF INJ building, etc. (| | me, farm, | street, factor | y, offic | • | 20 | Bf. LOCATION (Street City or Town, State, | and Numbe | r or Rural | Route Number, |
| COMPLET | one) | CIAN: To the best of my k | | | | | | | | | | (e) and manner as stated. |
| Ü | 296 SIGNATURE AND TITLE OF CERTIFIE | 3 | | | | - | 29c. LICEN | SE NUMBE | iR . | 29d. DA | E SIGNE | D (Month, Day, Year) |
| 0 | KNIAMI | Howse - P. | 124511 | 10: | ~ | | 04 | 039 | D | • | 3/2 | 2/91 |
| 2 | 30. NAME AND ADDRESS OF PERSON WH | O COMPLETED CAUSE DI | | | | 2 | - 1/ | | 2. 124 | 100 | 1 | 145010 |



| FOR 1 - STATE REGISTRAR | STATE OF MARYI | | T OF HEALTH AND | MENTAL HYGIENE REG. NO. | |
|--|--|---|---|---|---|
| 1. DECEDENT'S NAME (FIRST, MICH Rel) Cath | 1010, Last) 1 erine L. West | | | 2. DATE OF DEATH DAY | YEAR 2 10 PM |
| 4. SOCIAL SECURITY NUMBER 2/5-22-467. | 3 1□M2×F | 64 YRS. MONTHS | | 7. DATE OF BIRTH (Month, Day, Year) 8-27-26 | BIRTHPLACE (State or Foreign Country) M. 4 |
| - 1 1 | Haspital | 9b. Cr | ry, town or location of o | SEATH 9c. | COUNTY OF DEATH |
| # Hd | b. COUNTY | Ba / H | | | 10d, INSIDE CITY LIMITS? 1 X YES 2 NO |
| 7 | ossuth st | | 2122g | 1 | CITIZEN OF WHAT COUNTRY? |
| ∑ Widowed 4 □ Divorced | I IF YES, GIVE WAR OR I | 2 NO | I. WAS DECENDENT OF HISPA II yes, specify Cuben, Mexic 1 YES 2 NO Speci | | 14. RACE — American Indian, Black, White, atc. Specify: Black |
| | NT'S EDUCATION thest grade completed) College (1-4 or 5+) | Iffe. Do NOT use retired | e during most of working | 16b. KIND OF BUSINES | S/INDUSTRY |
| 17. FATHER'S NAME (First, Middle) Frederick | Vaughn | 7(700 | | AME (First, Middle, Melden Surge | ullough |
| 2 Janet L | Dailey | 33 S | \$\$ (Street and Number or Rural | Route Number, City or Town, Stell ST Ba | the Zip Code) |
| 20e METHOD OF DISPOSITION 1 Suriel 2 Cremation 4 Donation 5 Other (Special Section 2) | 3 Removal from State | bb. PLACE AND DATE OF DIS f cemetary, cromatory or other | ntorest Ve | 732591 UWII | ON - City or Town, State 195 Mills, MU |
| 1 4 dr | tia Eleron | | AND AND ADDRESS OF F. | +. West wabash | Ave |
| 23. PART I. Enter the disease shock, or heart iMMEDIATE CAUSE (Final disease or condition resulting in death) | 41 | eech line. | | ch as cerdiec or respirator | interval Between Onset and Death |
| Sequentially list conditions if any, leeding to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | le DOE TO TOR AS | A CONSEQUENCE OF): | | | |
| that initiated events resulting in death) LAST | DUE TO (OR AS | A CONSEQUENCE OF): | | | |
| PART II. Other aignificent | conditions contributing to death | but not resulting in the | underlying ceuse given is | Part I. 24e. WAS AN AUTO PERFORMED 1 YES 2 N | ? AMILABLE PRIOR TO |
| Z 25. WAS CASE REFERRED TO MI EXAMINER? | EDICAL HOSPITAL: | ОТН | 26. PLACE OF DEATH (C | theck only one) | |
| 25. WAS CASE REFERRED TO MI EXAMINER? 1 | | tpatient 3 DOA 4 N | ursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO | 28d. DESCRIBE HOW INJUR | IY OCCURED |
| | 28e. PLACE OF INJUR building, etc. (Sp | RY — At home, farm, street, f | | 28f. LOCATION (Street and N City or Town, State) | lumber or Rural Route Number, |
| enel . | ING PHYSICIAN: To the best of my kno L EXAMINER: On the beste of examinat | | | | ee stated. |
| 29b. SIGNATURE AND TITLE OF M 30. NAME AND ADDRESS OF PE | | | 29c. LICENSE NI | Dyes 29d | d. DATE SIGNED (Month, Day, Year) |
| St, A | ERSON WHO COMPLETED CAUSE OF D | | - (0) | g . | |
| 31. DATE FILED (Month, Day, Year MAR 2 5 1 | 991 Julia Savidso | | 9 | | |



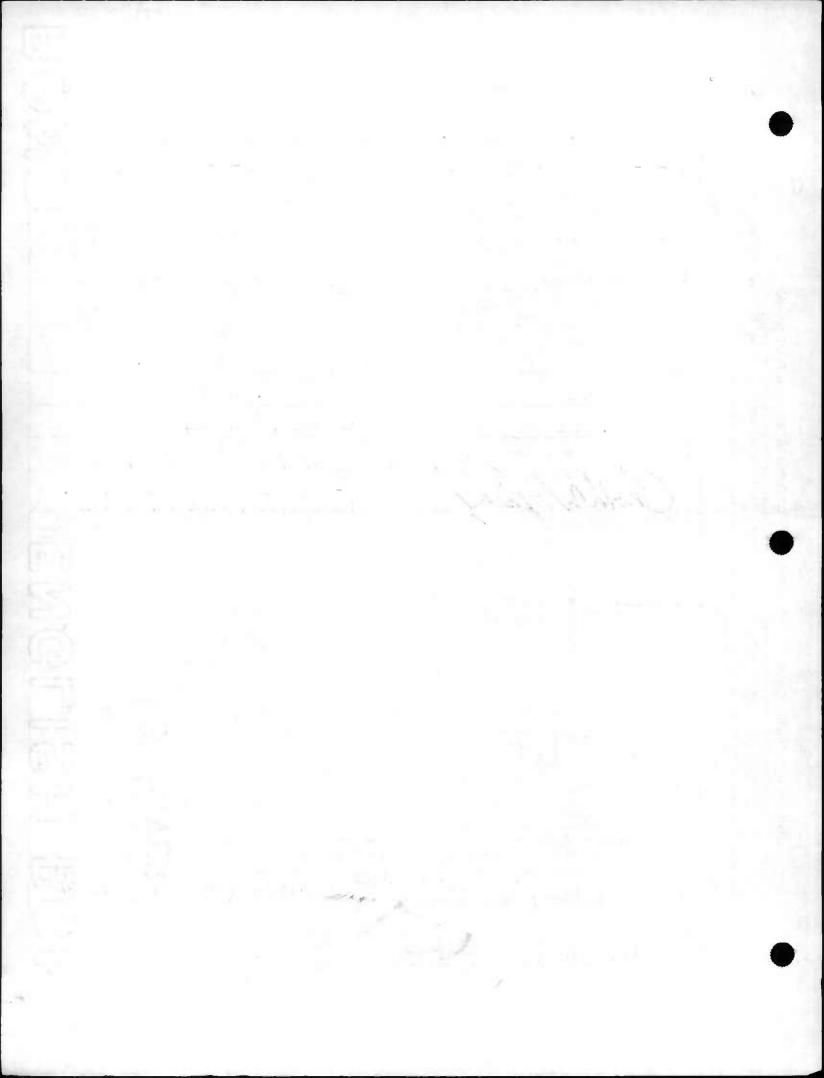


| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | 2. DATE OF O | EATH | 3. TIME C |
|--------------------------------------|---|---|---|---|----------------------|-------------------------------------|--|
| -1-1 | THOMAS B. | WELCH, ST | | | MONTH 3 | 22 C | 9 1 1 = |
| | | SEX 6. AGE (In 5/2 | yrs. lest birthday) IF UNDER YRS. MONTHS | DAYS HOURS MI | 7. DATE OF BI | 7 -1 938 | B. BIRTHPLACE (SIII Country) Wirgini |
| | 9e. FACILITY NAME (If not institution, give street | | | , TOWN OR LOCATION O | | | TY OF DEATH |
| TOR | Francis Scott Key | | | altimore C | | 9C. COUN | IT OF DEATH |
| DIRECTOR | Maryland Baltim | ore | 10c. CITY, TOWN (| dalk | | | 10d. INSII LIMI 1 TYES |
| IA IA | 10e. STREET AND NUMBER | | | 101. ZIP CODE | | 10g. CITIZ | EN OF WHAT COU |
| FUNERAL | 1707 Bayard Avenue | | | 2122 | 2 | US | A |
| B | 1 Never Married 2 Merried | WAS DECEDENT, EVER IN USE FORCES? 1 A YES IF YES, GIVE WAR OR DATE NAVY | 2 _ NO | WAS DECENDENT OF HIS If yes, specify Cuben, Me 1 YES 2 NO S | xican, Puarto Rican, | | 14. RACE — Americ Bleck, White, at Specify: White |
| | 15. DECEDENT'S EDUCATI (Specify only highest grade com | ON 1 | IG. DECEDENT'S USUAL O | CCUPATION during most of working | 16b. KINI | O OF BUSINESS/INDU | |
| E | | oliege (1-4 or 5+) | (Give kind of work done life. Do NOT use retired.) | | 0. | xford Cor | 10 |
| once. | GED | 1 | Maintenance | | | - | h• |
| ~ I | 17. FATHER'S NAME (First, Middle, Last) Burton Welch | | | | a L. Broc | | |
| BE BE | 19a. INFORMANT'S NAME (Type/Print) | | 19h MAILING ADDRES | S (Street and Number or R | | | Coolel |
| TO BE | Paulette A. Welch | | 1707 Ba | yard Avenu | 2. Baltin | nore, MD | 21222 |
| 2 | 20sr METHOD OF DISPOSITION | | PLACE AND DATE OF DISF | POSITION (Name | DATE | 20c. LOCATION — C | Ity or Town, Stata |
| must | 1 A Burlat 2 ☐ Cremation 3 ☐ Removal 4 ☐ Donation 5 ☐ Other (Specify) | From State | metary, crematory of other pudgn Park | 3/25 | /91 | Baltimo | re. Mari |
| ant, the medical | IMMEDIATE CAUSE (Final disease or condition resulting in death) | 5-e 05/5 DUE TO (OR AS A C | CONSEQUENCE OF | | | | On |
| r other traumatic eve RTIFICATION | Sequentially list conditions, If any, leading to immediate | Renal DUE TO (OR AS A C CAD | | | D: == | 652 | |
| CER | d | | | | | , | <u> </u> |
| es any inju | PART II. Other significent conditions c | ontributing to death but | t not reaulting in the u | nderlying cause give | | WAS AN AUTOPSY PERFORMED? YES 2 NO | 24b. WERE AU AMILABL COMPLET OF DEATH |
| ě Z | 3121 | | | | | | JPC |
| r item 23 s SICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | OSPITAL: | OTHE | 26. PLACE OF DEATH | (Check only one) | | |
| 이수 | 1 YES 2 NO 1 | Inpatient 2 = ER/Outpat | tient 3 DOA 4 Nu | rsing Home 5 Reside | | ecily) BE HOW INJURY OCC | UDEO |
| | 1 Netural 8 Pending | (Month, Day, Year) | INJURY M | 28c. INJURY AT WORK? | | DE HOW INJUNT OCC | UNEU |
| | 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined | 28e. PLACE OF INJURY – building, etc. (Specifi | - At home, ferm, street, fed | | | N (Street end Number wn, State) | or Rural Route Numb |
| 8 5 CB | 4 - Houselde determined | | | | | | |
| Item 28 is | 29e. CERTIFIER (Check only 1) CERTIFYING PHYSICIAL | N: To the best of my knowle | | | | | |
| item 28 is PLETED | 290. CERTIFIER 1 CEPTIEVING PHYSICIAL | - | | | | | |

31. DATE FILED (MONTE Day, Year) MAR 25 1991

38. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89



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| a sila | with | rked |
| After | death | E ma |
| 308: | after | 28 1 |
| TO THE HIME HAR ARE TOR: After this certificate has been signed by the attending physician a | be filed with 72 hours after death with the State Dept. of Health and Mental Hygiene prior to | IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traum |
| į | F, | = |
| E | ij | TANT |
| 뿔 | filed | POR |
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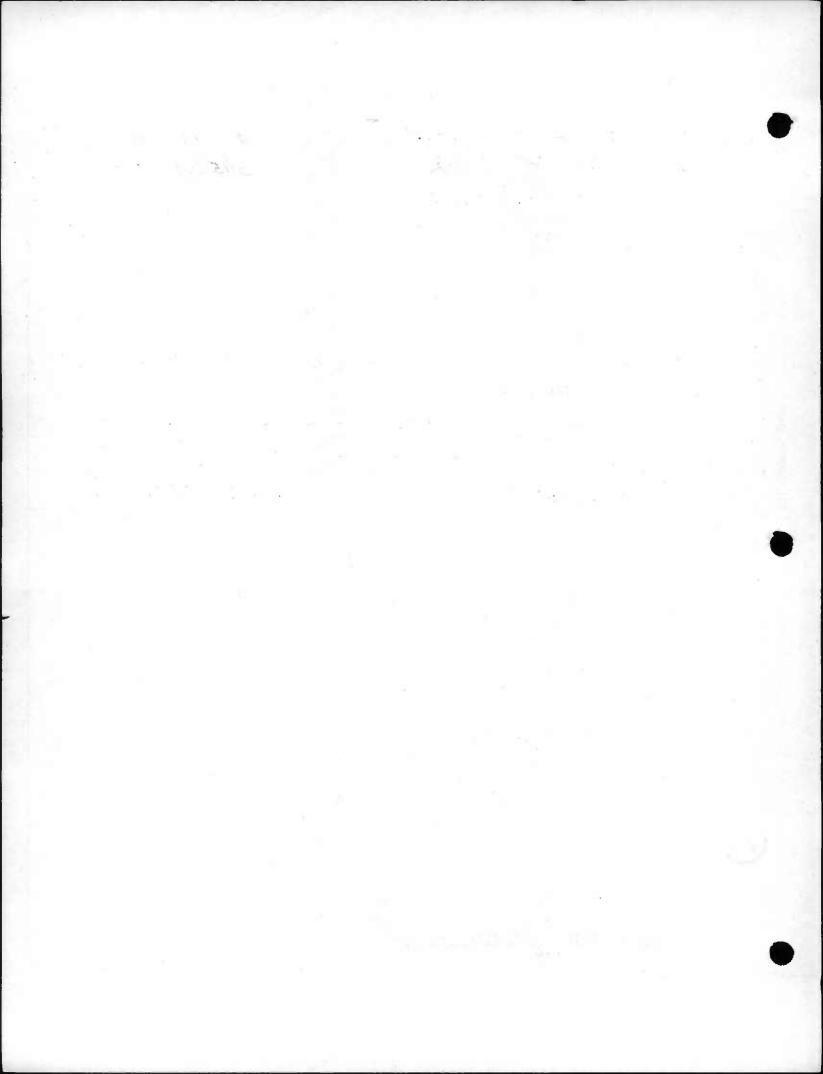
| STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH | MENTAL HYGIENE REG. NO. |
|---|----------------------------|
| | 2. DATE OF DEATH |

| 3 21 1991 | |
|--|--|
| | 3. TIME OF DEATH |
| | 12:10 PM M |
| MONTHS DAYS HOUSES MAN (Month, Day, Your) | . BIRTHPLACE (State or Foreign Country) |
| 158 09 9503 1 M 2 X F 69 YRS. 10 18 1921 | Maryland |
| | Arundel |
| 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION | 10d. INSIDE CITY |
| (| 1 TYES 2 XNO |
| | N OF WHAT COUNTRY? |
| 8583 Bay Rd. 21122 U. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No — 11 | S.A. I. BACE — American Indian, |
| 1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) 3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: | Black, White, etc. Specify: White |
| 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working | STRY |
| (Specify only highest grade completed) [Give kind of work done during most of working life. Do NOT use retired.) [In the complete of the com | |
| 12. VYS HOUSEWITE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) | |
| Joseph H. Stone Pauline R. Fransen | |
| 198. INFORMANT 3 NAME (TyperPrint) | ode) |
| John T. Wark - husband 8583 Bay Rd. Riviera Beach, MD. 21 | .122 |
| 20a. METHOD OF DISPOSITION 1 Burlel 2 IX Crementon 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, cremetory or other place) 1 Donation 5 Other (Specify) | |
| 4 Donation 5 Other (Specify) Metro Crematory 3 22 Catonsvi | lle, MD. |
| Gonce F.H. 4001 Ritchie Hwy E | Balto MD 21225 |
| 23. PART I. Enter the diseases or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrespiratory |
| shock, or heart failure. List only one cause on each line. | Interval Between Onset and Death |
| iMMEDIATE CAUSE (Finel disease or condition resulting in death) | bugges |
| DUE TO (OR AS A CONSEQUENCE OF): | 10914 |
| Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): | |
| cause. Enter UNDERLYING CAUSE (Disease or Injury | |
| that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST | |
| d | |
| PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying cause given in Part 1. 24a. WAS AN AUTOPSY PERFORMED? | 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO |
| 1 TES 2 AND | COMPLETION OF CAUSE OF DEATH? |
| | 1 - YES 2 100- |
| 28. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) | |
| EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 8 Residence 8 Other (Specify) | |
| 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCU | RED |
| 1 Netural 8 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation | |
| | r Rural Route Number, |
| Suicide 8 Could not be determined building, etc. (Specify) | 1.0 |
| building, etc. (Specify) City or Rown, State) City or Rown, State) 29a. CERTIFIER 1 CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated | |
| building, etc. (Specify) 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated one) 2 MEDICAL EXAMINER: On the basis of experience and/or investigation, in my opinion, death occurred at the time, data and place, and due to the | |
| 4 Homicide 4 Homicide 5 Cours not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of experimental place, and due to the cause(a) and manner as stated one) 3 MEDICAL EXAMINER: On the basis of experimental place, and due to the cause(a) and manner as stated one) 2 MEDICAL EXAMINER: On the basis of experimental place, and due to the cause (a) and manner as stated one) 2 MEDICAL EXAMINER: On the basis of experimental place, and due to the cause (a) and manner as stated one) 3 MEDICAL EXAMINER: On the basis of experimental place, and due to the cause (a) and manner as stated one) 3 MEDICAL EXAMINER: On the basis of experimental place, and due to the cause (a) and manner as stated one) | |
| 4 Homicide Signature Homicide Signature Homicide Signature Homicide Signature Homicide Signature Signature Signature Homicide Signatur | cause(a) and manner as stated. |
| 4 Homicide 4 Homicide 5 Cours not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of experimental place, and due to the cause(a) and manner as stated one) 3 MEDICAL EXAMINER: On the basis of experimental place, and due to the cause(a) and manner as stated one) 2 MEDICAL EXAMINER: On the basis of experimental place, and due to the cause (a) and manner as stated one) 2 MEDICAL EXAMINER: On the basis of experimental place, and due to the cause (a) and manner as stated one) 3 MEDICAL EXAMINER: On the basis of experimental place, and due to the cause (a) and manner as stated one) 3 MEDICAL EXAMINER: On the basis of experimental place, and due to the cause (a) and manner as stated one) | cause(a) and manner as stated. |

31. DATMAR 2 5 1991

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| | OR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should | | |
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| AMP. | S D | ept. | 23 |
| ENDING PHYSICIAN: The law requires that the beam certificate be executed writing 44 hours are beaut. Page 6 may be retained by the hospital of attending It | e ha | ter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | 8 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
| 2 | ficat | Sta | Te |
| SIZ | erti | the state | 10 |
| 2 | nis c | Nig. | ed, |
| 5 | ar th | 4 | Jar |
| NO | Afte | dea | ES |
| EN | OR: | ter | 1 8 |

| | FOR 1 - STATE REGISTRAR | STATE OF MARYLAND | | | HEALTH AND I | | | 07985 | | |
|-------------------------------|--|---|----------------------|----------------------------|--|-------------------------------------|--|---|--|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | Ett, Welf | and | J | C. | 2. DATE OF DEATH MONTH | AY YE | 3. TIME OF DEATH | | |
| COMPLETED BY FUNERAL DIRECTOR | | 5. SEX 6. AGE (In yrs. In | el birthday) YRS. | IF UNDER 1 YEAR MONTHS DAY | | 7. DATE OF BIRTH (Mogth, Gey, Year) | 99 | BIRTHPLACE (State or Foreign Country) Virginia | | |
| | Howard County G | 1. | Colur | | | 9c. county of DEATH Howard | | | | |
| | 10a. STATE 10b. COUNTY Maryland ===== | | | y, town on Lo Ltimore | | | | 10d. INSIDE CITY LIMITS? 1 NO PER 2 NO | | |
| | 100. STREET AND NUMBER 4122 Doris Aven | ue | | | 101. ZIP CODE 21225 | | 10g. CITIZEN OF WHAT COUNTRY? | | | |
| | 11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced | Never Married 2 ☐ Married FORCES? 1 ☐ YES 2 NO | | | DECENDENT OF NISPAN apocity Cuban, Maxica (ES 2 1 NO Specify | a or No 14. | No- 14. RACE — American Indian, Black, White, etc. Specify: White | | | |
| | (Specify only highest grade or | | | | | | 16b. KIND OF BUSINESS/INDUSTRY Bethlehem Steel | | | |
| BE CON | | drew Shiflett | | | 18. MOTHER'S NA | ME (First, Middle, Maider Sydney | Surname) | | | |
| TOE | 190. INFORMANT'S NAME (Type/Print) Kathy A. Newman | 19a. INFORMANT'S NAME (Type/Print) Kathy A. Newman 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4122 Doris Avenue Baltimore, Maryland 21225 | | | | | | | | |
| | 20a. METHOD OF CISPOSITION 1 M Buriel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Cedar Hill Cemetery Baltimore, Ma | | | | | | | , Maryland | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225 | | | | | | | | | |
| CERTIFICATION | 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. ABSICATORY FRICE OUR AS A CONSEQUENCE OF): | | | | | | | | | |
| | Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST | | | | | | | | | |
| PHYSICIAN: MEDICAL CEF | DART II Other classificant are different contribution to treat his artist to the second contribution to treat his artist to the second contribution to treat his artist to the second contribution to treat his artist to the second contribution to the second contribu | | | | | | | | | |
| SICIAN | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | | | | | | | | | |
| BY PH | 27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation | (Month, Day, Year) INJURY WORK? 1 YES 2 NO | | | | | DESCRIBE HOW INJURY OCCURED | | | |
| | 3 Suicide 6 Could not be 4 Homicide detarmined | City or Town, State | | | | | | et and Number or Rural Route Number, te) | | |
| COMPLETED | (Orloan orly | AN: To the best of my knowledge, of the basis of examination and/o | | | | | | euse(s) and manner as stated. | | |
| TO BE C | | ole mo | | | 29c. LICENSE NU | | 29d. DATE \$ | IGNES (Month, Day, Year) | | |
| - | 30, NAME AND ADDRESS OF PERSON WHO | COMOLETED CALICE OF OFATH //T | EM AT /Yes | (Doint) | | | | | | |



TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1 • STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. | | | | | | | | | | | |
|--|--|-------------------------------------|-------------|--------------|-------------|--|----------------|------------|------------|--------------------------|---|
| 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF OEATH MONTH DAY YEAR 3. TIME OF OEATH | | | | | | | | | | | |
| M. WILLANETTE WILMER | | | | | | | 03 22 91 | | | 7:30 A. M | |
| 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) | | | | | UNDER 1 YEA | | 7. OATE OF E | | 6. BIRTH | IPLACE (State or Foreign | |
| 217-16-8810 1 M 2 XF 74 YRS. MONTHS DAYS HOURS MIN. (Month, Dey, Visir) 16 MARYLA | | | | | | | | ÄRYLAND | | | |
| | 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH | | | | | | | | EATH | | |
| 9801 DEE | | DRIVE | | |] | BERLIN | | | WO | RCES | TER |
| RESIDENCE OF DEC | 10b. COUNTY | | 1 | 10c CITY T | DWN OB LO | CATION | | | | | 10d. INSIDE CITY |
| MADNI AND LIODCECTED DEDITING | | | | | | | | LIMITS? | | | |
| 10e, STREET AND NUMBER | | | | | | 101. ZIP CODE | | | 10g. CIT | IZEN OF V | WHAT COUNTRY? |
| 9801 I | DEER PA | RK DRIVE | | | | 21811 | | | | US | A |
| 11. MARITAL STATUS | | 12. WAS DECEDENT EVER FORCES? 1 YES | | | | OECENDENT OF HISPAI , specify Cuban, Mexica | | | or No- | 14. RACI Blac | E — American Indian, k, White, etc. |
| 1 Never Merried 2 X 3 Widowed 4 Divo | | IF YES, GIVE WAR OR | | | | YES 2 NO Specif | | | | Spec | HITE |
| 15. OEC (Specify only | EOENT'S EDUCA | ATION ompleted) | | EDENT'S US | | PATION a most of working | 16b. KIN | D OF BU | SINESS/INI | DUSTRY | |
| Elementary/Secondary (0 | 1-12) | College (1-4 or 5+) | Mo. i | Do NOT use n | etired.) | | | | | | |
| HNKNOWN | | | HC | DUSEWI | FE | | | | | | |
| 17. FATHER'S NAME (First, M | | | | | | 18. MOTHER'S NA | | le, Maiden | Sumeme) | | |
| WILLIAM | | CE | | | | ELIZA | | | | | |
| 190. INFORMANT'S NAME (7) KENNETH | | | 19b. | | | S POINT, C | | | | | 7 |
| 20a. METHOD OF DISPOSIT | ION | 2 | Db. PLACE C | | | f cemetery, cremetory or | THE PERSON | | | | own, State |
| 1 N Buriel 2 Crematic 4 Donation 5 Other | on 3 - Remon | val from State | other place | Ce) | | CEMETERY | | | LTIM | | |
| 21. SIGNATURE OF FUNERA | | | DOIG | GILIAD | | E AND ADDRESS OF FA | CILITY | 1,72.1 | | OILL, | 115 |
| A. ALAN SEITZ, JR. FUNERAL HOME | | | | | | | | | | | |
| 23. PART I. Enter the d | | | | th. Do not | | | | | | | 21211 Approximate |
| | | ist only one cause on | | | | (| | | | | Interval Between Onset and Death |
| iMMEDIATE CAUSE (Fir disessa or condition | nai ii | A 176 x | 1100 | 9 . 4. 1 | | distact | | | | | 0.1100.0110.000111 |
| resulting in deeth) | • | DUE TO (OR AS | A CONSEO | UENCE OF): | | NIJFOU | | | | | |
| | | | | | | | | | | | |
| Sequentially list condit if any, leading to imme | | DUE TO (OR AS | A CONSEO | UENCE OF): | | | | | | | |
| cause. Entar UNDERLY CAUSE (Disease or inju | | | | | | | | | | | |
| thet initieted events resulting in death) LAS | | DUE TO (OR AS | A CONSEO | UENCE OF): | | | | | | | |
| leading in death) LAS | d | | | | | | | | | | |
| PART II. Other significe | ent conditions | contributing to death | but not re | eaulting in | the under | iying cause given in | Part I. 24 | | AUTOPSY | 241 | b. WERE AUTOPSY FINDINGS |
| | | | | | | | | PERFO | | | AVAILABLE PRIOR TO COMPLETION OF CAUSE |
| | | | | | | | ' | YES : | ı 🗆 NO | | OF DEATH? 1 YES 2 NO |
| | | | | | | | — j | | | | 1 123 2 100 |
| 25. WAS CASE REFERRED T | O MEDICAL | | | | 2 | 6. PLACE OF DEATH (C) | heck only one) | | | _ | |
| 26. PLACE OF DEATH (Check only one) 26. PLACE OF DEATH (Check only one) 26. PLACE OF DEATH (Check only one) 27. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 29. PLACE OF DEATH (Check only one) | | | | | | | | | | | |
| 27. MANNER OF DEATH | | 28e. DATE OF INJUR | , | 28b. TIME (| OF 260 | : INJURY AT | 28d. DESCR | | INJURY O | CCURED | |
| | Pending | (Month, Day, Year | | INJUR | | WORK? | | | | | |
| 2 Accident investigation 3 Suicide 28. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street end Number or Rural Route Number, | | | | | | | | | | | |
| 3 Sucrose 8 Could not be building, etc. (Specify) City or Town, State) | | | | | | | | | | | |
| 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(e) and manner as stated. | | | | | | | | | | | |
| (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, dash occurred at the time, data and place, and due to the cause(e) and manner as stated. | | | | | | | | | | | |
| 29c. LICENSE NUMBER 29d. DATE SIGNED (Morith, Day, Year) | | | | | | | | | | | |
| x 4 hordy, no 1025674 >7(22/9) | | | | | | | | | | | |
| 36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 100 POWER St., Sally (Slavy, Md-2(80)) | | | | | | | | | | | |
| 31. DATE FILED (Mann, Day, Man) 1 June Day day, REGISTRAR'S SIGNATURE | | | | | | | | | | | |

BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending provided the content of the property of attending provided the content of the property of the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the but filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

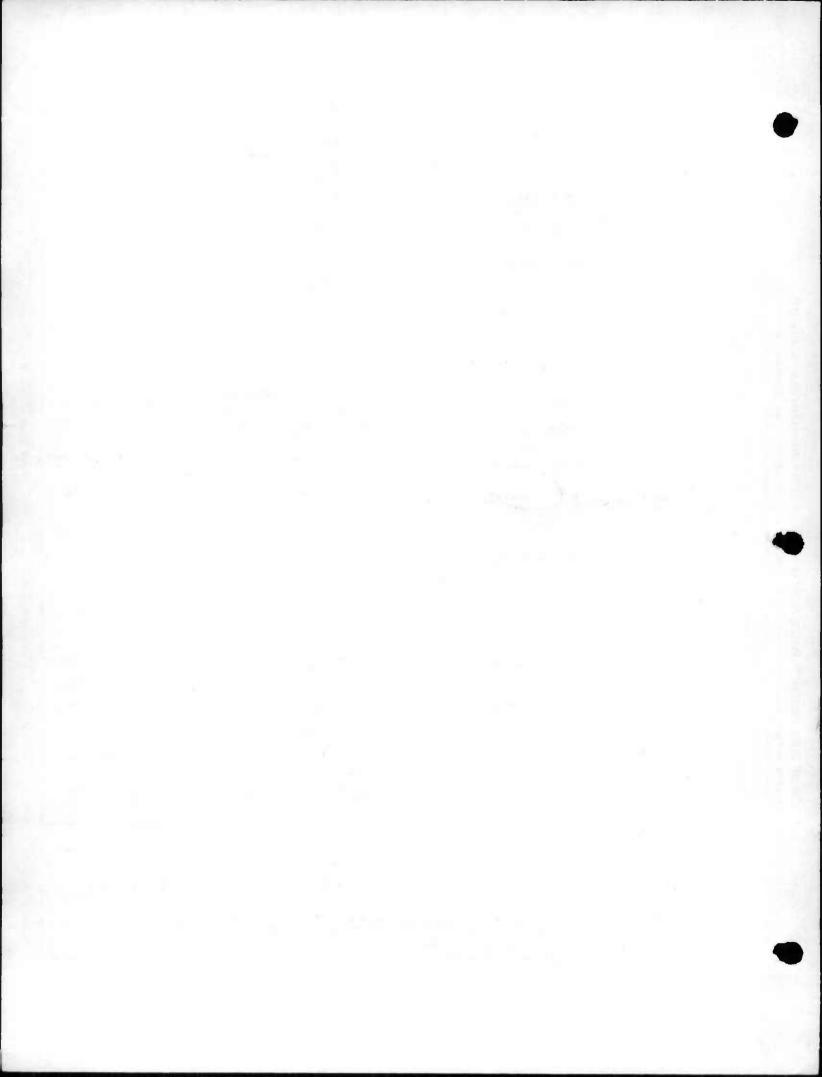
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

| FOR STATE REGISTRAR | STATE OF MARYL | AND / DEPARTM CERTIFIC | | | MENTAL | HYGIENE REG. NO. | | |
|---|--|---|--------------------|--|----------------------|---|----------------------------|--|
| DECEDENT'S NAME (First, Middle, La Man | y A. Watts | | | | 2. DATE O | | 991 | 3. TIME OF DEATH |
| social security number . 220–44–689 | 2 1 M 2 F | // | UNDER 1 YEAR | IF UNDER 24 HRS. HOURS MIN. | 7. DATE O (Month, | 08/05/12 | 8. BIRTHP Country) | Maryland |
| n. FACILITY NAME (If not institution, g 1305 Steve | ns Avenue | 96 | | OR LOCATION OF D | | Baltimore | | |
| oe, STATE 106, COI | | 10c. CITY, T | OWN OR LOCAL | outus | | | | 10d. INSIDE CITY LIMITS? |
| a. STREET AND NUMBER 1305 Steve | ns Avenue | | 101 | 1. ZIP CODE 21 | 227 | 10g. CIT | IZEN OF WI | AT COUNTRY? |
| 1. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced | 12. WAS DECEDENT EVER IF FORCES? 1 YES | 2 NO | If yes, sp | CENDENT OF HISPA ecify Cuban, Maxic i 2 NO Speci | en, Puerto Ri | (Specify Yea or No- | 14, RACE Black, Specify | American Indian, White, atc. |
| 15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) | | 16a. DECEDENT'S US (Give kind of work life. Do NOT use re | k done during mo | ON ost of working | 16b. | KIND OF BUSINESS/INC | DUSTRY | |
| 0-8th | | - home | maker | 1 | | own han | ne | |
| 7. FATNER'S NAME (First, Middle, Last, | | | | | | iddle, Meiden Surname) rine Pyte] | | |
| Jacob Bayr 9a. INFORMANT'S NAME (Type/Print) | er | 19b. MAILING AD | ODRESS (Street a | | | er, City or Town, State, Zi | | |
| E. Bruce W | latts | | | ford Roa | | | | Md 21227 |
| 0a, METNOD OF DISPOSITION Burial 2 Cremation 3 1 Donation 5 Other (Specify) | 200 | o. PLACE OF DISPOSITION other place) | ON (Name of cer | | | 20c. LOCATION | | n, Stata More, Maryl |
| 1. SIGNATURE OF FUNERAL SERVIC | E LICENSEE | S | 22. NAME A | ND ADDRESS OF F | ACILITY | Ambrose Spring Roa | | |
| shock, or heart fello IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate | a. Cardiac DUE TO (OR AS A DU | A CONSEQUENCE OF): | | | | | | S & a y > |
| cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | DUE TO (OR AS A | LYMPKE | cxfic | Leoke | miq | | | C 4->. |
| PART II. Other eignificant cond | itiona contributing to desth i | out not reculting in | the underlyin | g cause given in | Part I. | 24s, WAS AN AUTOPSY PERFORMED? 1 YES 2 N NO | | WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| 25. WAS CASE REFERRED TO MEDICA | | | | LACE OF DEATH (C | heck only one |) | | |
| 1 WES 2 NO | HOSPITAL: 1 Inpetient 2 ER/Out | | THER: | ne 5 X Realdanca | 8 🗆 Other | (Specify) | | |
| 27. MANNER OF DEATH 1 Netural 5 Pending Investigat | 28s. DATE OF INJURY (Month, Day, Year) | 28b. TIME C | Y WO | JURY AT ORK? YES 2 NO | 28d. DES | CRIBE HOW INJURY OC | CURED | |
| 3 Suicide 8 Could no determine | building, atc. (Spe | f — At home, ferm, stre | et, factory, offic | ea . | 281. LOCA City o | ATION (Street and Number Town, State) | or or Rural Ro | ute Number, |
| enel . | NYSICIAN: To the best of my know | | | | | | | and manner as stated. |
| 29b. SIGNATURE AND TITLE OF CERT | IFIER | | | 29c. LICENSE NU | JMBER | 29d. DA | TE SIGNED | (Month, Day, Ybar) |
| gan K. Mu | Mal Mo | | | 0 30 | 573 | • | 3 - 9 | 5-91 |
| 30. NAME AND ADDRESS OF PERSON | 2000 Centur | y Phaa C | | ia Mo | 210 | 44 | | |
| 31. DATE FILED (Month, Day, Year) | 32, REGISTRAR'S SIGI | NATURE CONCLER | | | | | | |



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

| | 1 - STATE REGISTRAR | STATE OF MA | KYLANU / UE CERT | | | DEATH AND | MENIA | REG. NO | | | |
|---------------|--|---|-----------------------------------|---|--|-----------------------|---------------|----------------------------------|--------------------------|--|---|
| 3 | 1. DECEDENT'S NAME (Figst, Middle, Lest) |) мл | RY A. V | NOODS. | | | 2. DATE | | 22 2 | 3/1 3. | TIME OF DEATH |
| 3 | 4. SOCIAL SECURITY NUMBER 217-05-5665 | 5. SEX 1 M 2 X F | AGE (In yrs. last birth | nday) IF UNDI MONTHS | DAYS | IF UNDER 24 HRS | | OF BIRTH | | Country) | ACE (State or Foreigh |
| OR | Se. FACILITY NAME (If not institution, give s MIV. O MUYLUA | | of MD | 9b. C(1 | Y, TOWN | OR LOCATION OF | DEATH | -1 | 9c COUNTY | of DEA | |
| DIRECTOR | RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MARYLAND | , | 100 | c. CITY, TOWN | | TION | | | | Dd. INSIDE CITY LIMITS? XYES 2 NO | |
| FUNERAL | 100. STREET AND NUMBER 1510 W. MOSHEI | STREET | | | 10 | f. ZIP CODE | 216 | | 10g. CITIZEI | USA | AT COUNTRY? |
| BY | 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced | VER IN U.S. ARMEO YES 2 THO OR DATES | 13 | If yes, sp | CENDENT OF HIS secify Cuban, Mes 2 SPNO Sp | PANIC ORIGI | | fea or No— 14 | Black, V Specify: | - American Indian, White, etc. Black | |
| PLETED | 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) | | (Give ki | ENT'S USUAL nd of work don VOT use retired. | e during me | | 16 | b. KINO OF B | USINESS/INDUS | TRY | |
| E COMPL | 17. FATHER'S NAME (First, Middle, Last) ALTIE WOODS | | | | | 18. MOTHER'S | NAME (First, | | | | |
| TO B | 19e. INFORMANT'S NAME (Type/Print) SHIRLEY POLLOG | CK | | | | and Number or Ru | ral Route Nun | | own, State, Zip Co | | 21207 |
| | 20e. METHOD OF DISPOSITION 1 Surfel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify) | 1 Surial 2 Cremation 3 Removal from State of 4 Donation 5 Other (Specify) | | | | | 3/2 | | LTIMO | | ARYLAND |
| | 21. SIGNATURE OF FUNERAL SERVICE LI | CENSEE A | Litt | | LER | | DYET | | | | AL HOME E 21207 |
| | 23. PART I: Enter the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death) | a. List only one cause | on each line. | Len | | | | | | | Approximate interval Between Onset and Deat |
| CERTIFICATION | Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST | b | R AS A CONSEQUEN | ACE OF): | lne | k Hen | on | hy | | | 0 |
| MEDICAL CE | PART II. Other significant condition | na contributing to d | eath but not resu | iting in the | underlyir | ng cause given | in Part i. | PERF | AN AUTOPSY ORMED? | A C | VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO |
| SICIAN: | 25. WAS CASE REFERREO TO MEDICAL EXAMINER? | HOSPITAL: | | ОТН | | LACE OF DEATH | (Check only | one) | | <u></u> | |
| РНҮ | 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending | | | | 28c. IN | JURY AT ORK? YES 2 NO | 28d. DI | | W INJURY OCCU | RED | |
| ETED BY | 2 Accident Investigation 3 Suicide S Could not be 4 Homicide determined | 28e. PLACE OF building, et | INJURY — At home, c. (Specify) | farm, street, fi | | | 28f. LO | CATION (Street y or Town, Sta | et and Number or ite) | r Aural Ro | ute Number, |
| COMPLE | anal and | ICIAN: To the best of m | | | | | | | | | and menner as stated. |
| BE | 296. SIGNATURE AND THE OF CERTIFIE | Cer MV | 443 | F3 | | 29c. LICENSE | NUMBER | | 29d. DATE | SIGNED (A | Month, Day, Year) |
| 2 | 30. NAME AND ADDRESS OF PERSON W | 10 COMPLETED CAUSE | OF DEATH (ITEM 27 | (Type, Print) | | | | | | U V | 1 |



MAR 25 1991 July Sula July September 1991



And the same

| TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 foours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
|---|
|---|

| | FOR STATE REGISTRAR | STATE OF MARYLAN | | NT OF HEALTH AND | MENTAL HYGIEN | | 1 01303 | |
|--|--|--|--|--|---|------------------------|---|--|
| | 1. DECEDENT'S NAME (First, Middle, Linst) MaHIE W. | Ashton | AKAM | ARTHA FRANCE | | DAY 21 4 | AR S 30 MM | |
| | 4. SOCIAL SECURITY NUMBER 220-2413 | 5. SEX 8. AGE (in) | yrs. lest birthday) IF UNI YRS. MONTH | DER 1 YEAR IF UNDER 24 HRS 8 DAYS HOURS MIN | MALLER PLANT MALLER | | BIRTHPLACE (State or Foreign Country) Marylana | |
| OR | 90. FACILITY NAME (If not institution, give st. Union Memori | al Hospita | P 96. C | Ba tomor | DEATH | Balt | More aten | |
| DIRECTOR | RESIDENCE OF DECEDENT 10e. STATE AD 10b. COUNTY BA 10b. COUNTY | timore (A | 10c. CITY, TOW | N OR LOCATION | | | 10d. INSIDE CITY LIMITS 1 FR 2 NO | |
| FUNERAL | 10e. STREET AND NUMBER | o Place # | +612 | 101. ZIP CODE 2/2 | 17 | 10g. CITIZEN | OF WHAT COUNTRY? | |
| BY FUN | 11. MARITAL STATUS 1 Never-Merried 2 Merried 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE | 2 (INO | 3. WAS DECENDENT OF HIS If yes, specify Cuber; Mer 1 YES 2 AO Sp | xican, Puerto Rican, atc.) | ne or No 14. | RACE — American Indian, Black, White, atc. Specify: Black | |
| COMPLETED | 15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12) | | 6e. OECEDENT'S USUAL (Give kind of work do life. Do NOT use retire | ne during most of working d.) | - | CATIU | | |
| BE COM | 17. FATHER'S NAME (First, Middle, Last) Milton Wh | ite | | | NAME (First, Middle, Meldo a.h. Mar | n surporno) 1 tless | | |
| TO B | 190. INFORMANT'S NAME (Typo/Print) MABEL LAWRE | NCE | 3205 S | ESS (Street and Number or Ru | ITEL ROUTE Number, City or To | Mo 2 | 1213 | |
| | 20a. METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Remote Control of Other (Specify) | oval from State | PLACE AND DATE OF DI metary, crematory or oth HUBUR | W CFM | 3-25-9, 7 | BALTO | or Town, State | |
| | 21. SIGNATURE OF FUNERAL SERVICE LIC | Russ | | 22. NAME AND ADDRESS OF LABERIT LI 2222 W. A | Russ | H 42 5 | 2/2/6 | |
| | 23. PART I. Enter the diseases, or on shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in desth) | omplications that caused to List only one ceuse on each of the course on the course on the course on the course on the course of | ingestive t | ter the mode of dying, i | such as cardiac or res | piratory srrest | Approximate Interval Between Onset and Death | |
| CERTIFICATION | Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | DUE TO (OR AS A C Diabet DUE TO (OR AS A C Pulmo | es mell | Peters | | | 30 yrs [month | |
| BY PHYSICIAN: MEDICAL C | PART II. Other significent condition Anamua Mistary of | e contributing to deeth but | | underlying cause given | 24e. WAS A PERFC | NAUTOPSY DRMED? | 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 DNO | |
| SICIA | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO | HOSPITAL: | lent 3 DOA 4 D | 28. PLACE OF OEATH SER: Nursing Home 5 Resider | | | | |
| 27. MANNED OF CEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 Netural 5 Pending Investigation 1 Yes 2 No 1 Yes 2 No | | | | | | | | |
| | 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined | 28e. PLACE OF INJURY – building, etc. (Specif) | - Al home, farm, street, | factory, office | 281. LOCATION (Stree City or Yown, State | he l | Rural Route Number, | |
| COMPLETED | (Oribon only | CIAN: To the best of my knowled | | | | | euso(e) and menner ea stated. | |
| BE | 296. SIGNATURE AND TITLE OF CERTIFIED | | | 29c, LICENSE | NUMBER | | ONEO (Month, Day, Year) | |
| 2 | 30. NAME AND ADDRESS OF PERSON WH | | | L HOSPITAL | | | | |
| | MAR 26-1991 | 32 BEGISTRAR'S SIGNAT | LAR. | | | | | |



AKY Macrifornia

JAN WAR

KOUCHTECH

MADEL KANGENER

3205 SURGER RUE BALLY 1460 21213 Mr ALALAN COM BORN BORN MO

Loseph L. Russ

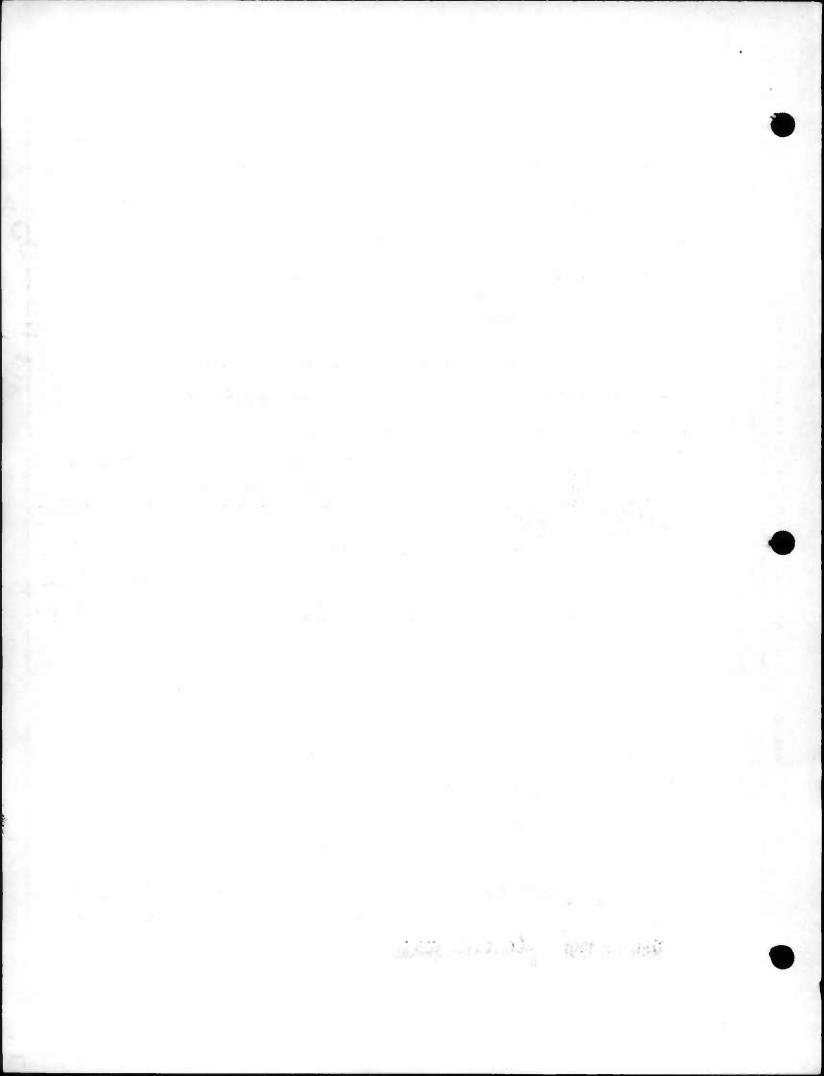
Jazze Wood Aug 2216

| or attend | or use as | | |
|---|--|--|--|
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within explored within Artificate by the hospital or attend | TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as | | IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumetic event, the medical examiner must be notified at once. |
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| y be | 9800 | | 90 |
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| 306 | direc | | E L |
| Jeath. P. | funeral | | xamine |
| the | / the | oval | le: |
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| within | mpletely | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | vent, |
| cuted | 00 p | urial, | tle e |
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| TEN | 308 | ther | 00 |
| OR AT | NRECT | OUIS 3 | men 2 |
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| IdSO | UNER | ithin | MAT |
| HE H | HF F | led w | OFT |
| 10 | 0 | De f | M |

| 1 | FOR STATE REGISTRAR | STATE OF MARYLA | ND / DEPARTI | | | IENTAL HYGIENE | 91 | 07990 | |
|--|--|--|---------------------------------------|-------------------------------|--------------------------|---|---------------------|--|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | ·· | | | | 2. DATE OF DEATH MONTH DAY | Y YEAR | 3, TIME OF DEATH | |
| | JAMES ROBERT ARC | GUBRIGHT | | | | 03 23 | | 5:30 A M | |
| | 4. SOCIAL SECURITY NUMBER 5. | . SEX 6. AGE (III | , | F UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF BIRTH (Month, Day, Year) | 8. BIRT | THPLACE (State or Foreign | |
| | 347-32-4985 | [X M 2 □ F | 0 YRS. | ONTHS DAYS | HOURS MIN. | 8-3-40 | inois | | |
| | Sa. FACILITY NAME (If not Institution, give street | t and number) | 9 | b. CITY, TOWN O | LOCATION OF DEA | тн | 9c. COUNTY OF | DEATH | |
| DIRECTOR | 307 Lionsheart Gle | en | | Glen Bu | rnie | | Anne A | rundel | |
| Ä | 10s. STATE 10b. COUNTY | | 10c. CITY, | TOWN OR LOCAT | ON | | | 10d. INSIDE CITY LIMITS? | |
| | MD Anne An | runde1 | Gle | n Burni | e | | | 1 TYES 2 NO | |
| FUNERAL | 10e. STREET AND NUMBER | | | | ZIP CODE | | 10g. CITIZEN OF | WHAT COUNTRY? | |
| E I | 307 Lionsheart Gle | | | | 21061 | | | U.S.A. | |
| 2 | 11. MARITAL STATUS 1 Never Married 2 Married | WAS DECEDENT EVER IN FORCES? 1 X YES | U.S. ARMED | If yes, spe | city Cuban, Mexican | C ORIGIN? (Specify Yas , Puerto Ricen, etc.) | Bla | CE — American Indian, ick, White, etc. | |
| BY | 3 Widowed 4 Divorced | F YES, GIVE WAR OR DA | TES | 1 - YES | 2 NO Specify: | | Spe | White | |
| | 15. DECEDENT'S EDUCAT | TION | 16a. DECEDENT'S US | SUAL OCCUPATION | N | 16b. KIND OF BUS | INESS/INDUSTRY | WILLE | |
| E | (Specify only highest grade cor Elementary/Secondary (0-12) | mpleted) College (1-4 or 5+) | (Give kind of wor life. Do NOT use | k done during mo retired.) | t of working | | | | |
| 립 | | Yrs. | U.S. Pos | tal Ins | pector | U.S. G | overnme | nt | |
| COMPLETED | 17. FATHER'S NAME (First, Middle, Last) | | | | 18. MOTHER'S NAM | ME (First, Middle, Maiden | Surname) | | |
| BE C | H. Edward Argubri | ight | | | Heralde | ean Tobler | | | |
| | 19s. INFORMANT'S NAME (Type/Print) | | 19b, MAILING A | DDRESS (Street a | nd Number or Rural R | loute Number, City or Town | n, State, Zip Code) | | |
| 2 | June M. Gladmon Ar | rgubright | Sa | me As 1 | 0 E | | | | |
| | 20a METHOD OF DISPOSITION 1 Burlei 2 Cremation 3 Remove | | PLACE OF DISPOSIT | ION (Name of cer | netery, crematory or | 20c. LO | CATION — City or | Town, Stats | |
| | 4 Donation 5 Other (Specify) | <u>N</u> | National | | | | 11s Chu | rch, VA. | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICEN | The state of the s | | | d address of factor Full | neral Home | | | |
| | My Nolson | Lunbe | u | 1 | | | | e. Md. 21061 | |
| | 23. PART I. Enter the diseases, or cor | mplications that caused | the deeth. Do no | | | | | Approximata Interval Between | |
| | mack, de heart fallure. Lis IMMEDIATE CAUSE (Finel | | | | | | | Onset and Death | |
| | disease or condition resulting in death) | RESBI | RATOR CONSEQUENCE OF | 1 1418 | REST | | | 5 min | |
| | resorting in douting | DUE TO (OR AS A | CONSEQUENCE OF) | | 1 | 0.00 | 01 46 | 1 | |
| Z | b. | CERVIC | AL LYM | PHILO |)E and | isase of | Skull | 2 mos. | |
| E | Sequentially list conditions, if any, leading to immediate | DUE TO (OR AS A | CONSEQUENCE OF) | m | retusta | Baso of | | 11/2 400 | |
| 2 | CAUSE (Disease or Injury | Nasopi | rangno | gear | Cana | er | | 11270 | |
| E | that initiated events resulting in death) LAST | DOE TO (ON AS A | CONSEQUENCE OF | , | | | | i | |
| CERTIFICATION | d., | | | | | | | | |
| اب | PART II. Other aignificent conditions | contributing to death b | out not resulting in | the underlyin | g cause given in | Part I. 24s. WAS AN PERFOR | | 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO | |
| 3 | | | | | | 1 _ YES 12 | | COMPLETION OF CAUSE OF DEATH? | |
| Ä | | | | | | | () | 1 TES 2 NO | |
| PHYSICIAN: MEDICA | | | | | | | | | |
| CIA | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | 26. P OTHER: | ACE OF DEATH (Chi | eck only one) | | | |
| YSI | 1 VES 2 NO | 1 Inpatient 2 ER/Outs | patient 3 DOA | 4 - Nursing Hor | - | 6 Other (Specify) | | | |
| H | 27. MANNER OF DEATH 1 X Netural 5 Pending | (Month, Day, Year) | 28b. TIME | RY W | URÝ AT ORK? | 28d. DEŞCRIBE HOW | INJURY OCCURED | | |
| В | 1 Netural 5 Pending 2 Accident Investigation | | 91 | | YES 2 NO | | | -1 G - 1 - 1 - 1 - 1 - 1 | |
| | 3 Suicide 6 Could not be 4 Homicide determined | building, etc. (Spe | / — At home, farm, st clfy) | reet, factory, offic | • | 261. LOCATION (Street City or Town, State) | | al Houte Number, | |
| | | | | | | | | | |
| 4 Homicide determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of sxamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. | | | | | | | | | |
| Ö | 2 MEDICAL EXAMINER: | On the basis of examination | on and/or investigation | , in my opinion, | leath occured at the | time, data and placs, a | nd due to the cau | se(s) and manner as stated. | |
| ш | 296. BIGNATURE AND TITLE OF CERTIFIER | 7 | - · h | 20 | 29c LICENSE NUI | MBER | | NED (Month, Day, Year) | |
| TO B | arline a 5 | Forasile | eres! | 10 | N 43 | 1+5 | 1 3- | | |
| - | ARLENE A | FORAST | TERE | 600 | N. WOL | FE ST | BALT | mo. | |
| | 31. DATE FILED (Month, Day, Year) MAR 2'6 1991 | STATE DELINA | ATURE Rande BE | | | | | | |
| | MINIT IN U 1001 | 7 | - Almineter | 1 | | | | | |

(3)

OHMH-15 Rev 1/89



DHMH-16 Rev 1/89

| and a man and a | BALTIMORE, MARYLAND 21203-3146 | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be included by the control of the c | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page and the company of the burial be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | |
|---|--|--|--|--|
| | 13146, | executed within | and completely o burial, cremati | |
| | P.O. BOX | ath certificate be | tending physician al Hygiene prior t | |
| | RECORDS, | w requires that the de- | been signed by the at x. of Health and Ment | |
| | DIVISION OF VITAL RECORDS, P.O. BOX 13146, | NG PHYSICIAN: The Ia | fter this certificate has nath with the State Dep | |
| | DIVISIO | TO THE HOSPITAL OR ATTENDI | TO THE FUNERAL DIRECTOR: An Die filed within 72 hours after de | |
| | | 1 | | |

| | ECEDENT'S NAME (First, | | | | ERTIF | IOATI | _ 01 | DLA | | 2. DATE OF DE | ATH DAY | YEAR | 3. TIME OF DEATH |
|----------------|---|-------------------------|---|------------------------------|--------------------------------------|------------------------|--------------|----------------------|-----------|---|-------------------------------------|--------------------|--|
| | ister) Ma | | litta | | | 1 | | | | March | | | 6:35 P |
| | 17-54-95 | | M 2 X F | 6. AGE (In yrs.) | YRS. | MONTHS | DAYS | HOURS | MIN. | 7. DATE OF BIF (Month, Day, 9/29/ | 1897 | Count | PLACE (State or Foreign ry) Y York |
| w °∀′ | illa Ass | | 6401 | N. Ch | arle | 96. CITY B B E | ilti | MOP | ON OF DE | EATH | 9c. | Balti | EATH LMOTE |
| | STATE . | Balti | more | | 10c city, town or Location Baltimore | | | | | | | | 10d. INSIDE CITY LIMITS? 1 YES 2 X DO |
| | STREET AND NUMBER | hanlas | Q+ | | | | 1.100 | 212° | | | | USA | WHAT COUNTRY? |
| 11. M. | Never Merried 2 | Merried 12 | . WAS DECEDEN' FORCES? 1 IF YES, GIVE W | YES 2 | | 1.3 | WAS DEC | ENDENT | F HISPAN | HC ORIGIN? (Spe n, Puerto Rican, y: | cify Yee or No | o 14. RACI Blac | E — Amaricen Indien, k, White, etc. Hy: White |
| | (Specify only highest grade completed) Flamentary/Recondary (0-19) College (1-4 or 5 +) | | | | | work done se retired.) | during mo | st of workli | ng | | of Busines | | |
| 17. FA | oseph As | | | | | | | | | ME (First, Middle, Paras | | | |
| _ 190. 1 | .Bernice | | nger | | 6401 | | | | | Route Number, Cit | | | 1.21212 |
| I X | METHOD OF DISPOSIT Burlel 2 Crematic Donetion 5 Other | on 3 🗆 Remova | from State | 20b. PLAC | e of dispo | smon (N | Cem | netery, crer | natory or | | | Arm. | |
| | BIGNATURE OF FUNERA John G | L SERVICE LICEN | John | BRED | | 22. | NAME A | Mit | ss of fa | CILITY 1-Wiede | feld | Home | land 21212 |
| Seq if ar ceu: | disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. OUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | | |
| PAR — | RT II. Other significa | | Allur | 4 | | | | | | | WAS AN AUTO PERFORMED YES 2 1 | ? | b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO |
| 2 | WAS CASE REFERRED T | | IOSPITAL: | | | OTHE | | LACE OF (| DEATH (Ch | neck only one) | | | |
| | | Pending Investigation | 28a. DATE OF (Month, D | INJURY | 26b. TII | | 28c. IN. | JURY AT ORK? YES 2 (| | 6 Other (Spe 28d. DESCRIBI | ** | Y OCCURED | |
| 3 4 | Accident Sulcide a Homicide | Could not be determined | 28e. PLACE O building, | F INJURY — At atc. (Specify) | home, ferm, | atreet, fac | ctory, offic | 20 | | 28f. LOCATION City or Yow | | lumber or Rural | Route Number, |
| 2 | anal sing | TIFYINO PHYSICIA | _ | | | | | | | | | | e) end manner as states |
| 296. | SIGNATURE AND TITLE | 183 | 1000 | 9 | | | | 29c. LIC | ENSE NU | MBER 7/ | 290 | DATE SIGNE | 0 (Month, Day, Year) 2-5/5/ |
| | r. Lawre | | | | | | ad, | Co | ckey | svill | e, Mo | 1. 210 | 93 |
| | MAR 2 6 | Year) | 32. REGISTRA | AR'S SIGNATURE | | | | | | | | | |

A semile willows a second seco

Ville union Cometany Ulem Joys, id.

Company of the control of the contro

Dr. lawronce Doss 54 hoott squar hord, thocke sville, ad. 21095

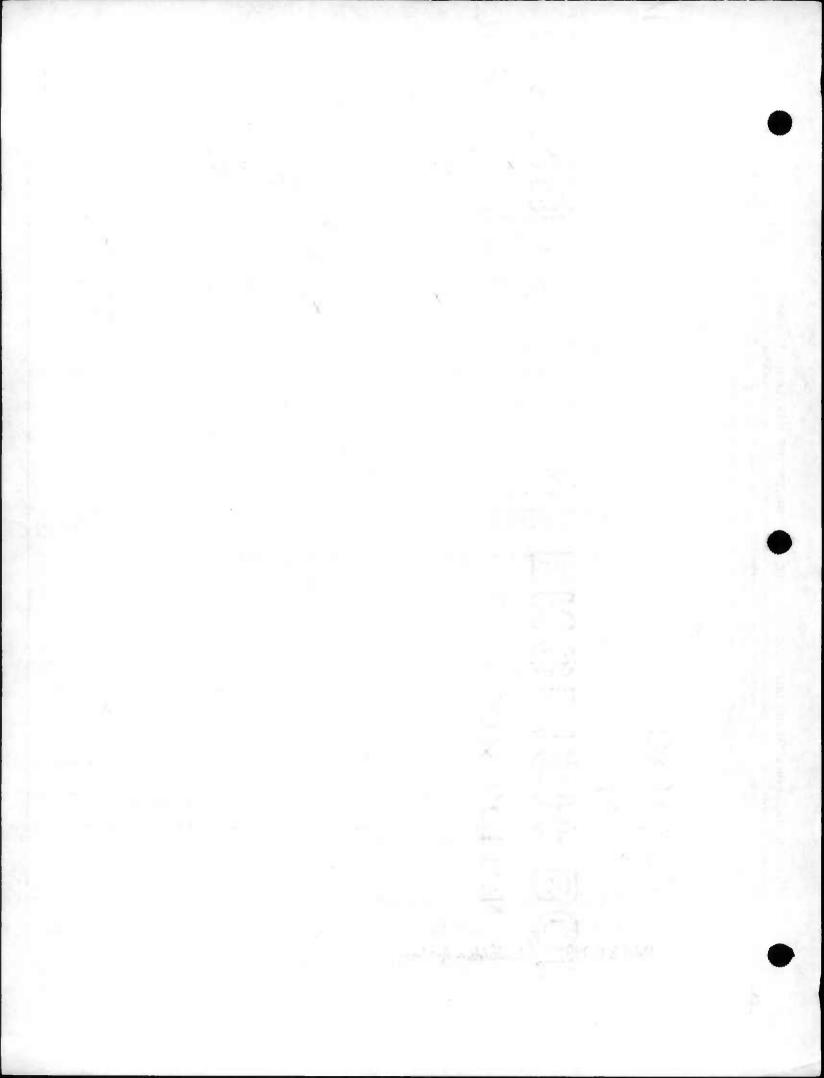
TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at bneet.

| STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HY | GIENE |
|--|--------|
| CERTIFICATE OF DEATH RE | G. NO. |

| FOR STATE REGISTRAR | STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. | | | | | | | | | |
|--|---|---|---------------------------|--------------------------------|---|-------------------------------|---|--|--|--|
| 1. DECEDENT'S NAME (First, Middle, Last) MARY | Virginia | ADOI | LPH | | 2. DATE OF DEATH | ™ 199 1 | 3. TIME OF DEATH 4:30 A | | | |
| 4. SOCIAL SECURITY NUMBER 215-18-7237 | 1 🗆 M 2 🂢 F | 68 YRS. M | F UNDER 1 YEAR ONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) | 22 | BIRTHPLACE (State or Foreign Country) Pennsylvania | | | |
| 90. FACILITY NAME (If not institution, give s ST. JOSEPH HOSPI RESIDENCE OF DECEDENT | | 9 | | LOCATION OF DE | ATH | 9c. COUNTY BALTIM | ORE COUNTY | | | |
| 10a. STATE 10b. COUNTY Maryland | | | TOWN OR LOCATI | | | | 10d. INSIDE CITY LIMITS? 1 X YES 2 NO | | | |
| 100. STREET AND NUMBER 6104 The Alameda | | | 10f. | 21239 | | 100 | OF WHAT COUNTRY? | | | |
| 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER IF YES, GIVE WAR OR E | 2 NO | If yes, spe | NDENT OF HISPAN | IIC ORIGIN? (Specify Yon, Puerto Rican, etc.) | | RACE — American Indian, Black, Whita, atc. Specify: WHITE | | | |
| 15. OECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12) 12 Years | CATION completed) College (1-4 or 5 +) | 16a. DECEDENT'S US (Give kind of wor life. Do NOT use i Clerk | rk done during mos | | | rmacy | TRY | | | |
| 17. FATHER'S NAME (First, Middle, Last) | d a l a la | | | | ME (First, Middle, Malde | | | | | |
| William Taylor A | dolpn | 19b. MAILING A | OORESS (Street ar | Gla d Number or Rural | dys Keen Route Number, City or To | wn, State, Zip Coo | de) | | | |
| William H. Adolp | n | 8305 L | iberty | Rd. BA | ltimore, M | ld. 212 | 207 | | | |
| 20g, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify) | | b. PLACE AND DATE OF COMPLETE OF STATE | | | | MOD I LIM. | | | | |
| 21. SIGNATURE OF FUNERAL SERVICE LI | Deuniel Jr. | | M1 to | nell-Wi | edefeld Ho | me, Ind | C. | | | |
| Sequentially list conditiona, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | b. DUE TO (OR AS | A CONSEQUENCE OF): A CONSEQUENCE OF): | | | | | | | | |
| PART II. Other algorificant condition CHRONIC ALCOHOLI | _ | but not resulting in | the underlying | cause given in | | N AUTOPSY PRMED? 2 NO | 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 2 YES 2 NO | HOSPITAL: | | OTHER: | ACE OF DEATH (C/ | 8 Other (Specify) | | | | | |
| 27. MANNER OF CEATH 1 Natural 8 Pending | 28a. DATE OF INJURY (Month, Day, Year) | 28b. TIME INJUI | OF 28c, INJI | | 28d. OESCRIBE HOW | INJURY OCCUP | RED | | | |
| 2 Accident 3 Suicide 8 Could not be detarmined | 28e. PLACE OF INJUR building, etc. (Sp | Y — At home, ferm, streedly) | reet, factory, office | | 281. LOCATION (Stree City or Town, Stell | | Rural Route Number, | | | |
| (Orlock Orly | ICIAN: To the best of my kno | | | | | | ause(a) and menner as stated. | | | |
| 29b. SIGNATURE AND TITLE OF CERTIFIE Onald 4 00 30. NAME AND ADDRESS OF PERSON WI | high MD | EATH STEM OF STATE OF | Drint) | 29c. LICENSE NU | | 29d. DATE S ▶ 03 | IGNED (Month, Day, Year) 21 1991 | | | |
| DONALD G. WRIG. 31. DATE FILED (MONTH, Day, Year) | MO DC | ME | | NN STREE | T BALTIM | ORE, MA | ARYLAND 21201 | | | |
| MAR 2 6 1991 | Julia Davidson | - Handalle | | | | | DHMH-18 Rev 1 | | | |

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifi

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | REGISTRAN | | CI | ENTIF | ICALE | U | DEA | I I I | HEC | i. NO. | | | |
|----------------------|---|-------------------|------------------------------|---|-------------|-------------|--------------|------------|--|-------------|-------------------------------------|---------------------|--------------------------------------|
| | 1. DECEDENT'S NAME (First, Middle, Last) BESSIE | MATUTI | DA ANDER | COM | | | | | 2, DATE OF DE MONTH | ATH DAY | YEA | AR | IME OF DEATH |
| | 4. SOCIAL SECURITY NUMBER | | | | | | | | | | 9: | | : 20P M |
| - 1 | | 5. SEX | 6. AGE (In yrs. les | | IF UNDER | 1 YEAR | HOURS | MIN. | 7. DATE OF BIR (Month, Day, | Ybar) | 8. B | IRTHPLAC ountry) | E (State or Foreign |
| 1 | 216-30-6133 | 1 M 2XXF | 93 | YRS. | | | | | 12-9- | 1897 | Te | enne | ssee |
| | 9a. FACILITY NAME (If not institution, give at | reet and number) | | | 9b. CITY | TOWN (| OR LOCATE | ON OF DE | EATH 9c. COUNT | | | OF DEATH | |
| E I | Belair Convalesa | nt. Home | | | Be | elai | r | | Harford | | | | |
| 5 | RESIDENCE OF DECEDENT | | | | | | - | | | | II.GE E | or a | |
| DIRECTOR | 10a. STATE 10b. COUNTY | | | 10c. CIT | Y, TOWN | R LOCAT | TION | | | | | 10d | INSIDE CITY |
| ā | Maryland Balt | imore | | | Park | vill | e | | | | | 1 0 | YES 2XXNO |
| | 10e. STREET AND NUMBER | | | | a or Liv | | . ZIP COD | E | | 10 | Dg. CITIZEN | OF WHAT | COUNTRY? |
| FUNERAL | 2913 Duncan Lane | | | | | | 2 | 1234 | | | TICA | | |
| Z I | 11. MARITAL STATUS | 12 WAS DECEDE | NT EVER IN U.S. AF | MEO | 140 | WAS DEC | | | 10 OPIONO 10 | 10 . W | USA | 2405 | American Indian, |
| 5 | 1 Never Married 2 Married | FORCES? | YES 2XX | NO | - 3 | If yes, sp | ecify Cuba | ın, Mexica | IIC ORIGIN? (Spe n, Puarto Rican, e | Mc.) | | Black, Wh | ite, etc. |
| B | 3 KWidowed 4 □ Divorced | IF YES, GIVE | MAR OR DATES | | | 1 TYES | X2X XNO | Specify | c: | | 1 | Specify: | hita |
| | 15. DECEDENT'S EDUC | 140-04 | CEDENTIO | I I | 00110471 | 201 | | Tank Mana | OF BURNIS | 1 | | hite | |
| = | (Specify only highest grade | | (G | ECEDENT'S live kind of Do NOT u | work done | during mo | at of world | ng | 100, KIND | OF BUSINE | ESS/INDUST | нт | |
| ١٤ | Elementary/Secondary (0-12) | College (1-4 or 5 | +) | | | 1 | | | | NT. | / A | | |
| £ | 8 | | | П | omema | aker | | | | | /A | | |
| COMPLETED | 17. FATHER'S NAME (First, Middle, Last) | | | | | | - | | ME (First, Middle, | | | | |
| W. | James R. Robinet | tte | | | | | 1 | | h Eliza | | | | |
| 0 | 19a. INFORMANT'S NAME (Type/Print) | | | | | | | | Poute Number, City | | | | |
| 2 | Marlene Anderson | | 2 | 913 | Dunca | an L | ane | Park | ville, | Mary ! | land : | 2123 | 4 |
| | 200. METHOD OF DISPOSITION | | 20b. PLACE | | | | | | DATE | 20c. LOCAT | ION — City | or Town, | State |
| | 1 X Quriel 2 Cremation 3 Rame 4 Donation 5 Other (Specify) | oval from State | _ of cemetary Fairy | f cemetary, crematory or other place) Cairview Cemetery | | | | 3/22 | Sunny | vbrook | c.Ma | ryland | |
| | 21. SIGNATURE OF FUNERAL SERVICE LIC | ENSEE // | 0 - | _ | | | NO ADDRE | | CILITY | | | | |
| | Nonnio Olg | Kon / Co | nack | | | | | 1 | Mitchel | 1-Wie | edefe: | ld H | ome |
| | Dennis Stephe | en Kerlak | is | | 6. | 500 | York | Roa | d Balti | more | , Mary | /lane | d 21212 |
| | 23. PART I. Enter the diseases, or o | complications th | at caused the de | eath. Do | not antar | tha mo | da of dy | ing, suc | h aa cardlac o | r reapirate | ory srrest, | - 1 | Approximate |
| | IMMEDIATE CAUSE (Final | | | | | | | | | | Interval Between Onset and Death | | |
| | disease or condition | Card | io-nulmo | namo | Arro | tec | | | | | | į | |
| H | disease or condition resulting in death) Cardio-pulmonary Arrest Due to (or as a consequence of): | | | | | | | | | | | | |
| _ | | | | elerotic cardiovascular o | | | | | 3:1. | | | į | |
| EDICAL CERTIFICATION | Sequentieily list conditions, | DUE TO | O (OR AS A CONSE | OUENCE O | PF: | TTOA | ascu | Tar. | ulsease | | | | |
| AT | if any, leading to immediate cause. Enter UNDERLYING | A made of | | | | | | _ | | | | ĺ | |
| 유 | CAUSE (Diseass or injury | c. Arte | rioscler O (OR AS A CONSE | OS1S | e ger | iera | Lize | <u>d</u> | | | | | |
| E | that initiated events resulting in death) LAST | | ., | | . , . | | | | | | | - 1 | |
| 第 | | d | | | | | | | | | | | |
| ار | PART ii. Other significent condition | s contributing to | o death but not | resuiting | in the u | nderlyin | g ceuse | given in | | WAS AN AU | | | RE AUTOPSY FINDINGS |
| 5 | acute_upper | 20000 | h a man | | | | | | | PERFORME | | | ILABLE PRIOR TO WPLETION OF CAUSE |
| | | | cory_Int | OCTT. | on- | | | | '⊔ | YES 2 [| 'X' | | DEATH? |
| Σ | Colon carcir | 10ma | | | | | | | — | | - 1 | 1 [| YES 2 NO |
| PHYSICIAN: | | | | | | | | | | _ | | | |
| हे | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | | OTHE | | LACE OF E | DEATH (Ch | eck only one) | | | | |
| S | 1 ☐ YES 20000 | | ☐ ER/Outpatient : | 3 🗆 DOA | | | ne 5 🗆 R | lesidence | 6 Other (Spec | offy) | | | |
| ¥ | 27. MANNER OF DEATH | 26a. DATE O | F INJURY Day, Year) | 25b. TII | ME OF | | JURY AT | | 28d. DE\$CRIBE | HOW INJU | IRY OCCUR | D | |
| BY | 1 Natural 5 Pending 2 Accident Investigation | n/s | | | M | | YES 2 [|] NO | | | | | |
| | 3 Suicide 6 Could not be | 28e. PLACE | OF INJURY — At h | ome, farm, | atreet, fac | tory, offic | a | | 25f. LOCATION | | Number or F | tural Route | Number, |
| COMPLETED | 4 Homicide determined | | | | | | City or Town | ri, Sielej | | | | | |
| " | 29a. CERTIFIER (Check only 1) CERTIFYING PHYS | CIAN: To the heat | of my knowledge d | eeth occur | red at the | lime date | and olso | and du | to the neurole) | | | | |
| \$ | (Check only one) 2 MEDICAL EXAMINE | | | | | | | | | | | use(s) en | d menner as stated |
| 8 | | | | | , | | | | | | | | |
| BE | 29b. SIGNATURE AND TITLE OP CERTIFIE | 117 10 | A/A/A | | IMA/ | 1) | | 879° | | 2 | | 20/9 | nth, Day, Year) |
| 10 | 1 | VV | 181 | 1 | 000 | V_ | 20 | 917 | | | 2/ | 20/ | 7 1 |
| - | 30. NAME AND ADDRESS OF PERSON WH | O COMPLETED CA | USE OF DEATH (IT | EM 27) (Typ | e, Print) | | | | 1 | | | | |
| | B.0teyza 846 S. | Main St | . Belair | Mar | yland | 1, | 2/1 | 014 | 2 | | | | |
| | 31. DATE FILED (26 199 | | | | | - | | | | | | | |
| | - 133 | 11 Julia | Deviden ? | 0.1. | | | | | | | | | |

Mary Company of the C

1 - FOR STATE REGISTRAR

| | | 1. DECEDENT'S NAME (First, Middle, Last) 5 VLVIA | AVIRO | M | (SYLVI | A AVIRON) | 2. DATE OF DEATH | | 3. TIME OF DEATH | | |
|--|---------------|---|---|---|---|---|---|--|--|--|--|
| 6. | | 4. SOCIAL SECURITY NUMBER 064-05-5630p | | (In yrs. lest birthd | MONTHS | YEAR IF UNDER 24 HRS. DAYS HOURS MIN. | 2 DATE OF BIRTH | 110 | BIRTHPLACE (State or Foreign Country) RUSSIA | | |
| , 2, 3 should | RECTOR | 90. FACILITY NAME (If not institution, give str SUBJIR BAN RESIDENCE OF DECEDENT | HOSPIT | AL | BE CITY, T | THEST | DA | MON | TGOMERY | | |
| Pages 1 | ₽ | | GOMERY | | CITY, TOWN OR OCKVILI | E | | | 10d. INSIDE CITY LIMITS? YES 2 \(\text{N} \) NO | | |
| | ERAL | 100. STREET AND NUMBER 6111 MONTROSE RD | ., APT. 322 | | | 101. ZIP COOE 20852 | | N OF WHAT COUNTRY? USA | | | |
| ding physicial | BY FUN | 11. MARITAL STATUS 1 Never Merried | 12. WAS DECEDENT EYER IF FORCES? 1 YES | 2 NO | H | AS DECENDENT OF HISPA yes, specify Cuban, Mexic YES 2 NO Speci | an, Puerto Rican, etc.) | | I. RACE — American Indian, Black, White, atc. Specify: WHITE | | |
| U Z1Z13-U spital or attending ed for use as the | PLETED | 15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) | ATION completed) College (1-4 or 5+) | (Give kind | T'S USUAL OCC of work done du T use retired.) | iring most of working | 166. KIND OF BUSINESS/INDUSTRY HEBREW EDUCATION | | | | |
| by the hospital be detached it at once. | COMPL | 17. FATHER'S NAME (First, Middle, Last) JEROME POL | | | 18. MOTHER'S N | AME (First, Middle, Mak RAE CAPL | | | | | |
| retained 5 should notified | TO BE | 190. INFORMANT'S NAME (Type/Print) CANTOR MORRIS AVI | RON | | | (Street and Number or Rural ROSE RD., AP | Route Number, City or | | | | |
| MOKE, age 6 may be director, page | | 20e. METHOD OF DISPOSITION 11 Suriel 2 Cremetion 3 Remo | val from State of | bb. PLACE AND C f cemetary, crema SHAARET | ATE OF OISPO | SITION (Name | | TE 20c, LOCATION — City or Town, State | | | |
| death. Particular of tuneral of t | | 21. SIGNATURE OF FUNERAL SERVICE LIC | | 1 | 22. N | AME AND ADDRESS OF F | ACILITY SOL L | | & BROS., INC. BALTO., MD | | |
| O. BOX 88/00, B. ministens be executed within 24 hours after imp physician and completely filled in by the prior to bunia, cemarition, or removal other traumatic event, the medical of | CERTIFICATION | 23. PART Lenter the diseases, or category, or heart feliure. It is the disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST | DUE TO (OR AS | A CONSEQUENCE A CONSEQUENCE | DIAL ARY TOR | | RCTION EMA AILUR | V | tt, Approximate Interval Between Onset and Death | | |
| AL KECOKUS, P. he law requires that the death of has been signed by the attend e Dept. of Health and Mental Hy m 23 shows any Injury, or | MEDICAL | PART II. Other significent condition. DIABETE HYPERTE 5 TROK | e contributing to deeth | but not result | ng In the und | | 1 YE | 24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 LNO | | | |
| PHYSICIAN: The this certificate with the State | 표 | EXAMINER? 1 | HOSPITAL: 1 I Inpetient 2 ER/Out 26e. DATE OF INJURY (Month, Day, Year) | 26b. | | 26. PLACE OF DEATH (Co.) Ing Home 5 Reeldence 26c. INJURY AT WORK? 1 YES 2 NO | | W INJURY OCCU | RED | | |
| OR ATTENDING DIRECTOR: After hours after death Item 28 Is mail | ETED BY | 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined | 28e. PLACE OF INJUR building, etc. (Spo | IY — At home, fa | rm, street, facto | | 281. LOCATION (Str City or Town, S | set and Number or tate) | r Rural Route Number, | | |
| AL OR LA DIRIGINAL DIRIGINA DIRIGINAL DIRIGINA DIRIGINA DIRIGINA DIRIGINA DIRIGINA DIRIGINA DIRIGINA DIRIGINA DIRIGI | 귤 | onel | CIAN: To the best of my known. R: On the best of examination | | | | | | l. cause(e) and manner se stated. | | |
| TO THE HOSPITAL TO THE FUNERAL De filed within 72 I | TO BE C | 20. SIGNATURE AND TITLE OF CERTIFIEF | askal | 47 | 12 | 29c. LICENSE NI D 58 | 1392 | 29d. DATE 5 | SIONED (Month, Day, Year) | | |
| | | BARBARA | COMPLETED CAUSE OF D | EATH/ITEM 27) | | 5 MON | TROSE | RD, | ROCKVILLE | | |

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

HAZZIN MA

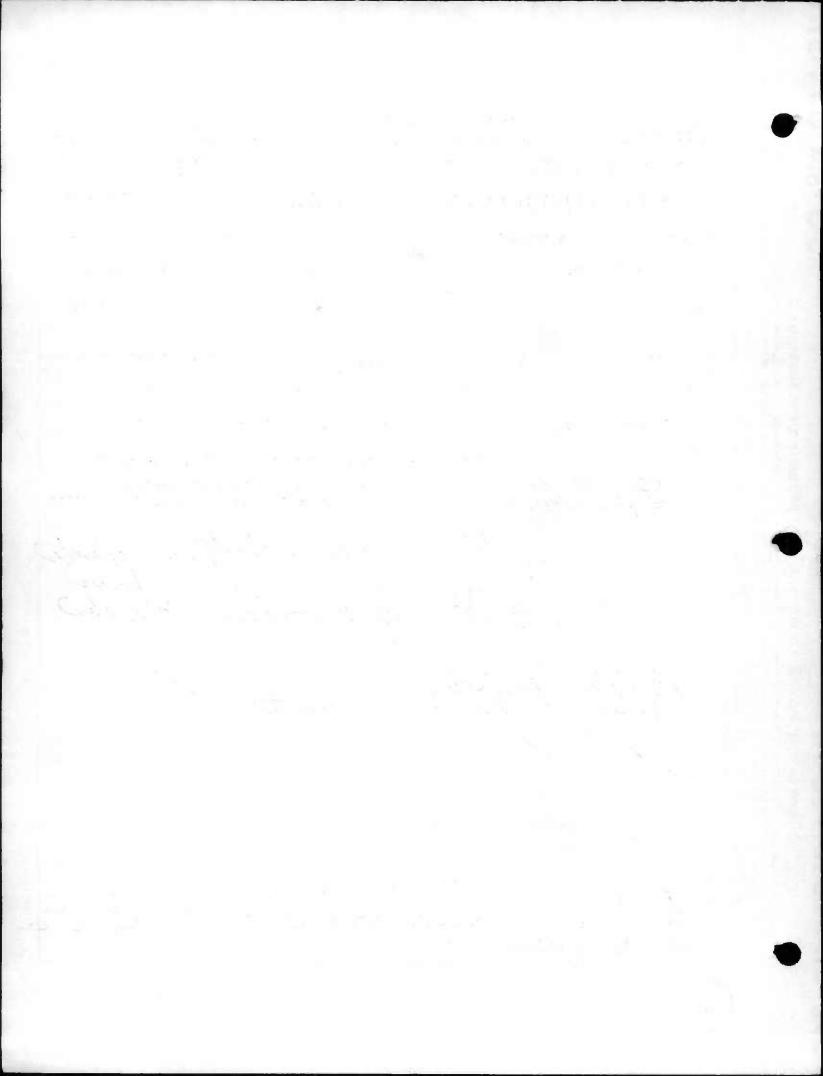
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FULL PERMITTY EDEMA
KESPERALONY FALLIKE

BALLIA A CAKROLL THE FERSTE SEEL ?

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| DIVISION OF VITAL RECORDS, P.O. BOX 13146, | I AN ATTENDIAL DUNCHAM. The last consists that the death restitions he evented us |
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| | |

| | FOR STATE REGISTRAR | STATE OF MARYLAN | D / DEPARTMEN CERTIFICAT | | | IENTAL HYGIENI | E , | 01230 | | |
|----------------------|--|--|---|------------------------------|--|---|---|---|--|--|
| ٦ | DECEDENT'S NAME (First, Middle, Last) | ter | IF UNDER 24 HRS. | 2. DATE OF DEATH 3A MONTH 23 | /23/91 _{EA} | 3. TIME OF DEATH 5: 074 M | | | | |
| | 188 12 2697 | 1XXM 2 □ F | XXM 2 ☐ F 76 YRS. MONTHS | | | 7. DATE OF BIRTH (Manth, Day Year) Sept. 22, | | | | |
| TOR | STAGNES HOST | OSDITAL 900 Caton Ava. 6 | | | NORO. | ATH | Baltimore City | | | |
| DIRECTOR | 10s. STATE 10s. COUNTY | nne Arundel | | | | isadena | 10d. INSIDE CITY LIMITS? 1 ☐ YES 2 | | | |
| BAL | 131 Jackpine Dr. | | | 10f. | 21122 | | 10g. CITIZEN OF WHAT COUNTRY? United States | | | |
| BY FUNERAL | 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE | X NO | If yes, spe- | | C ORIGIN? (Specify Yee , Puerto Rican, etc.) | or No- 14, R | ACE — American Indian, lack, White, atc. | | |
| COMPLETED | 15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) | CATION 16 completed) College (1-4 or 5+) | e. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired | e during mos | | 18b. KIND OF BUS | | | | |
| MPL | 12 | 4 | Engine | eer | | | | tion Industry | | |
| BE CO | 17. FATHER'S NAME (First, Middle, Last) Enos | Armi | ruster | | Mable | NE (First, Middle, Malden : | J | ohnson | | |
| 10 | 19a. INFORMANT'S NAME (Type/Print) David Armbruster | | | | | imore, MD | n, State, Zip Code; | | | |
| | 20e. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Remo | ovel from State of | ACE OF DISPOSITION (there place) 1 Haven Men | | netery, cremetory or 1 Park 3/25/91 Glen Burnie, MD | | | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LIC | | | McCu | lly Funer | | f Pasad | ena | | |
| | 23. PART I. Enter the diseases, or c shock, or heert fellure. I | complicatione that coused the List only one couse on each | | | | | | Approximate Interval Between | | |
| | IMMEDIATE CAUSE (Finel disease or condition resulting in death) | DUE TO (OR AS A CO | LE CO | rdia | c par | rhights | mia | Onset and Death | | |
| CERTIFICATION | Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST | | | | | | | | | |
| PHYSICIAN: MEDICAL C | PART II. Other significant condition | s contributing to deeth out | not resulting in the | underlying | couse given in | Pert I. 24e. WAS AN PERFOR | IMED? | 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | |
| SICIAN | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Tyes 2 Theo | HOSPITAL: | oTH | ER: | ACE OF DEATH (Che | | | | | |
| ву РНУ | 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation | 26e. DATE OF INJURY (Month, Day, Year) | 28b. TIME OF INJURY | 28c. INJU WOI 1 Y | JRY AT RK? | 28d. DESCRIBE HOW II | NJURY OCCURED | | | |
| | 3 Suicide 6 Could not be determined | 26a. PLACE OF INJURY — building, etc. (Specify) | At home, farm, street, f | actory, office | | 26f. LOCATION (Street e City or Town, State) | | ral Route Number, | | |
| COMPLETED | one) | CIAN: To the best of my knowled | | | | | | se(e) and manner as stated. | | |
| BE | 201 SUPATURE AND TITLE OF CERTIFIE | · Spark | ek, m | -). | D 29 | 9ER 167 | 29d. DATE SIGN | NED (Month., Day, Year) | | |
| 10 | 30. NAME AND ADDRESS OF PERSON WH | · SKAR! | 3 EK (Type, Print) | 841 | 8 B | +A 13 | 3/12. | Pandera | | |
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| | 1. DECEDENT'S NAME (First, Midd | | | niel | Pet | er | Alt: | ieri | | DATE OF DEATH O | 7,, | YEAR | 3. TIME OF OEATH 9:45PM |
| | 4. SOCIAL SECURITY NUMBER | 5. SE | | AGE (In yrs. last I | birthday) | IF UNDER 1 Y | EAR II | UNDER 24 | HRS. 7. D | MATE OF BIRTH | | | PLACE (State or Foreign |
| | 133-48-054 | 8 'X | M 2 🗆 F | 35 | YRS. | MONTHS D | MYS H | OURS I | | Month, Day, Year) | 5 | Country | ew York |
| | 9a. FACILITY NAME (If not institution | 9a. FACILITY NAME (If not institution, give street and number) | | | | | CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH | | | | | | |
| СТОВ | The Josep | h Rich | ney Ho | use | | Ba | Hir | nor | e | | | | - |
| III II | | . COUNTY | | | 10c. CITY | , TOWN OR I | LOCATION | 1 | | | | | 10d. INSIDE CITY LIMITS? |
| - DIR | Maryland | Anr | ne Aru | ndel | | | | ler P CODE | Bur | nie | | | 1 YES 2 X NO |
| ERAL | 8047 Greenl | eaf To | arrage | | | | 107. 21 | PCODE | 2106 | (1 | 10g, CI112 | | HAT COUNTRY? |
| FUNE | 11. MARITAL STATUS | 12, W | AS OECEOENT E | VER IN U.S. ARM | IED | | | | HISPANIC O | RIGIN? (Specify Yes | or No- | 14. RACE | — American Indian, White, etc. |
| BY F | 1 Never Married 2 Marri 3 Wildowed 4 X Divorced | | YES, GIVE WAR | YES 2 NO | , | | | Y Cuben, I | | erto Ricen, atc.) | | Specif | y: |
| ED | 15. DECEOEN | NT'S EOUCATION | | 16e. DEC | EDENT'S | USUAL OCCI | UPATION | | | 16b. KIND OF BUS | SINESS/INDL | JSTRY | White |
| <u> </u> | (Specify only high Elementary/Secondary (0-12) | - 1 | eted) ege (1-4 or 5 +) | illo. I | Do NOT us | | | f working | | | | | |
| COMPL | 12th | | | S | ale | sman | | | | | | e De | ealership |
| _ | 17. FATHER'S NAME (First, Middle, Angelo | | Ltieri | | | | 181 | | | First, Middle, Maiden | | | |
| BE | 19a. INFORMANT'S NAME (Type/P | | FOTCIT | 19b. | MAILING | AOORESS (S | Street and | | na Rural Route | Guerr: | | Code) | |
| 5 | Angelo J | . Alti | ieri | _ | | Polk | | | | Tollywo | | | 33021 |
| | 20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 | | om State | 20b. PLACE O other place | nel | | | | | | CATION — C | | |
| | Metro Crematory, Inc. 3/23 Baltimore, M. 21. SIGNATURE OFFUNERAL SERVICE DEENSEE 22. NAME AND ADDRESS OF FACILITY | | | | | | | | | | | | |
| | Jack 7 | - | | Cremation Socie | | | | | | | | | |
| | George E. MacNabb 299 Frederick Rd. Balto. MD 2122 23. PART I. Enter the diseases, Dr compilications that caused the deeth. Do not enter the mode of dying, such es cardiec or reapiretory arrest, Approximate | | | | | | | | | | | | |
| | IMMEDIATE CAUSE (Final disease or condition PROCRESSIVE MUITIFICAL CIVOSNISSIVE PULA TRANSPORT | | | | | | | | | Interval Betwee Onset and Dear | | | |
| | DUE TO (OR AS A CONSEQUENCE OF): ACQVIRED IMMUNE DEFICIENCY SYMPROME | | | | | | | | | | | | |
| CATION | Sequentielly list conditions | , | | R AS A CONSEC | | | FICE | ere; | 7 | MOROM | € | | |
| | | | | | | , | | | | | | | |
| 8 | if any, leading to immediate cause. Enter UNDERLYING | 2 0 | | | | | | | | | | | i |
| TIFICA | cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events | | DUE TO (O | R AS A CONSEC | UENCE O | F): | | | | | | | |
| ERTIFI | cause. Enter UNDERLYING CAUSE (Disease or Injury | d | DUE TO (O | R AS A CONSEO | UENCE O | F): | | | | | | | |
| CERTIFI | cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events | d | | | | | erlying o | ceuse giv | ven in Par | PERFO | RMED? | 24b. | AMAILABLE PRIOR TO |
| ICAL CERTIFI | cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST | d | | | | | erlying o | ceuse giv | ven in Par | | RMED? | 24b. | MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| : MEDICAL CERTIFI | cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST | d | | | | | erlying o | ceuse giv | ven in Par | PERFO | RMED? | 24b. | AVAILABLE PRIOR TO COMPLETION OF CAUSE |
| : MEDICAL CERTIFI | cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent of | cd | ntributing to d | | | in the unde | | | ven in Par | PERFOI | RMED? | 24b. | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
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| : MEDICAL CERTIFI | cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent of 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 2 100 27. MANNER OF DEATH | cd | ntributing to d | eath but not re | DOA 28b. TIM | OTHER: | 28. PLACing Home | CE OF DEA | ATH (Check of dence 6 2 | PERFOI | RMED? | 2766 | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 |
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| E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI | Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent of 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 1 NO 27. MANNER OF DEATH 1 Action 2 Accident 3 Suicide 8 Cou 4 Homicide 8 Cou 6 Certifier (Check only one) 2 MEDICAL | c. d | SPITAL: Inpetlant 2 28a. DATE OF IN (Month, Dey. 28a. PLACE OF building, et | A/Outpatient 3 JURY Year) INJURY — At horic. (Specify) ny knowledge, der | DOA 20b. Till IN. | OTHER: 4 Nurein BE OF JURY M street, factor | 28. PLACing Home 8c. INJURE WORK 1 YES y, office ha, date as | S Pesitron of DEA | ATH (Check of dence & 28 NO 28 and due to 1 d at the time | only one) Other (Specify) d. DESCRIBE HOW f. LOCATION (Street City or Yown, State) the cause(a) and main and | MOSO NO NO NO NO NO NO NO NO NO NO NO NO NO | or Rural F | AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 YEAR OLD WITH A STATE OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF C |
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 July after death. Page 6 may be retained by the hospital or attending physician. | RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. | If them 28 is marked, or flem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. |
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| TO THE HOSPITAL OR ATTER | TO THE FUNERAL DIRECTOR: After this of | IMPORTANT: If Item 28 is market |

| | FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. | | | | | | | | | | |
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| | 1. DECEDENT'S NAME (First, Middle, Last) Crace Venette Ball 2. Date of Death Month Day Year 91 7:160 M | | | | | | | | | | |
| | 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 5. SEX 7. DATE OF BIRTH (Month, Day, Mag) 5. SEX 8. AGE (In yrs. lest birthday) 6. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH (Month, Day, Mag) 7. DAT | | | | | | | | | | |
| TOR | Deaton Hospital & Medical Cotton Ballimore City sc. County of Death Deaton Hospital & Medical Cotton Ballimore City | | | | | | | | | | |
| DIRECTOR | RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100. INSIDE CITY LIMITS? 107 YES 2 \(\text{NO}\) NBY 108 108 108 108 108 108 108 108 108 108 | | | | | | | | | | |
| FUNERAL | 104. STREET AND NUMBER 4522 SORING AVE. 106. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 108. STREET AND NUMBER 21227 109. CITIZEN OF WHAT COUNTRY? | | | | | | | | | | |
| BY FUN | 11. MARITAL STATUS 12. WAS SECEDENT EVER IN U.S. ARMERO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, apecify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. Specify 15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, apecify Cuban, Mexican, Puerto Rican, etc.) 16. RACE — American Indian, Black, White, etc. Specify 17. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, apecify Cuban, Mexican, Puerto Rican, etc.) | | | | | | | | | | |
| | 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, Dg NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY | | | | | | | | | | |
| COMPLETED | 17. FATHER'S MAME (First, Middly Syliden Surname) | | | | | | | | | | |
| B | 190. INFORMANT'S NAME (Type/Print) 190. MAJLING ADDRESS (Street and Number or Pural Poute Number, City Town, State Zip Code) | | | | | | | | | | |
| 2 | Mr. Louis BAI 4532 Spring Ave. BAID, Mc, 21237 208. METHOD OF DISPOSITION 200. PLACE OF DISPOSITION (Nampfo) Completely, community of 200. LOBATION - City or Town, State | | | | | | | | | | |
| | 1 Deurisi 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATONE OF FUNERAL SERVICE LICENSEE 22. SIGNAME AND ADDRESS OF FACILITY. | | | | | | | | | | |
| | Hoseph L. Russ 2302 W. North Ave. BAID, and 21216 | | | | | | | | | | |
| | 23. PARTU/Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final | | | | | | | | | | |
| | disease or condition resulting in death) s. NESMATONY AMEST DUE TO (OR AS A CONSCOUENCE OF): | | | | | | | | | | |
| TION | Sequentially list conditions, If any, leading to immediate Due to (or as a consequence of): | | | | | | | | | | |
| CERTIFICATION | CAUSE (Disease or Injury that initiated events resulting in deeth) LAST | | | | | | | | | | |
| | PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS | | | | | | | | | | |
| EDICAL | PERFORMED? 1 YES 2 NO COMPLETION DF CAUSE DF DEATH? | | | | | | | | | | |
| PHYSICIAN: MEDIC | 1 YES 2 NO | | | | | | | | | | |
| SICI | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO | | | | | | | | | | |
| ВУ РН | 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. DE\$CRIBE HOW INJURY OCCURED | | | | | | | | | | |
| | 3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) | | | | | | | | | | |
| COMPLETED | 29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. | | | | | | | | | | |
| BE | 296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 127394 29d. DATE SIGNED (Month, Day, Year) 3/25/91 | | | | | | | | | | |
| 5 | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) JAMES P. RICHARDSON MO GII S. CHARLES IT PALTO. MO 21230 | | | | | | | | | | |
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| DIVISION OF VITAL RECORDS, 1.0. DOX 13149, | OSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2- |
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| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 golds after death. Page 6 may be retained by the hospital or attendi | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | supportant is hem 28 is marked or item 23 shows any failure or other fraumatic event, the medical examiner must be notified at once. |
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G-674 4/1/91 cm 07998 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH MARCH 24 1991 JOHN W. BEVANS 4:15 AM 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 1/12/27 6. AGE (In yrs. lest birthday) 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1 Month Pay, Has MARYLAND 212-30-2528 63 1 X M 2 | F YRS. 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH VA MEDICAL CENTER FORT HOWARD BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a STATE 10h COUNTY 10d. INSIDE CITY MARYT AND BALTIMORE 1 X YES 2 NO 10g, CITIZEN OF WHAT COUNTRY? 104 STREET AND NUMBER FUNERAL 101. ZIP CODE 6907 ALTER STREET 21207 UNITED STATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 14. RACE — American Indias Black, White, etc. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 Never Merried 2 Merried 1 YES 2 NO Specify. BY 3 Widowed 4 Divorced BLACK WORLD WAR II 18e, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 16, MOTHER'S NAME (First, Middle, Maiden Surname) JOHN BEVANS MAUDE WEST BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 CLINICAL RECORDS 9600 NORTH POINT ROAD FORT HOWARD 21052 20e. METHOO OF DISPOSITION
1 D Burlel 2 Cremation 3 Removal from State PLACE OF DISPOSITION (Name of cemetery, crematory, 20c. LOCATION -4 Donation 5 Other (Specify) IL SIGNATURE OF FUNERAL SERVICE LICENSEE I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory srrest, Approximate shock, or heart fellure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition_ CHRONIC RENAL FAILURE resulting in deeth) OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 24a. WAS AN AUTOPSY PERFORMEO? PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 Nopetient 2 - ER/Outpetient 3 - DOA 1 TYES 2 XNO 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCUREO 28b. TIME OF 1 X Natural 5 Pending 1 YES 2 NO BY 2 Accident 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 6 Could not be 4 Homicide H

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the tima, date and piece, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, desth occured at the time, date and place, and due to the cause(a) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)

8511

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M. BALA DUGGIRALA, MD., VA MEDICAL CENTER, FT HOWARD, MARYLAND 21052

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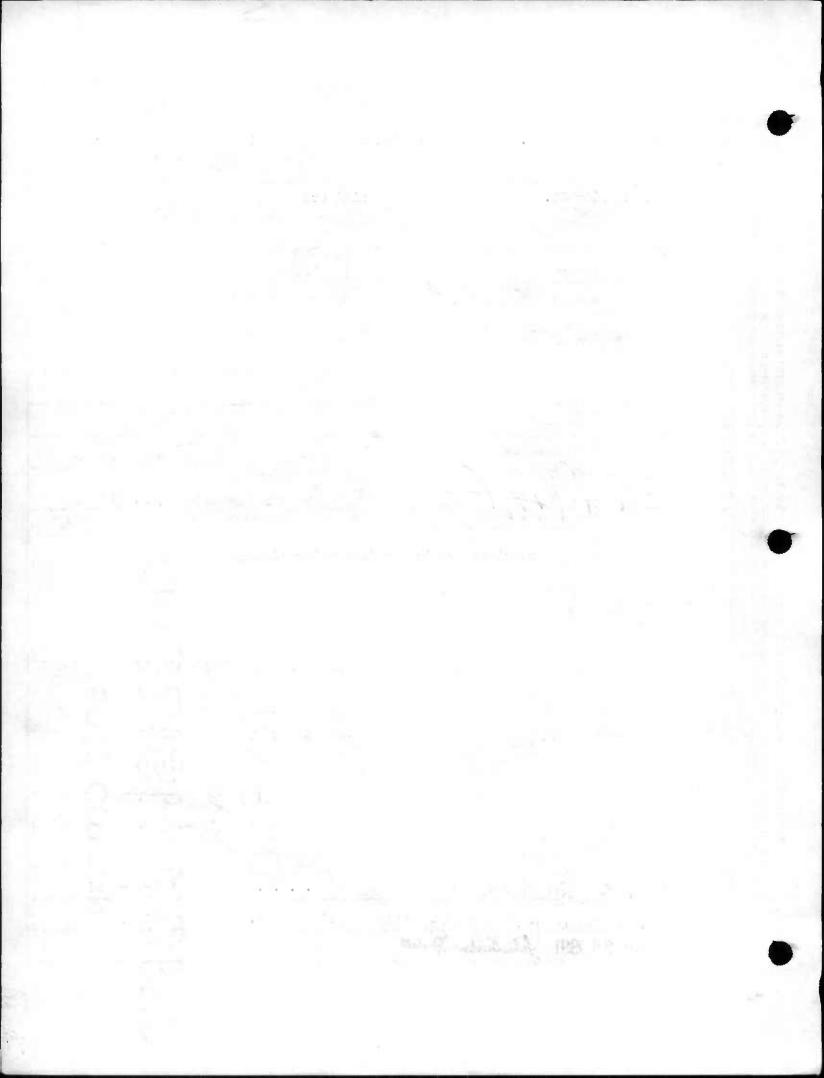
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

| | . Pages 1, 2, 3 should | | |
|--|---|---|--|
| HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician. | THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sho | hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. |
| TO'THE HOSPIT | THE FUNER. | be filed within | IMPORTANT: |

| | FOR | STATE OF MAR | YLAND / DEF | PARTMENT | OF H | IEALTH | AND I | MENTAL | HYGIEN | E (5) | 91 | 07999 |
|----------------------|--|--|----------------------------------|------------------------------------|--|---------------------|-----------------------------------|--------------------|---------------------------------|-------------------------------------|------------------------------------|--|
| | REGISTRAR | 12-1-11 16 | CERT | IFICATE | OF | DEAT | ГН | | REG. NO. | | | |
| , | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | | | 2. OATE (| OF DEATH | W | YEAR | 3. TIME OF DEATH |
| | James | 0. | | nister | | | | 3 | 1 | 8 | 9.1 | 4:20 A M |
| | 243-101-2484 | 1 💢M 2 🗆 F | GE (In yrs. last birtho 92 YR | MONTHS | DAYS | IF UNDER | MIN. | 7. DATE (Month, 8/ | 23/18 | 98 | Countr | PLACE (Stole or Foreign y) / ERT CO, MD |
| | 9a. FACILITY NAME (If not institution, give stre | | | | | R LOCATIO | ON OF OE | ATH | | 9c. COUI | NTY OF D | EATH |
| DIRECTOR | 3038 Ascension St | • | | Ва | ilti | more | | | | | | |
| EC | 10e. STATE 10b. COUNTY | 10c. | CITY, TOWN | OR LOCAT | ION | _ | | | | | 10d. INSIDE CITY | |
| HO | MARYLAND | | В | ALTIMO | RE | | | | | | | LIMITS? |
| AL | 10e. STREET AND NUMBER | | | | 101 | . ZIP CODI | E | | | 10g. CITI | ZEN OF V | WHAT COUNTRY? |
| EB | 3038 ASCENSION ST | REET, | | | | 212 | 225 | | | USA | 1 | |
| BY FUNERAL | | 12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C | ES 2 NO | | If yes, sp | ENDENT Cooking Cubs | of HISPAN n, Mexica Specify | n, Puerto R | (Specify Year ican, etc.) | or No— | 14. RACE Black Speci BLAC | |
| 0 | 15. OECEDENT'S EDUCA | | 16e. DECEDE | NT'S USUAL O | CCUPATIO | ON | | 16b. | KIND OF BUS | SINESS/INC | | |
| COMPLETED | (Specify only highest grade c | College (1-4 or 5+) | ille. Do N | d of work done OT use retired.) | aunng ma | et of workir | og. | | | | | |
| S S | 17. FATHER'S NAME (First, Middle, Last) | | | | | 16, MOT | HER'S NA | ME (First, M | liddle, Maiden | Sumame) | | |
| BE C | THOMAS BANNI | STER | | | | ANI | NIE | GROS | S | | | |
| TO B | 19e. INFORMANT'S NAME (Type/Print) | | | ILING ADDRESS | | | | | | | | |
| - | MARGARET SHEELE | | | | | | L, D | ALIII | _ | | | |
| | 1 K Burlet 2 Cremetion 3 Removal from State | | | stone or other r | DATE OF DISPOSITION (Name atory or other place) STAR CEMTERY | | | | CATONSVILLE, M | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ESTEP BROTHERS FUNERAL HOME, P.A. 1300 EUTAW PLACE, BALTIMORE, MD. 21 | | | | | | | | | | | |
| CERTIFICATION | shock, or heert failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events | Cardic CE OF): CE OF): | vas | cular | : Dis | sease | | | u | Interval Between Onset and Death | | |
| ERT | resulting in death) LAST | | | | | | | | | | | |
| PHYSICIAN: MEDICAL C | PART II. Other significant conditions contributing to death but not resulting in the | | | | | 1 🗆 | | | | PERFORMED? | | WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| X | 25. WAS CASE REFERRED TO MEDICAL | | | | | LACE OF E | EATH (Ch | eck only on | e) | | | |
| Sic | EXAMINER? 1 X YES 2 NO | HOSPITAL: 1 Inpatient 2 ER | Outpatient 3 🗆 D | OA 4 Nu | | ne K R | eeldence | 6 🗆 Other | (Specify) | MY 8 | | |
| À. | 27. MANNER OF DEATH | 26a. DATE OF INJU (Month, Day, Y | JRY 28t | . TIME OF INJURY | 28c. IN. | JURY AT | | | CRIBE HOW | INJURY OC | CURED | |
| ВУ | 1 🔁 Natural 6 🗌 Pending 2 🔲 Accident investigation | | | м | | YES 2 | NO | F a | | | | A |
| | 3 Suicide 6 Could not be 4 Homicide determined | 28e. PLACE OF IN building, etc. | JURY — At home, fi (Specify) | erm, street, fec | tory, offic | oë . | | | ATION (Street or Town, State | | r or Rural | Route Number, |
| COMPLETED | 29a. CERTIFIER 1 CERTIFYING PHYSIC (Check only one) 2 X MEDICAL EXAMINER | | | | | | | | | | | s) and manner as stated. |
| H | 291 SIGNATURE AND TITLE OF CERTIFIER | e Yhyle | MD | | | | M.E | | | | | (Month, Day, Year) -1991 |
| 2 | 30. NAME AND ADDRESS OF PERSON WHO MARGO THE | COMPLETED CAUSE O | F DEATH (ITEM 27) | (Type, Print) | 1 | 11 Pe | nn S | St. B | altimo | ore 2 | 1201 | X. |
| | 24 DATE Ell ED (Month Con Mari | 3 REGISTRAR'S | SIGNATURE | | | | | | | | | |
| | 31. DATE FILED (MONID. Day, Year) 1991 | Julia Devid | son-Aanda | | | | | | | | | |

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death TO THE FUNERAL DIRECTOR. After this certificate has been signed by the aftent be filed with r72 hours after death with the State Dept. of Health and Mental H IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or

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BALTIMORE, MARYLAND 21215-0020

| | STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL H | IYGIENE |
|-----|---|----------|
| NR. | CERTIFICATE OF DEATH | REG. NO. |

| 1 - STATE REGISTRAR | STATE OF MARYL | AND / DEPARTI | | | MENTAL | HYGIEN REG. NO | | | | |
|---|--|--|------------------------------|----------------------|---|---------------------------------------|----------------------------------|-----------------------|--|--|
| 1. DECEDENT'S NAME (First, Middle, to THADDEUS | .nst) | | | | 2. DATE OF DEATH 3-23-91 3. TIME OF DEA | | | | 12:30 am | |
| 4. SOCIAL SECURITY NUMBER 247-09-0022. 9a. FACILITY NAME (If not institution, | A 1 1 1 2 F 7 | 6 YRS. | OHTHS DAYS | HOURE MIN. | (Month | De BIRTH (, Dey, Year) 9 - 12 - | | Country) | S . C . | |
| 4601 PALL | MALL RD. | 171 | | I MORE, | MD | | SC. COOKIT | OF DEATH | | |
| 10e. STATE 10b. CO | | | TIMOR | E, CIT | Υ | | | 75 | INSIDE CITY LIMITS? () XES 2 NO | |
| 100. STREET AND NUMBER | MONT AVENUE | ONT AVENUE 2121 | | | HISPANIC ORIGIN? (Specify Yea or No— 14. F | | | N OF WHAT | RACE — American Indian, Black, White, atc. | |
| 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | | | | cify Cuban, Maxica | | | | Black, Wh Specify: | | |
| 15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) | EDUCATION grade completed) Coffege (1-4 or 5+) | 16a. OECEDENT'S US (Give kind of wor life. Do NOT use in FACTO | k done during mo etired.) | or Working | 16b. | KIND OF BU | SINESS/INDUS | TRY | | |
| 17. FATHER'S NAME (First, Middle, Las JAY BARBER | | | | 16. MOTHER'S NA | SI | ONNAH | N | | | |
| 19a. INFORMANT'S NAME (Type/Print) ESSIE JO | HNSON | 5408 | BELL | TO VISTA | | E./BA | LTIMO | RE, | | |
| 20a. METHOD OF DISPOSITION 1X: Surial 2 Cremetion 3 4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE | Removal from State of | KING MEN | ORTAL | PARK D ADDRESS OF FA | DAT | | DALLS | | | |
| 23. PART I. Enter the diseases | the K.C | Jones | WM.C | . MARCH | l F.I | | | | RTH AVE | |
| IMMEDIATE CAUSE (Final disease or condition reculting in dasth) Sequantially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST | DUE TO (OR AS | A CONSEQUENCE OF): | TOLY | SCURE | LES CONTRACTOR | | | | Onset and Dec | |
| PART II. Other algnificent cond | ditional contributing to death b | out not resulting in | the underlyin | g cause given in | Part I. | 24a. WAS AI PERFO 1 YES | RMED? | COF | RE AUTOPSY FINDIN JILABLE PRIOR TO MPLETION OF CAUSI DEATH? YES 2 NO | |
| 25. WAS CASE REFERRED TO MEDIC EXAMINER? | HOSPITAL: | | 26. PI | ACE OF DEATH (C | heck only or | ne) | | | | |
| 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending | 1 Inpatient 2 ER/Out | | OF 28c. IN. | RK? | | | Specify) RIBE HOW INJURY OCCURED | | | |
| 2 Accident investigs 3 Suicide 6 Could no | 28e. PLACE OF INJURY building, stc. (Spe | 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) | | | 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | | | | |
| onel | PHYSICIAN: To the best of my know | | | | | | | | d manner as stated | |
| 29b. SIGNATURE AND TITLE OF CER | Supri Me | | | DZ4 | MBER 148 | | 29d. DATE : | SIGNED (Mo | rith, Day, Year) | |
| 30. NAME AND ADDRESS OF PERSON 31. DATE FILED (Month, Boy, Year) | N WHO COMPLETED CAUSE OF OR | 3582 | 1 0 | atori | NZI | P-B (| Balle | 0 | | |
| MAR 26 | | | | | | | | | | |

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